



General Assembly

**Amendment**

January Session, 2021

LCO No. 9328



Offered by:  
REP. STEINBERG, 136<sup>th</sup> Dist.  
SEN. DAUGHERTY ABRAMS, 13<sup>th</sup> Dist.

To: Subst. House Bill No. 6666

File No. 539

Cal. No. 396

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

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 Section 73 of public act 19-117 is repealed and the  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

5 Notwithstanding any provision of title 19a or 25 of the general  
6 statutes, [and not later than March 1, 2020,] a director of health of a town,  
7 city or borough or of a district department of health appointed pursuant  
8 to section 19a-200, as amended by this act, or 19a-242 of the general  
9 statutes may issue a permit for a replacement public well if the  
10 Department of Public Health has approved such replacement public  
11 well pursuant to subsection (b) of section 25-33 of the general statutes,  
12 as amended by this act. For purposes of this section, "replacement public  
13 well" means a public well that (1) replaces an existing public well, [in a

14 town in southeastern Connecticut with a population between fifteen  
15 thousand and fifteen thousand three hundred, as enumerated by the  
16 2010 federal decennial census,] and (2) does not meet the sanitary radius  
17 and minimum setback requirements as specified in the regulations of  
18 Connecticut State Agencies.

19 Sec. 2. Subsection (b) of section 25-33 of the general statutes is  
20 repealed and the following is substituted in lieu thereof (*Effective October*  
21 *1, 2021*):

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

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

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

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

77 (b) When an application, petition, request or plan is filed with the  
78 zoning commission, planning and zoning commission or zoning board  
79 of appeals of any municipality concerning any project on any site that is  
80 within the aquifer protection area delineated pursuant to section 22a-

81 354c or the watershed of a water company, the applicant or the person  
82 making the filing shall: [provide] (1) Provide written notice of the  
83 application, petition, request or plan to the water company and the  
84 [Commissioner of Public Health in a format prescribed by said  
85 commissioner, provided such water company or said commissioner has  
86 filed a map showing the boundaries of the watershed on the land  
87 records of the municipality in which the application, petition, request or  
88 plan is made and with the planning commission, zoning commission,  
89 planning and zoning commission or zoning board of appeals of such  
90 municipality or the aquifer protection area has been delineated in  
91 accordance with section 22a-354c, as the case may be] Department of  
92 Public Health; and (2) determine if the project is within the watershed  
93 of a water company by consulting the maps posted on the department's  
94 Internet web site showing the boundaries of the watershed. Such [notice  
95 shall be made] applicant shall send such notice to the water company  
96 by certified mail, return receipt requested, and to the department by  
97 electronic mail to the electronic mail address designated on its Internet  
98 web site for receipt of such notice. Such applicant shall [be mailed] mail  
99 such notice not later than seven days after the date of the application.  
100 Such water company and the Commissioner of Public Health may,  
101 through a representative, appear and be heard at any hearing on any  
102 such application, petition, request or plan.

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

114 Sec. 4. Section 22a-42f of the general statutes is repealed and the

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

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

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

139 Upon receipt of each report of confirmed venous blood lead level  
140 equal to or greater than twenty micrograms per deciliter of blood, the  
141 local director of health shall make or cause to be made an  
142 epidemiological investigation of the source of the lead causing the  
143 increased lead level or abnormal body burden and shall order action to  
144 be taken by the appropriate person responsible for the condition that  
145 brought about such lead poisoning as may be necessary to prevent  
146 further exposure of persons to such poisoning. In the case of any  
147 residential unit where such action will not result in removal of the

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

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

176 (a) As used in this section:

177 (1) "Laboratory or firm" means an environmental laboratory  
178 registered by the Department of Public Health pursuant to section 19a-  
179 29a;

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

185 (3) "Public well" means a water supply well that supplies a public  
186 water system;

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

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

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

201 (c) The Commissioner of Public Health shall adopt regulations, in  
202 accordance with chapter 54, for the testing of water quality in private  
203 [residential] wells and semipublic wells. Any laboratory or firm which  
204 conducts a water quality test on a private well serving a residential  
205 property or semipublic well shall, not later than thirty days after the  
206 completion of such test, report the results of such test to (1) the public  
207 health authority of the municipality where the property is located, and  
208 (2) the Department of Public Health in a format specified by the  
209 department, provided such report shall only be required if the party for  
210 whom the laboratory or firm conducted such test informs the laboratory  
211 or firm identified on the chain of custody documentation submitted

212 with the test samples that the test was conducted in connection with the  
213 sale of such property. No regulation may require such a test to be  
214 conducted as a consequence or a condition of the sale, exchange,  
215 transfer, purchase or rental of the real property on which the private  
216 [residential] well or semipublic well is located.

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

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

243 (f) No regulation may require that a certificate of occupancy for a  
244 dwelling unit on such residential property be withheld or revoked on



245 the basis of a water quality test performed on a private [residential] well  
246 pursuant to this section, unless such test results indicate that any  
247 maximum contaminant level applicable to public water supply systems  
248 for any contaminant listed in the [public health code] regulations of  
249 Connecticut state agencies has been exceeded. No administrative  
250 agency, health district or municipal health officer may withhold or  
251 cause to be withheld such a certificate of occupancy except as provided  
252 in this section.

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

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

271 (i) Any owner of a residential construction, including, but not limited  
272 to, a homeowner, on which a private [residential] well is located or any  
273 general contractor of a new residential construction on which a private  
274 [residential] well is located may collect samples of well water for  
275 submission to a laboratory or firm for the purposes of testing water  
276 quality pursuant to this section, provided (1) such laboratory or firm has  
277 provided instructions to said owner or general contractor on how to

278 collect such samples, and (2) such owner or general contractor is  
279 identified to the subsequent owner on a form to be prescribed by the  
280 Department of Public Health. No regulation may prohibit or impede  
281 such collection or analysis.

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

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

300 Sec. 7. (NEW) (*Effective October 1, 2021*) The owner of any residential  
301 or commercial property shall notify each tenant of any leased or rented  
302 unit located on such property and the lessee of such property whenever  
303 any testing of the water supply for such property indicates that the  
304 water exceeds a maximum contaminant level applicable to water supply  
305 systems for any contaminant listed in the regulations of Connecticut  
306 state agencies or for any contaminant listed on the state drinking water  
307 action level list established pursuant to section 22a-471 of the general  
308 statutes. As soon as practicable, but not later than forty-eight hours after  
309 receiving notification of the results of such testing, the owner shall  
310 forward a copy of such notification to each such tenant and lessee. The

311 local director of health shall take all reasonable steps to verify that such  
312 owner forwarded the notice required pursuant to this section.

313 Sec. 8. Section 19a-524 of the general statutes is repealed and the  
314 following is substituted in lieu thereof (*Effective October 1, 2021*):

315 If, upon review, investigation or inspection pursuant to section 19a-  
316 498, the Commissioner of Public Health determines that a nursing home  
317 facility or residential care home has violated any provision of section  
318 17a-411, 19a-491a to 19a-491c, inclusive, as amended by this act, 19a-  
319 493a, 19a-521 to 19a-529, inclusive, 19a-531 to 19a-551, inclusive, or 19a-  
320 553 to 19a-555, inclusive, or any provision of any regulation of  
321 Connecticut state agencies relating to licensure, the Fire Safety Code or  
322 the operation or maintenance of a nursing home facility or residential  
323 care home, which violation has been classified in accordance with  
324 section 19a-527, the commissioner may immediately issue or cause to be  
325 issued a citation to the licensee of such nursing home facility or  
326 residential care home. Governmental immunity shall not be a defense to  
327 any citation issued or civil penalty imposed pursuant to this section or  
328 sections 19-525 to 19a-528, inclusive. Each such citation shall be in  
329 writing, provide notice of the nature and scope of the alleged violation  
330 or violations, and include, but not be limited to, the citation and notice  
331 of noncompliance issued in accordance with section 19a-496. Each  
332 citation and notice of noncompliance issued under this section shall be  
333 sent to the licensee electronically in a form and manner prescribed by  
334 the commissioner or by certified mail [to the licensee] at the address of  
335 the nursing home facility or residential care home in issue. A copy of  
336 such citation and notice of noncompliance shall also be sent to the  
337 licensed administrator at the address of the nursing home facility or  
338 residential care home.

339 Sec. 9. Subdivision (2) of subsection (c) of section 19a-491c of the  
340 general statutes is repealed and the following is substituted in lieu  
341 thereof (*Effective July 1, 2021*):

342 (2) No long-term care facility shall be required to comply with the

343 provisions of this subsection if (A) the individual provides evidence to  
344 the long-term care facility that such individual submitted to a  
345 background search conducted pursuant to subdivision (1) of this  
346 subsection not more than three years immediately preceding the date  
347 such individual applies for employment, seeks to enter into a contract  
348 or begins volunteering with the long-term care facility and that the prior  
349 background search confirmed that the individual did not have a  
350 disqualifying offense, or (B) the commissioner determines the need to  
351 temporarily suspend the requirements of this subsection in the event of  
352 an emergency or significant disruption. The commissioner shall inform  
353 the long-term care facility when the commissioner has suspended the  
354 requirements of this subsection pursuant to subparagraph (B) of this  
355 subdivision and when such suspension is rescinded.

356 Sec. 10. Section 19a-177 of the general statutes is repealed and the  
357 following is substituted in lieu thereof (*Effective October 1, 2021*):

358 The commissioner shall:

359 (1) With the advice of the Office of Emergency Medical Services  
360 established pursuant to section 19a-178 and of an advisory committee  
361 on emergency medical services and with the benefit of meetings held  
362 pursuant to subsection (b) of section 19a-184, adopt every five years a  
363 state-wide plan for the coordinated delivery of emergency medical  
364 services;

365 (2) License or certify the following: (A) Ambulance operations,  
366 [ambulance drivers,] emergency medical services personnel and  
367 communications personnel; (B) emergency room facilities and  
368 communications facilities; and (C) transportation equipment, including  
369 land, sea and air vehicles used for transportation of patients to  
370 emergency facilities and periodically inspect life saving equipment,  
371 emergency facilities and emergency transportation vehicles to ensure  
372 state standards are maintained;

373 (3) Annually inventory emergency medical services resources within  
374 the state, including facilities, equipment, and personnel, for the

375 purposes of determining the need for additional services and the  
376 effectiveness of existing services;

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

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

384 (6) Establish such minimum standards and adopt such regulations in  
385 accordance with the provisions of chapter 54, as may be necessary to  
386 develop the following components of an emergency medical service  
387 system: (A) Communications, which shall include, but not be limited to,  
388 equipment, radio frequencies and operational procedures; (B)  
389 transportation services, which shall include, but not be limited to,  
390 vehicle type, design, condition and maintenance, and operational  
391 procedures; (C) training, which shall include, but not be limited to,  
392 emergency medical services personnel, communications personnel,  
393 paraprofessionals associated with emergency medical services,  
394 firefighters and state and local police; (D) emergency medical service  
395 facilities, which shall include, but not be limited to, categorization of  
396 emergency departments as to their treatment capabilities and ancillary  
397 services; and (E) mobile integrated health care programs, which shall  
398 include, but not be limited to, the standards to ensure the health, safety  
399 and welfare of the patients being served by such programs and data  
400 collection and reporting requirements to ensure and measure quality  
401 outcomes of such programs;

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

403 (8) (A) Develop an emergency medical services data collection  
404 system. Each emergency medical service organization licensed or  
405 certified pursuant to this chapter shall submit data to the commissioner,  
406 on a quarterly basis, from each licensed ambulance service, certified

407 ambulance service or paramedic intercept service that provides  
408 emergency medical services. Such submitted data shall include, but not  
409 be limited to: (i) The total number of calls for emergency medical  
410 services received by such licensed ambulance service, certified  
411 ambulance service or paramedic intercept service through the 9-1-1  
412 system during the reporting period; (ii) each level of emergency medical  
413 services, as defined in regulations adopted pursuant to section 19a-179,  
414 required for each such call; (iii) the response time for each licensed  
415 ambulance service, certified ambulance service or paramedic intercept  
416 service during the reporting period; (iv) the number of passed calls,  
417 cancelled calls and mutual aid calls, both made and received, during the  
418 reporting period; and (v) for the reporting period, the prehospital data  
419 for the nonscheduled transport of patients required by regulations  
420 adopted pursuant to subdivision (6) of this section. The data required  
421 under this subdivision may be submitted in any electronic form selected  
422 by such licensed ambulance service, certified ambulance service or  
423 paramedic intercept service and approved by the commissioner,  
424 provided the commissioner shall take into consideration the needs of  
425 such licensed ambulance service, certified ambulance service or  
426 paramedic intercept service in approving such electronic form. The  
427 commissioner may conduct an audit of any such licensed ambulance  
428 service, certified ambulance service or paramedic intercept service as  
429 the commissioner deems necessary in order to verify the accuracy of  
430 such reported data.

431 (B) On or before December 31, 2018, and annually thereafter, the  
432 commissioner shall prepare a report to the Emergency Medical Services  
433 Advisory Board, established pursuant to section 19a-178a, as amended  
434 by this act, that shall include, but not be limited to, the following data:  
435 (i) The total number of calls for emergency medical services received  
436 during the reporting year by each licensed ambulance service, certified  
437 ambulance service or paramedic intercept service; (ii) the level of  
438 emergency medical services required for each such call; (iii) the name of  
439 the emergency medical service organization that provided each such  
440 level of emergency medical services furnished during the reporting

441 year; (iv) the response time, by time ranges or fractile response times,  
442 for each licensed ambulance service, certified ambulance service or  
443 paramedic intercept service, using a common definition of response  
444 time, as provided in regulations adopted pursuant to section 19a-179;  
445 and (v) the number of passed calls, cancelled calls and mutual aid calls  
446 during the reporting year. The commissioner shall prepare such report  
447 in a format that categorizes such data for each municipality in which the  
448 emergency medical services were provided, with each such  
449 municipality grouped according to urban, suburban and rural  
450 classifications.

451 (C) If any licensed ambulance service, certified ambulance service or  
452 paramedic intercept service does not submit the data required under  
453 subparagraph (A) of this subdivision for a period of six consecutive  
454 months, or if the commissioner believes that such licensed ambulance  
455 service, certified ambulance service or paramedic intercept service  
456 knowingly or intentionally submitted incomplete or false data, the  
457 commissioner shall issue a written order directing such licensed  
458 ambulance service, certified ambulance service or paramedic intercept  
459 service to comply with the provisions of subparagraph (A) of this  
460 subdivision and submit all missing data or such corrected data as the  
461 commissioner may require. If such licensed ambulance service, certified  
462 ambulance service or paramedic intercept service fails to fully comply  
463 with such order not later than three months from the date such order is  
464 issued, the commissioner (i) shall conduct a hearing, in accordance with  
465 chapter 54, at which such licensed ambulance service, certified  
466 ambulance service or paramedic intercept service shall be required to  
467 show cause why the primary service area assignment of such licensed  
468 ambulance service, certified ambulance service or paramedic intercept  
469 service should not be revoked, and (ii) may take such disciplinary action  
470 under section 19a-17 as the commissioner deems appropriate.

471 (D) The commissioner shall collect the data required by  
472 subparagraph (A) of this subdivision, in the manner provided in said  
473 subparagraph, from each emergency medical service organization  
474 licensed or certified pursuant to this chapter. Any such emergency

475 medical service organization that fails to comply with the provisions of  
476 this section shall be liable for a civil penalty not to exceed one hundred  
477 dollars per day for each failure to report the required data regarding  
478 emergency medical services provided to a patient, as determined by the  
479 commissioner. The civil penalties set forth in this subparagraph shall be  
480 assessed only after the department provides a written notice of  
481 deficiency and the organization is afforded the opportunity to respond  
482 to such notice. An organization shall have not more than fifteen business  
483 days after the date of receiving such notice to provide a written response  
484 to the department. The commissioner may adopt regulations, in  
485 accordance with chapter 54, concerning the development,  
486 implementation, monitoring and collection of emergency medical  
487 service system data. All state agencies licensed or certified as emergency  
488 medical service organizations shall be exempt from the civil penalties  
489 set forth in this subparagraph.

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

496 (9) (A) Establish rates for the conveyance and treatment of patients  
497 by licensed ambulance services and invalid coaches and establish  
498 emergency service rates for certified ambulance services and paramedic  
499 intercept services, provided (i) the present rates established for such  
500 services and vehicles shall remain in effect until such time as the  
501 commissioner establishes a new rate schedule as provided in this  
502 subdivision, and (ii) any rate increase not in excess of the Medical Care  
503 Services Consumer Price Index, as published by the Bureau of Labor  
504 Statistics of the United States Department of Labor, for the prior year,  
505 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
506 be deemed approved by the commissioner. For purposes of this  
507 subdivision, licensed ambulance services and paramedic intercept  
508 services shall not include emergency air transport services or mobile



509 integrated health care programs.

510 (B) Adopt regulations, in accordance with the provisions of chapter  
511 54, establishing methods for setting rates and conditions for charging  
512 such rates. Such regulations shall include, but not be limited to,  
513 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
514 increases may be filed no more frequently than once a year, except that,  
515 in any case where an agency's schedule of maximum allowable rates  
516 falls below that of the Medicare allowable rates for that agency, the  
517 commissioner shall immediately amend such schedule so that the rates  
518 are at or above the Medicare allowable rates; (ii) only licensed  
519 ambulance services, certified ambulance services and paramedic  
520 intercept services that apply for a rate increase in excess of the Medical  
521 Care Services Consumer Price Index, as published by the Bureau of  
522 Labor Statistics of the United States Department of Labor, for the prior  
523 year, and do not accept the maximum allowable rates contained in any  
524 voluntary state-wide rate schedule established by the commissioner for  
525 the rate application year shall be required to file detailed financial  
526 information with the commissioner, provided any hearing that the  
527 commissioner may hold concerning such application shall be conducted  
528 as a contested case in accordance with chapter 54; (iii) licensed  
529 ambulance services, certified ambulance services and paramedic  
530 intercept services that do not apply for a rate increase in any year 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, or that accept the maximum allowable rates  
534 contained in any voluntary state-wide rate schedule established by the  
535 commissioner for the rate application year shall, not later than the last  
536 business day in August of such year, file with the commissioner a  
537 statement of emergency and nonemergency call volume, and, in the case  
538 of a licensed ambulance service, certified ambulance service or  
539 paramedic intercept service that is not applying for a rate increase, a  
540 written declaration by such licensed ambulance service, certified  
541 ambulance service or paramedic intercept service that no change in its  
542 currently approved maximum allowable rates will occur for the rate

543 application year; and (iv) detailed financial and operational information  
544 filed by licensed ambulance services, certified ambulance services and  
545 paramedic intercept services to support a request for a rate increase in  
546 excess of the Medical Care Services Consumer Price Index, as published  
547 by the Bureau of Labor Statistics of the United States Department of  
548 Labor, for the prior year, shall cover the time period pertaining to the  
549 most recently completed fiscal year and the rate application year of the  
550 licensed ambulance service, certified ambulance service or paramedic  
551 intercept service.

552 (C) Establish rates for licensed ambulance services, certified  
553 ambulance services or paramedic intercept services for the following  
554 services and conditions: (i) "Advanced life support assessment" and  
555 "specialty care transports", which terms have the meanings provided in  
556 42 CFR 414.605; and (ii) mileage, which may include mileage for an  
557 ambulance transport when the point of origin and final destination for  
558 a transport is within the boundaries of the same municipality. The rates  
559 established by the commissioner for each such service or condition shall  
560 be equal to (I) the ambulance service's base rate plus its established  
561 advanced life support/paramedic surcharge when advanced life  
562 support assessment services are performed; (II) two hundred twenty-  
563 five per cent of the ambulance service's established base rate for  
564 specialty care transports; and (III) "loaded mileage", as the term is  
565 defined in 42 CFR 414.605, multiplied by the ambulance service's  
566 established rate for mileage. Such rates shall remain in effect until such  
567 time as the commissioner establishes a new rate schedule as provided  
568 in this subdivision.

569 (D) Establish rates for the treatment and release of patients by a  
570 licensed or certified emergency medical services organization or a  
571 provider who does not transport such patients to an emergency  
572 department and who is operating within the scope of such  
573 organization's or provider's practice and following protocols approved  
574 by the sponsor hospital. The rates established pursuant to this  
575 subparagraph shall not apply to the treatment provided to patients  
576 through mobile integrated health care programs;

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

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

584 (12) Annually issue a list of minimum equipment requirements for  
585 [ambulances and rescue vehicles] authorized emergency medical  
586 services vehicles based upon current national standards. The  
587 commissioner shall distribute such list to all emergency medical service  
588 organizations and sponsor hospital medical directors and make such list  
589 available to other interested stakeholders. Emergency medical service  
590 organizations shall have one year from the date of issuance of such list  
591 to comply with the minimum equipment requirements.

592 Sec. 11. (NEW) (*Effective July 1, 2021*) The Commissioner of Public  
593 Health may waive any provisions of the regulations applying to an  
594 emergency medical service organization or emergency medical services  
595 personnel, as such terms are defined in section 19a-175 of the general  
596 statutes, as amended by this act, if the commissioner determines that  
597 such waiver (1) would not endanger the health, safety or welfare of any  
598 patient or resident, and (2) does not affect the maximum allowable rates  
599 for each emergency medical service organization or primary service  
600 area assignments. The commissioner may impose conditions, upon  
601 granting the waiver, that assure the health, safety or welfare of patients  
602 or residents and may terminate the waiver upon a finding that the  
603 health, safety or welfare of any patient or resident has been jeopardized.  
604 The commissioner may adopt regulations, in accordance with the  
605 provisions of chapter 54 of the general statutes, establishing procedures  
606 for an application for a waiver pursuant to this subdivision.

607 Sec. 12. Section 20-207 of the general statutes is repealed and the  
608 following is substituted in lieu thereof (*Effective October 1, 2021*):

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

611 (1) "Board" means the Connecticut Board of Examiners of Embalmers  
612 and Funeral Directors;

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

615 (3) "Funeral directing" means the business, practice or profession, as  
616 commonly practiced, of (A) directing or supervising funerals, or  
617 providing funeral services; (B) handling or encasing or providing  
618 services for handling and encasing dead human bodies, otherwise than  
619 by embalming, for burial or disposal; (C) providing embalming services;  
620 (D) providing transportation, interment and disinterment of dead  
621 human bodies; (E) maintaining an establishment so located, constructed  
622 and equipped as to permit the decent and sanitary handling of dead  
623 human bodies, with suitable equipment in such establishment for such  
624 handling; (F) conducting an establishment from which funerals may be  
625 held; (G) engaging in consultations concerning arrangements for the  
626 disposition of human remains, including, but not limited to,  
627 arrangements for cremation or alkaline hydrolysis; (H) casketing human  
628 remains; (I) making cemetery and cremation arrangements; and (J)  
629 preparing funeral service contracts, as defined in section 42-200;

630 (4) "Funeral director" means any person engaged or holding himself  
631 or herself out as engaged in funeral directing whether or not he or she  
632 uses in connection with his or her name or business the words "funeral  
633 director," "undertaker" or "mortician" or any other word or title  
634 intended to designate him or her as a funeral director or mortician or as  
635 one so engaged;

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

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

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

642 (8) ["Student embalmer"] "Registered apprentice embalmer" means a  
643 person [studying embalming and] registered with the Department of  
644 Public Health as an apprentice pursuant to the provisions of this  
645 chapter;

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

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

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

657 Sec. 13. Section 20-212 of the general statutes is repealed and the  
658 following is substituted in lieu thereof (*Effective October 1, 2021*):

659 No person, except a licensed embalmer, shall inject any fluid or  
660 substance into any dead human body, except that a registered [student]  
661 apprentice embalmer may, even if not in the presence of a licensed  
662 embalmer, make such injection or perform any other act under [his]  
663 such licensed embalmer's instruction; and no person, firm or  
664 corporation shall enter, engage in, carry on or manage for another the  
665 business of caring for, preserving or disposing of dead human bodies  
666 until each person, firm or corporation so engaged has obtained from the  
667 Department of Public Health and holds a license as provided in this  
668 chapter; nor shall any person be employed to remove a dead human  
669 body, except a licensed embalmer, a registered [student] apprentice  
670 embalmer, a licensed funeral director, or a person authorized in each

671 instance by the Chief Medical Examiner, Deputy Medical Examiner or  
672 assistant medical examiner incidental to examining the body of a  
673 deceased person, except that once a dead human body has been  
674 prepared in accordance with the [Public Health Code] regulations of  
675 Connecticut state agencies and the applicable provisions of the general  
676 statutes, an embalmer or funeral director licensed in this state may  
677 authorize an unlicensed employee to transport such body. Nothing in  
678 this section shall be construed to prohibit any person licensed as an  
679 embalmer or as a funeral director under the laws of another state from  
680 bringing into or removing from this state a dead human body, provided  
681 any and all other laws of this state relative to such body have been  
682 complied with. Nothing in this chapter shall be construed to prohibit  
683 any student who is enrolled in a program of education in mortuary  
684 science, approved by the board, with the consent of the Commissioner  
685 of Public Health, from embalming up to ten human bodies under the  
686 supervision of a licensed embalmer and incidental to such student's  
687 course of study. Such embalming shall be counted toward the  
688 embalming requirement outlined in section 20-213, as amended by this  
689 act, when such student becomes a registered apprentice embalmer.

690 Sec. 14. Subsections (a) and (b) of section 20-213 of the general statutes  
691 are repealed and the following is substituted in lieu thereof (*Effective*  
692 *October 1, 2021*):

693 (a) (1) After a [student] registered apprentice embalmer has (A)  
694 completed a program of education in mortuary science approved by the  
695 board with the consent of the Commissioner of Public Health, (B)  
696 successfully completed an examination prescribed by the Department  
697 of Public Health with the consent of the board, (C) completed one year  
698 of practical training and experience of a grade and character satisfactory  
699 to the commissioner in the state in full-time employment under the  
700 personal supervision and instruction of an embalmer licensed under the  
701 provisions of this chapter, and (D) embalmed fifty human bodies in not  
702 more than two years under the supervision of a licensed embalmer or  
703 embalmers, (2) the [student] registered apprentice embalmer shall (A)  
704 submit to the department an application and fee of two hundred ten

705 dollars, (B) take a written examination on the Connecticut public health  
706 laws and the regulations of Connecticut state agencies pertaining to the  
707 activities of an embalmer, and (C) take an examination in practical  
708 embalming that shall include an actual demonstration upon a cadaver.  
709 When the [student] registered apprentice embalmer has satisfactorily  
710 passed such examinations, said department shall issue to him or her a  
711 license to practice embalming. At the expiration of such license, if the  
712 holder thereof desires a renewal, said department shall grant it pursuant  
713 to section 20-222a, except for cause.

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

719 Sec. 15. Section 20-215 of the general statutes is repealed and the  
720 following is substituted in lieu thereof (*Effective October 1, 2021*):

721 No licensed embalmer shall sign an affidavit attesting the  
722 preparation or embalming of any body unless such body has been  
723 prepared or embalmed by [him] such licensed embalmer, or by a  
724 registered [student] apprentice embalmer under [his] such licensed  
725 embalmer's personal supervision.

726 Sec. 16. Subsection (a) of section 20-217 of the general statutes is  
727 repealed and the following is substituted in lieu thereof (*Effective October*  
728 *1, 2021*):

729 (a) When a [student] registered apprentice funeral director has  
730 completed a program of education approved by the board with the  
731 consent of the Commissioner of Public Health, has successfully  
732 completed an examination prescribed by the department with the  
733 consent of the board and furnishes the department with satisfactory  
734 proof that he or she has completed one year of practical training and  
735 experience in full-time employment under the personal supervision of  
736 a licensed embalmer or funeral director, and pays to the department a

737 fee of two hundred ten dollars, [he] such registered apprentice funeral  
738 director shall be entitled to be examined upon the Connecticut state law  
739 and regulations pertaining to his or her professional activities. If found  
740 to be qualified by the Department of Public Health, [he] such registered  
741 apprentice funeral director shall be licensed as a funeral director.  
742 Renewal licenses shall be issued by the Department of Public Health  
743 pursuant to section 20-222a, unless withheld for cause as herein  
744 provided, upon a payment of a fee of two hundred thirty dollars.

745 Sec. 17. Section 20-224 of the general statutes is repealed and the  
746 following is substituted in lieu thereof (*Effective October 1, 2021*):

747 (a) The provisions of sections 20-217, as amended by this act, 20-220  
748 and 20-227 shall not prohibit the employment of assistants or of  
749 [student] registered apprentice embalmers and [student] registered  
750 apprentice funeral directors as provided in this chapter, provided a  
751 licensed funeral service business may employ no more than two  
752 [student] registered apprentice embalmers at any one time, and any  
753 person, firm, corporation or other organization engaged in the business  
754 of funeral directing may employ no more than one [student] registered  
755 apprentice funeral director at any one time, without the approval of the  
756 Board of Examiners of Embalmers and Funeral Directors.

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

763 Sec. 18. Section 20-195dd of the general statutes is repealed and the  
764 following is substituted in lieu thereof (*Effective from passage*):

765 (a) Except as otherwise provided in subsections (c) and (d) of this  
766 section, an applicant for a license as a professional counselor shall  
767 submit evidence satisfactory to the commissioner of having: (1) (A)  
768 Earned a graduate degree in clinical mental health counseling as part of



769 a program of higher learning accredited by the Council for  
770 Accreditation of Counseling and Related Educational Programs, or a  
771 successor organization, or (B) (i) completed at least sixty graduate  
772 semester hours in counseling or a related mental health field at a  
773 regionally accredited institution of higher education that included  
774 coursework in each of the following areas: (I) Human growth and  
775 development; (II) social and cultural foundations; (III) counseling  
776 theories; (IV) counseling techniques; (V) group counseling; (VI) career  
777 counseling; (VII) appraisals or tests and measurements to individuals  
778 and groups; (VIII) research and evaluation; (IX) professional orientation  
779 to mental health counseling; (X) addiction and substance abuse  
780 counseling; (XI) trauma and crisis counseling; and (XII) diagnosis and  
781 treatment of mental and emotional disorders, (ii) earned from a  
782 regionally accredited institution of higher education a graduate degree  
783 in counseling or a related mental health field, (iii) completed a one-  
784 hundred-hour practicum in counseling taught by a faculty member  
785 licensed or certified as a professional counselor or its equivalent in  
786 another state, and (iv) completed a six-hundred-hour clinical mental  
787 health counseling internship taught by a faculty member licensed or  
788 certified as a professional counselor or its equivalent in another state; (2)  
789 acquired three thousand hours of postgraduate experience under  
790 professional supervision, including a minimum of one hundred hours  
791 of direct professional supervision, in the practice of professional  
792 counseling, performed over a period of not less than two years; and (3)  
793 passed an examination prescribed by the commissioner. The provisions  
794 of subparagraphs (B)(i)(X) to (B)(i)(XII), inclusive, (B)(iii) and (B)(iv) of  
795 this subsection shall not apply to any applicant who, on or before July  
796 1, 2017, was a matriculating student in good standing in a graduate  
797 degree program at a regionally accredited institution of higher  
798 education in one of the fields required under subparagraph (B) of this  
799 subsection.

800 (b) An applicant for a license as a professional counselor associate  
801 shall submit to the Commissioner of Public Health evidence satisfactory  
802 to the commissioner of having (1) earned a graduate degree in clinical

803 mental health counseling as part of a program of higher learning  
804 accredited by the Council for Accreditation of Counseling and Related  
805 Educational Programs, or a successor organization, or (2) (A) completed  
806 at least sixty graduate semester hours in counseling or a related mental  
807 health field at a regionally accredited institution of higher education  
808 that included coursework in each of the following areas: Human growth  
809 and development; social and cultural foundations; counseling theories;  
810 counseling techniques; group counseling; career counseling; appraisals  
811 or tests and measurements to individuals and groups; research and  
812 evaluation; professional orientation to mental health counseling;  
813 addiction and substance abuse counseling; trauma and crisis  
814 counseling; and diagnosis and treatment of mental and emotional  
815 disorders, (B) completed a one-hundred-hour practicum in counseling  
816 taught by a faculty member licensed or certified as a professional  
817 counselor or its equivalent in another state, (C) completed a six-  
818 hundred-hour clinical mental health counseling internship taught by a  
819 faculty member licensed or certified as a professional counselor or its  
820 equivalent in another state, and (D) earned from a regionally accredited  
821 institution of higher education a graduate degree in counseling or a  
822 related mental health field. The provisions of subparagraphs (A) to (C),  
823 inclusive, of subdivision (2) of this subsection shall not apply to any  
824 applicant who, on or before July 1, 2022, earned a graduate degree at a  
825 regionally accredited institution of higher education in counseling or a  
826 related mental health field and has accumulated at least three thousand  
827 hours of experience under professional supervision, as defined in  
828 section 20-195aa.

829 (c) An applicant for licensure by endorsement shall present evidence  
830 satisfactory to the commissioner that the applicant is licensed or  
831 certified as a professional counselor or professional counselor associate,  
832 or as a person entitled to perform similar services under a different  
833 designation, in another state or jurisdiction whose requirements for  
834 practicing in such capacity are substantially similar to or higher than  
835 those of this state and that there are no disciplinary actions or  
836 unresolved complaints pending.

837 (d) An applicant who is licensed or certified as a professional  
838 counselor or its equivalent in another state, territory or commonwealth  
839 of the United States may substitute three years of licensed or certified  
840 work experience in the practice of professional counseling in lieu of the  
841 requirements of subdivision (2) of subsection (a) of this section,  
842 provided the commissioner finds that such experience is equal to or  
843 greater than the requirements of this state.

844 Sec. 19. Subsection (a) of section 20-195c of the general statutes is  
845 repealed and the following is substituted in lieu thereof (*Effective from*  
846 *passage*):

847 (a) Each applicant for licensure as a marital and family therapist shall  
848 present to the department satisfactory evidence that such applicant has:  
849 (1) Completed a graduate degree program specializing in marital and  
850 family therapy offered by a regionally accredited college or university  
851 or an accredited postgraduate clinical training program accredited by  
852 the Commission on Accreditation for Marriage and Family Therapy  
853 Education offered by a regionally accredited institution of higher  
854 education; (2) completed a supervised practicum or internship with  
855 emphasis in marital and family therapy supervised by the program  
856 granting the requisite degree or by an accredited postgraduate clinical  
857 training program accredited by the Commission on Accreditation for  
858 Marriage and Family Therapy Education and offered by a regionally  
859 accredited institution of higher education; [, in which the student  
860 received a minimum of five hundred direct clinical hours that included  
861 one hundred hours of clinical supervision;] (3) completed twelve  
862 months of relevant postgraduate experience, including (A) a minimum  
863 of one thousand hours of direct client contact offering marital and  
864 family therapy services subsequent to being awarded a master's degree  
865 or doctorate or subsequent to the training year specified in subdivision  
866 (2) of this subsection, and (B) one hundred hours of postgraduate  
867 clinical supervision provided by a licensed marital and family therapist;  
868 and (4) passed an examination prescribed by the department. The fee  
869 shall be three hundred fifteen dollars for each initial application.

870 Sec. 20. Subdivision (12) of subsection (a) of section 19a-14 of the  
871 general statutes is repealed and the following is substituted in lieu  
872 thereof (*Effective October 1, 2021*):

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

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

881 (B) Upon request of the person who filed the complaint, provide such  
882 person with an opportunity to review, at the department, records  
883 compiled as of the date of the request pursuant to any investigation of  
884 the complaint, including, but not limited to, the respondent's written  
885 response to the complaint, except that such person shall not be entitled  
886 to copy such records and the department (i) shall not disclose (I)  
887 information concerning a health care professional's referral to,  
888 participation in or completion of an assistance program in accordance  
889 with sections 19a-12a, as amended by this act, and 19a-12b, that is  
890 confidential pursuant to section 19a-12a, as amended by this act, (II)  
891 information not related to such person's specific complaint, including,  
892 but not limited to, information concerning patients other than such  
893 person, or (III) personnel or medical records and similar files the  
894 disclosure of which would constitute an invasion of personal privacy  
895 pursuant to section 1-210, except for such records or similar files solely  
896 related to such person; (ii) shall not be required to disclose any other  
897 information that is otherwise confidential pursuant to federal law or  
898 state statute, except for information solely related to such person; and  
899 (iii) may require up to ten business days written notice prior to  
900 providing such opportunity for review;

901 (C) Prior to resolving the complaint with a consent order, provide the

902 person who filed the complaint with not less than ten business days to  
903 submit a written statement as to whether such person objects to  
904 resolving the complaint with a consent order;

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

910 (E) Notify the person who filed the complaint of the final disposition  
911 of such complaint not later than seven business days after such final  
912 disposition;

913 Sec. 21. Subsections (a) to (c), inclusive, of section 20-204a of the  
914 general statutes are repealed and the following is substituted in lieu  
915 thereof (*Effective October 1, 2021*):

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

923 (b) Except as provided in subsections (c) and (d) of this section, the  
924 investigation shall be confidential and not subject to disclosure under  
925 section 1-210 and no person may disclose knowledge of the  
926 investigation to a third party unless the veterinarian requests that the  
927 investigation be open, [The owner of any animal that is the subject of  
928 such an investigation shall not be deemed a third party to such an  
929 investigation for purposes of disclosure under this section] except that  
930 the department shall provide information to the person who filed the  
931 complaint pursuant to subdivision (12) of subsection (a) of section 19a-  
932 14, as amended by this act.

933 (c) If the department makes a finding of no probable cause to take  
934 action under section 20-202 or fails to make a finding within the twelve-  
935 month period required by subsection [(b)] (a) of this section, the  
936 allegation submitted pursuant to subsection (a) of this section and the  
937 entire record of the investigation may remain confidential and no  
938 person shall disclose knowledge of such investigation to a third party  
939 unless the veterinarian requests that it be open, except that the  
940 department shall provide information to the person who filed the  
941 complaint pursuant to subdivision (12) of subsection (a) of section 19a-  
942 14, as amended by this act.

943 Sec. 22. Subsections (b) and (c) of section 7-62b of the general statutes  
944 are repealed and the following is substituted in lieu thereof (*Effective*  
945 *January 1, 2022*):

946 (b) The funeral director or embalmer licensed by the department, or  
947 the funeral director or embalmer licensed in another state and  
948 complying with the terms of a reciprocal agreement on file with the  
949 department, in charge of the burial of the deceased person shall  
950 complete the death certificate through the electronic death registry  
951 system, or, if the electronic death registry system is unavailable, on a  
952 form provided by the department. Said certificate shall be filed by a  
953 licensed embalmer or such embalmer's designee or a funeral director or  
954 such director's designee, in accordance with the provisions of this  
955 section, except when inquiry is required by the Chief Medical  
956 Examiner's Office, in which case the death certificate shall be filed in  
957 accordance with section 19a-409. The Social Security number of the  
958 deceased person shall be recorded on such certificate. Such licensed  
959 funeral director or licensed embalmer shall obtain the personal data  
960 from the next of kin or the best qualified person or source available and  
961 shall obtain a medical certification from the person responsible therefor,  
962 in accordance with the provisions of this section. Only a licensed  
963 embalmer may assume charge of the burial of a deceased person who  
964 had a communicable disease, as designated in the [Public Health Code]  
965 regulations of Connecticut state agencies, at the time of death and such  
966 licensed embalmer shall file an affidavit, on a form provided by the

967 department, signed and sworn to by such licensed embalmer stating  
968 that the body has been disinfected in accordance with the [Public Health  
969 Code] regulations of Connecticut state agencies.

970 (c) The medical certification portion of the death certificate shall be  
971 completed, signed and returned to the licensed funeral director or  
972 licensed embalmer no later than twenty-four hours after death by the  
973 physician or advanced practice registered nurse in charge of the  
974 patient's care for the illness or condition which resulted in death, or  
975 upon the death of an infant delivered by a nurse-midwife, by such  
976 nurse-midwife, as provided in section 20-86b. In the absence of such  
977 physician or advanced practice registered nurse, or with the physician's  
978 or advanced practice registered nurse's approval, the medical  
979 certification may be completed and signed by an associate physician, an  
980 advanced practice registered nurse, a physician assistant as provided in  
981 subsection (d) of section 20-12d, a registered nurse as provided in  
982 section 20-101a, the chief medical officer of the institution in which  
983 death occurred, or by the pathologist who performed an autopsy upon  
984 the decedent. No physician, advanced practice registered nurse,  
985 physician assistant, registered nurse, nurse-midwife, chief medical  
986 officer or pathologist shall sign and return the medical certification  
987 unless such physician, advanced practice registered nurse, physician  
988 assistant, registered nurse, nurse-midwife, chief medical officer or  
989 pathologist has personally viewed and examined the body of the person  
990 to whom the medical certification relates and is satisfied that at the time  
991 of the examination such person was in fact dead, except in the event a  
992 medical certification is completed by a physician, advanced practice  
993 registered nurse, physician assistant, registered nurse, nurse-midwife,  
994 chief medical officer or pathologist other than the one who made the  
995 determination and pronouncement of death, an additional viewing and  
996 examination of the body shall not be required. Such physician,  
997 advanced practice registered nurse, physician assistant, registered  
998 nurse, nurse-midwife, chief medical officer or pathologist shall certify  
999 to the facts of death through the electronic death registry system, or, if  
1000 the electronic death registry is unavailable, on a form provided by the

1001 department. If a physician, advanced practice registered nurse,  
1002 physician assistant, registered nurse, nurse-midwife, chief medical  
1003 officer or pathologist refuses or otherwise fails to complete, sign and  
1004 return the medical portion of the death certificate to the licensed funeral  
1005 director or licensed embalmer within twenty-four hours after death,  
1006 such licensed funeral director or embalmer may notify the  
1007 Commissioner of Public Health of such refusal. The commissioner may,  
1008 upon receipt of notification and investigation, assess a civil penalty  
1009 against such physician, advanced practice registered nurse, physician  
1010 assistant, registered nurse, chief medical officer or pathologist not to  
1011 exceed two hundred fifty dollars. The medical certification shall state  
1012 the cause of death, defined so that such death may be classified under  
1013 the international list of causes of death, the duration of disease if known  
1014 and such additional information as the Department of Public Health  
1015 requires. The department shall give due consideration to national  
1016 uniformity in vital statistics in prescribing the form and content of such  
1017 information.

1018 Sec. 23. Section 19a-200 of the general statutes is repealed and the  
1019 following is substituted in lieu thereof (*Effective July 1, 2021*):

1020 (a) The mayor of each city, the chief executive officer of each town  
1021 and the warden of each borough shall, unless the charter of such city,  
1022 town or borough otherwise provides, nominate some person to be  
1023 director of health for such city, town or borough. [, which] Such person  
1024 shall possess the qualifications specified in subsection (b) of this section.  
1025 Upon approval of the Commissioner of Public Health, such nomination  
1026 shall be confirmed or rejected by the board of selectmen, if there be such  
1027 a board, otherwise by the legislative body of such city or town or by the  
1028 burgesses of such borough within thirty days thereafter.

1029 (b) Notwithstanding the charter provisions of any city, town or  
1030 borough with respect to the qualifications of the director of health, on  
1031 and after October 1, 2010, any person nominated to be a director of  
1032 health shall (1) be a licensed physician and hold a degree in public health  
1033 from an accredited school, college, university or institution, or (2) hold



1034 a graduate degree in public health from an accredited institution of  
1035 higher education. The educational requirements of this section shall not  
1036 apply to any director of health nominated or otherwise appointed as  
1037 director of health prior to October 1, 2010.

1038 (c) In cities, towns or boroughs with a population of forty thousand  
1039 or more for five consecutive years, according to the estimated  
1040 population figures authorized pursuant to subsection (b) of section  
1041 8-159a, such director of health shall serve in a full-time capacity, except  
1042 where a town has designated such director as the chief medical advisor  
1043 for its public schools under section 10-205. [, and]

1044 (d) No director shall, [not,] during such director's term of office, have  
1045 any financial interest in or engage in any employment, transaction or  
1046 professional activity that is in substantial conflict with the proper  
1047 discharge of the duties required of directors of health by the general  
1048 statutes or the regulations of Connecticut state agencies or specified by  
1049 the appointing authority of the city, town or borough in its written  
1050 agreement with such director. A written agreement with such director  
1051 shall be submitted to the Commissioner of Public Health by such  
1052 appointing authority upon such director's appointment or  
1053 reappointment.

1054 (e) Such director of health shall have and exercise within the limits of  
1055 the city, town or borough for which such director is appointed all  
1056 powers necessary for enforcing the general statutes, provisions of the  
1057 regulations of Connecticut state agencies relating to the preservation  
1058 and improvement of the public health and preventing the spread of  
1059 diseases therein.

1060 (f) In case of the absence or inability to act of a city, town or borough  
1061 director of health or if a vacancy exists in the office of such director, the  
1062 appointing authority of such city, town or borough may, with the  
1063 approval of the Commissioner of Public Health, designate in writing a  
1064 suitable person to serve as acting director of health during the period of  
1065 such absence or inability or vacancy [, provided the] and such person's

1066 start date. The commissioner may appoint such acting director if the  
1067 city, town or borough fails to do so. The person so designated, when  
1068 sworn, shall have all the powers and be subject to all the duties of such  
1069 director.

1070 (g) In case of vacancy in the office of such director, if such vacancy  
1071 exists for [thirty] sixty days, said commissioner may appoint a director  
1072 of health for such city, town or borough. The person so designated,  
1073 when sworn, shall (1) be considered an employee of the city, town or  
1074 borough, and (2) have all the powers and be subject to all the duties of  
1075 such director.

1076 (h) Said commissioner, may, for cause, remove an officer the  
1077 commissioner or any predecessor in said office has appointed, and the  
1078 common council of such city, town or the burgesses of such borough  
1079 may, respectively, for cause, remove a director whose nomination has  
1080 been confirmed by them, provided such removal shall be approved by  
1081 said commissioner; and, within two days thereafter, notice in writing of  
1082 such action shall be given by the clerk of such city, town or borough, as  
1083 the case may be, to said commissioner, who shall, within ten days after  
1084 receipt, file with the clerk from whom the notice was received, approval  
1085 or disapproval.

1086 (i) Each such director of health shall hold office for the term of four  
1087 years from the date of appointment and until a successor is nominated  
1088 and confirmed in accordance with this section.

1089 (j) Each director of health shall, annually, at the end of the fiscal year,  
1090 [of the city, town or borough, file with the Department of Public Health  
1091 a report of the doings as such director for the year preceding] submit a  
1092 report to the Department of Public Health detailing the activities of such  
1093 director during the preceding fiscal year.

1094 [(b)] (k) On and after July 1, 1988, each city, town and borough shall  
1095 provide for the services of a sanitarian licensed under chapter 395 to  
1096 work under the direction of the local director of health. Where practical,  
1097 the local director of health may act as the sanitarian.

1098 [(c)] (l) As used in this chapter, "authorized agent" means a sanitarian  
1099 licensed under chapter 395 and any individual certified for a specific  
1100 program of environmental health by the Commissioner of Public Health  
1101 in accordance with the general statutes and regulations of Connecticut  
1102 state agencies.

1103 Sec. 24. Section 19a-202a of the general statutes is repealed and the  
1104 following is substituted in lieu thereof (*Effective July 1, 2021*):

1105 [(a)] Any municipality may designate itself as having a part-time  
1106 health department if: (1) The municipality has not had a full-time health  
1107 department or been in a full-time health district [prior to] as of January  
1108 1, 1998<sub>;</sub> [;] and (2) the municipality has the equivalent of at least one full-  
1109 time employee, as determined by the Commissioner of Public Health<sub>;</sub> [;  
1110 (3) the municipality annually submits a public health program plan and  
1111 budget to the commissioner; and (4) the commissioner approves the  
1112 program plan and budget] who performs public health functions  
1113 required by the general statutes and the regulations of Connecticut  
1114 states agencies.

1115 [(b)] The Commissioner of Public Health shall adopt regulations, in  
1116 accordance with the provisions of chapter 54, for the development and  
1117 approval of the program plan and budget required by subdivision (3) of  
1118 subsection (a) of this section.]

1119 Sec. 25. Section 19a-244 of the general statutes is repealed and the  
1120 following is substituted in lieu thereof (*Effective July 1, 2021*):

1121 On and after October 1, 2010, any person nominated to be the director  
1122 of health shall (1) be a licensed physician and hold a degree in public  
1123 health from an accredited school, college, university or institution, or (2)  
1124 hold a graduate degree in public health from an accredited school,  
1125 college or institution. The educational requirements of this section shall  
1126 not apply to any director of health nominated or otherwise appointed  
1127 as director of health prior to October 1, 2010. The board may specify in  
1128 a written agreement with such director the term of office, which shall  
1129 not exceed three years, salary and duties required of and responsibilities

1130 assigned to such director in addition to those required by the general  
1131 statutes or the [Public Health Code] regulations of Connecticut state  
1132 agencies, if any. Such director shall be removed during the term of such  
1133 written agreement only for cause after a public hearing by the board on  
1134 charges preferred, of which reasonable notice shall have been given. No  
1135 director shall, during such director's term of office, have any financial  
1136 interest in or engage in any employment, transaction or professional  
1137 activity that is in substantial conflict with the proper discharge of the  
1138 duties required of directors of health by the general statutes or the  
1139 [Public Health Code] regulations of Connecticut state agencies or  
1140 specified by the board in its written agreement with such director. The  
1141 board shall submit such written agreement to the Commissioner of  
1142 Public Health upon such director's appointment or reappointment. Such  
1143 director shall serve in a full-time capacity and act as secretary and  
1144 treasurer of the board, without the right to vote. Such director shall give  
1145 to the district a bond with a surety company authorized to transact  
1146 business in the state, for the faithful performance of such director's  
1147 duties as treasurer, in such sum and upon such conditions as the board  
1148 requires. Such director shall be the executive officer of the district  
1149 department of health. Full-time employees of a city, town or borough  
1150 health department at the time such city, town or borough votes to form  
1151 or join a district department of health shall become employees of such  
1152 district department of health. Such employees may retain their rights  
1153 and benefits in the pension system of the town, city or borough by which  
1154 they were employed and shall continue to retain their active  
1155 participating membership therein until retired. Such employees shall  
1156 pay into such pension system the contributions required of them for  
1157 their class and membership. Any additional employees to be hired by  
1158 the district or any vacancies to be filled shall be filled in accordance with  
1159 the rules and regulations of the merit system of the state of Connecticut  
1160 and the employees who are employees of cities, towns or boroughs  
1161 which have adopted a local civil service or merit system shall be  
1162 included in their comparable grade with fully attained seniority in the  
1163 state merit system. Such employees shall perform such duties as are  
1164 prescribed by the director of health. In the event of the withdrawal of a

1165 town, city or borough from the district department, or in the event of a  
1166 dissolution of any district department, the employees thereof, originally  
1167 employed therein, shall automatically become employees of the  
1168 appropriate town, city or borough's board of health. At the end of each  
1169 fiscal year, each director of health shall submit a report to the  
1170 Department of Public Health detailing the activities of such director  
1171 during the preceding fiscal year.

1172 Sec. 26. Subdivision (3) of subsection (a) of section 19a-12a of the  
1173 general statutes is repealed and the following is substituted in lieu  
1174 thereof (*Effective July 1, 2021*):

1175 (3) "Health care professionals" includes any person licensed or who  
1176 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,  
1177 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383, 383a, 383b, 383c,  
1178 384, 384a, 384b, 384c, 384d, 385, 398 or 399;

1179 Sec. 27. Section 19a-12d of the general statutes is repealed and the  
1180 following is substituted in lieu thereof (*Effective July 1, 2021*):

1181 On or before the last day of January, April, July and October in each  
1182 year, the Commissioner of Public Health shall certify the amount of  
1183 revenue received as a result of any fee increase in the amount of five  
1184 dollars (1) that took effect October 1, 2015, pursuant to sections 19a-88,  
1185 as amended by this act, 19a-515, 20-65k, 20-74bb, 20-74h, 20-74s, 20-149,  
1186 20-162o, 20-162bb, 20-191a, 20-195c, as amended by this act, 20-195o, 20-  
1187 195cc, 20-201, 20-206b, 20-206n, 20-206r, 20-206bb, 20-206ll, 20-222a, 20-  
1188 275, 20-395d, 20-398 and 20-412, and (2) that took effect October 1, 2021,  
1189 pursuant to section 20-185k, as amended by this act, and transfer such  
1190 amount to the professional assistance program account established in  
1191 section 19a-12c.

1192 Sec. 28. Subsection (a) of section 19a-12e of the general statutes is  
1193 repealed and the following is substituted in lieu thereof (*Effective October*  
1194 *1, 2021*):

1195 (a) As used in this section:

1196 (1) "Health care professional" means any individual licensed or who  
1197 holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378,  
1198 inclusive, 379 to 381b, inclusive, 382a, 383 to 385, inclusive, 388 or 397a  
1199 to 399, inclusive;

1200 (2) "Assistance program" means the program established pursuant to  
1201 section 19a-12a, as amended by this act, to provide education,  
1202 prevention, intervention, referral assistance, rehabilitation or support  
1203 services to health care professionals who have a chemical dependency,  
1204 emotional or behavioral disorder or physical or mental illness; and

1205 (3) "Hospital" has the same meaning as provided in section 19a-490.

1206 Sec. 29. Subsection (b) of section 20-185k of the general statutes is  
1207 repealed and the following is substituted in lieu thereof (*Effective from*  
1208 *passage*):

1209 (b) A license issued under this section may be renewed annually. The  
1210 license shall be renewed in accordance with the provisions of section  
1211 19a-88, as amended by this act, for a fee of one hundred [seventy-five]  
1212 eighty dollars for applications for renewal of licenses that expire on or  
1213 after October 1, 2021. Each behavior analyst applying for license renewal  
1214 shall furnish evidence satisfactory to the commissioner of having  
1215 current certification with the Behavior Analyst Certification Board.

1216 Sec. 30. Subsection (a) of section 17a-412 of the general statutes is  
1217 repealed and the following is substituted in lieu thereof (*Effective October*  
1218 *1, 2021*):

1219 (a) Any physician or surgeon licensed under the provisions of chapter  
1220 370, any resident physician or intern in any hospital in this state,  
1221 whether or not so licensed, [and] any registered nurse, licensed practical  
1222 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,  
1223 social worker, clergyman, police officer, pharmacist, physical therapist,  
1224 long-term care facility administrator, nurse's aide or orderly in a long-  
1225 term care facility, any person paid for caring for a patient in a long-term  
1226 care facility, any staff person employed by a long-term care facility,

1227 [and] any person who is a sexual assault counselor or a domestic  
1228 violence counselor as defined in section 52-146k, and any behavior  
1229 analyst licensed under the provisions of chapter 382a, who has  
1230 reasonable cause to suspect or believe that a resident in a long-term care  
1231 facility has been abused, neglected, exploited or abandoned, or is in a  
1232 condition that is the result of such abuse, neglect, exploitation or  
1233 abandonment, shall, not later than seventy-two hours after such  
1234 suspicion or belief arose, report such information or cause a report to be  
1235 made in any reasonable manner to the Commissioner of Social Services  
1236 pursuant to chapter 319dd. Any person required to report under the  
1237 provision of this section who fails to make such report within the  
1238 prescribed time period shall be fined not more than five hundred  
1239 dollars, except that, if such person intentionally fails to make such report  
1240 within the prescribed time period, such person shall be guilty of a class  
1241 C misdemeanor for the first offense and a class A misdemeanor for any  
1242 subsequent offense.

1243 Sec. 31. Subsection (a) of section 17b-451 of the general statutes is  
1244 repealed and the following is substituted in lieu thereof (*Effective October*  
1245 *1, 2021*):

1246 (a) A mandatory reporter [, as defined in this section,] who has  
1247 reasonable cause to suspect or believe that any elderly person has been  
1248 abused, neglected, exploited or abandoned, or is in a condition that is  
1249 the result of such abuse, neglect, exploitation or abandonment, or is in  
1250 need of protective services, shall, not later than seventy-two hours after  
1251 such suspicion or belief arose, report such information or cause a report  
1252 to be made in any reasonable manner to the Commissioner of Social  
1253 Services or to the person or persons designated by the commissioner to  
1254 receive such reports. [The term] As used in this section, "mandatory  
1255 reporter" means (1) any physician or surgeon licensed under the  
1256 provisions of chapter 370, (2) any resident physician or intern in any  
1257 hospital in this state, whether or not so licensed, (3) any registered nurse,  
1258 (4) any nursing home administrator, nurse's aide or orderly in a nursing  
1259 home facility or residential care home, (5) any person paid for caring for  
1260 a resident in a nursing home facility or residential care home, (6) any

1261 staff person employed by a nursing home facility or residential care  
1262 home, (7) any residents' advocate, other than a representative of the  
1263 Office of the Long-Term Care Ombudsman, as established under section  
1264 17a-405, including the State Ombudsman, (8) any licensed practical  
1265 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,  
1266 behavior analyst, social worker, clergyman, police officer, pharmacist,  
1267 psychologist or physical therapist, (9) any person paid for caring for an  
1268 elderly person by any institution, organization, agency or facility,  
1269 including without limitation, any employee of a community-based  
1270 services provider, senior center, home care agency, homemaker and  
1271 companion agency, adult day care center, village-model community  
1272 and congregate housing facility, and (10) any person licensed or  
1273 certified as an emergency medical services provider pursuant to chapter  
1274 368d or chapter 384d, including any such emergency medical services  
1275 provider who is a member of a municipal fire department. Any  
1276 mandatory reporter who fails to make such report within the prescribed  
1277 time period shall be fined not more than five hundred dollars, except  
1278 that, if such person intentionally fails to make such report within the  
1279 prescribed time period, such person shall be guilty of a class C  
1280 misdemeanor for the first offense and a class A misdemeanor for any  
1281 subsequent offense. Any institution, organization, agency or facility  
1282 employing individuals to care for persons sixty years of age or older  
1283 shall provide mandatory training on detecting potential abuse, neglect,  
1284 exploitation and abandonment of such persons and inform such  
1285 employees of their obligations under this section. For purposes of this  
1286 subsection, "person paid for caring for an elderly person by any  
1287 institution, organization, agency or facility" includes an employee of a  
1288 community-based services provider, senior center, home health care  
1289 agency, homemaker and companion agency, adult day care center,  
1290 village-model community and congregate housing facility.

1291 Sec. 32. Subsection (g) of section 17b-451 of the general statutes is  
1292 repealed and the following is substituted in lieu thereof (*Effective October*  
1293 *1, 2021*):

1294 (g) The Commissioner of Social Services shall develop an educational



1295 training program to promote and encourage the accurate and prompt  
1296 identification and reporting of abuse, neglect, exploitation and  
1297 abandonment of elderly persons. Such training program shall be made  
1298 available on the Internet web site of the Department of Social Services  
1299 to [mandated] mandatory reporters and other interested persons. The  
1300 commissioner shall also make such training available in person or  
1301 otherwise at various times and locations throughout the state as  
1302 determined by the commissioner.

1303 Sec. 33. Section 19a-60 of the general statutes is repealed and the  
1304 following is substituted in lieu thereof (*Effective July 1, 2021*):

1305 (a) There is established, within available appropriations, within the  
1306 Department of Public Health, a Palliative Care Advisory Council. The  
1307 advisory council shall: (1) Analyze the current state of palliative care in  
1308 the state; and (2) advise the department on matters relating to the  
1309 improvement of palliative care and the quality of life for persons with  
1310 serious or chronic illnesses.

1311 (b) The advisory council shall consist of the following members:

1312 (1) Two appointed by the Governor, one of whom shall be a physician  
1313 certified by the American Board of Hospice and Palliative Medicine and  
1314 one of whom shall be a registered nurse or advanced practice registered  
1315 nurse certified by the National Board for Certification of Hospice and  
1316 Palliative Nurses;

1317 (2) Seven appointed by the Commissioner of Public Health, each of  
1318 whom shall be a licensed health care provider, with each appointee  
1319 having experience or expertise in the provision of one of the following:  
1320 (A) Inpatient palliative care in a hospital; (B) inpatient palliative care in  
1321 a nursing home facility; (C) palliative care in the patient's home or a  
1322 community setting; (D) pediatric palliative care; (E) palliative care for  
1323 young adults; (F) palliative care for adults or elderly persons; and (G)  
1324 inpatient palliative care in a psychiatric facility;

1325 (3) One appointed by the speaker of the House of Representatives,

1326 who shall be a licensed social worker experienced in working with  
1327 persons with serious or chronic illness and their family members;

1328 (4) One appointed by the president pro tempore of the Senate, who  
1329 shall be a licensed pharmacist experienced in working with persons  
1330 with serious or chronic illness;

1331 (5) One appointed by the minority leader of the House of  
1332 Representatives, who shall be a spiritual counselor experienced in  
1333 working with persons with serious or chronic illness and their family  
1334 members; and

1335 (6) One appointed by the minority leader of the Senate, who shall be  
1336 a representative of the American Cancer Society or a person experienced  
1337 in advocating for persons with serious or chronic illness and their family  
1338 members.

1339 (c) All appointments to the advisory council shall be made not later  
1340 than December 31, 2013. Advisory council members shall serve three-  
1341 year terms. Any vacancy shall be filled by the appointing authority.

1342 (d) Any appointment that is vacant for one year or more shall be  
1343 made by the Commissioner of Public Health. The commissioner shall  
1344 notify the appointing authority of the identity of the commissioner's  
1345 choice for appointment not later than thirty days before making such  
1346 appointment.

1347 [(d)] (e) Members shall receive no compensation except for  
1348 reimbursement for necessary expenses incurred in performing their  
1349 duties.

1350 [(e)] (f) The members shall elect the chairperson of the advisory  
1351 council from among the members of the advisory council. A majority of  
1352 the advisory council members shall constitute a quorum. Any action  
1353 taken by the advisory council shall require a majority vote of those  
1354 present. The first meeting of the advisory council shall be held not later  
1355 than December 31, 2013. The advisory council shall meet biannually and

1356 at other times upon the call of the chairperson, upon the request of the  
1357 Commissioner of Public Health or upon the request of a majority of the  
1358 advisory council members.

1359 [(f)] (g) Not later than January 1, [2015] 2022, and [annually]  
1360 biennially thereafter, the advisory council shall submit a report on its  
1361 findings and recommendations to the Commissioner of Public Health  
1362 and the joint standing committee of the General Assembly having  
1363 cognizance of matters relating to public health, in accordance with the  
1364 provisions of section 11-4a.

1365 Sec. 34. Section 19a-6q of the general statutes is repealed and the  
1366 following is substituted in lieu thereof (*Effective from passage*):

1367 [(a)] The Commissioner of Public Health, in consultation with the  
1368 executive director of the Office of Health Strategy, established under  
1369 section 19a-754a, and local and regional health departments, shall,  
1370 within available resources, develop a plan that is consistent with the  
1371 Department of Public Health's Healthy Connecticut 2020 health  
1372 improvement plan and the state healthcare innovation plan developed  
1373 pursuant to the State Innovation Model Initiative by the Centers for  
1374 Medicare and Medicaid Services Innovation Center. The commissioner  
1375 shall develop and implement such plan to: (1) Reduce the incidence of  
1376 tobacco use, high blood pressure, health care associated infections,  
1377 asthma, unintended pregnancy and diabetes; (2) improve chronic  
1378 disease care coordination in the state; and (3) reduce the incidence and  
1379 effects of chronic disease and improve outcomes for conditions  
1380 associated with chronic disease in the state. The commissioner shall post  
1381 such plan on the Department of Public Health's Internet web site.

1382 [(b)] The commissioner shall, on or before January 15, 2015, and  
1383 biennially thereafter, submit a report, in consultation with the executive  
1384 director of the Office of Health Strategy, in accordance with the  
1385 provisions of section 11-4a to the joint standing committee of the  
1386 General Assembly having cognizance of matters relating to public  
1387 health concerning chronic disease and implementation of the plan

1388 described in subsection (a) of this section. The commissioner shall post  
1389 each report on the Department of Public Health's Internet web site not  
1390 later than thirty days after submitting such report. Each report shall  
1391 include, but need not be limited to: (1) A description of the chronic  
1392 diseases that are most likely to cause a person's death or disability, the  
1393 approximate number of persons affected by such chronic diseases and  
1394 an assessment of the financial effects of each such disease on the state  
1395 and on hospitals and health care facilities; (2) a description and  
1396 assessment of programs and actions that have been implemented by the  
1397 department and health care providers to improve chronic disease care  
1398 coordination and prevent chronic disease; (3) the sources and amounts  
1399 of funding received by the department to treat persons with multiple  
1400 chronic diseases and to treat or reduce the most prevalent chronic  
1401 diseases in the state; (4) a description of chronic disease care  
1402 coordination between the department and health care providers, to  
1403 prevent and treat chronic disease; and (5) recommendations concerning  
1404 actions that health care providers and persons with chronic disease may  
1405 take to reduce the incidence and effects of chronic disease.]

1406 Sec. 35. Subsection (b) of section 19a-493 of the general statutes is  
1407 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1408 *2021*):

1409 (b) (1) A nursing home license may be renewed biennially after (A)  
1410 an unscheduled inspection conducted by the department, (B)  
1411 submission of the information required by section 19a-491a, and (C)  
1412 submission of evidence satisfactory to the department that the nursing  
1413 home is in compliance with the provisions of this chapter, the [Public  
1414 Health Code] regulations of Connecticut state agencies and licensing  
1415 regulations.

1416 (2) Any change in the ownership of a facility or institution, as defined  
1417 in section 19a-490, owned by an individual, partnership or association  
1418 or the change in ownership or beneficial ownership of ten per cent or  
1419 more of the stock of a corporation which owns, conducts, operates or  
1420 maintains such facility or institution, shall be subject to prior approval

1421 of the department after a scheduled inspection of such facility or  
1422 institution is conducted by the department, provided such approval  
1423 shall be conditioned upon a showing by such facility or institution to the  
1424 commissioner that it has complied with all requirements of this chapter,  
1425 the regulations relating to licensure and all applicable requirements of  
1426 the [Public Health Code] regulations of Connecticut state agencies. Any  
1427 such change in ownership or beneficial ownership resulting in a transfer  
1428 to a person related by blood or marriage to such an owner or beneficial  
1429 owner shall not be subject to prior approval of the department unless:  
1430 (A) Ownership or beneficial ownership of ten per cent or more of the  
1431 stock of a corporation, limited liability company, partnership or  
1432 association which owns, conducts, operates or maintains more than one  
1433 facility or institution is transferred; (B) ownership or beneficial  
1434 ownership is transferred in more than one facility or institution; or (C)  
1435 the facility or institution is the subject of a pending complaint,  
1436 investigation or licensure action. If the facility or institution is not in  
1437 compliance, the commissioner may require the new owner to sign a  
1438 consent order providing reasonable assurances that the violations shall  
1439 be corrected within a specified period of time. Notice of any such  
1440 proposed change of ownership shall be given to the department at least  
1441 one hundred twenty days prior to the effective date of such proposed  
1442 change. For the purposes of this subdivision, "a person related by blood  
1443 or marriage" means a parent, spouse, child, brother, sister, aunt, uncle,  
1444 niece or nephew. For the purposes of this subdivision, a change in the  
1445 legal form of the ownership entity, including, but not limited to, changes  
1446 from a corporation to a limited liability company, a partnership to a  
1447 limited liability partnership, a sole proprietorship to a corporation and  
1448 similar changes, shall not be considered a change of ownership if the  
1449 beneficial ownership remains unchanged and the owner provides such  
1450 information regarding the change to the department as may be required  
1451 by the department in order to properly identify the current status of  
1452 ownership and beneficial ownership of the facility or institution. For the  
1453 purposes of this subdivision, a public offering of the stock of any  
1454 corporation that owns, conducts, operates or maintains any such facility  
1455 or institution shall not be considered a change in ownership or beneficial

1456 ownership of such facility or institution if the licensee and the officers  
1457 and directors of such corporation remain unchanged, such public  
1458 offering cannot result in an individual or entity owning ten per cent or  
1459 more of the stock of such corporation, and the owner provides such  
1460 information to the department as may be required by the department in  
1461 order to properly identify the current status of ownership and beneficial  
1462 ownership of the facility or institution.

1463       Sec. 36. (NEW) (*Effective July 1, 2021*) A health care facility licensed  
1464 pursuant to chapter 368v of the general statutes shall have policies and  
1465 procedures in place that reflect the National Centers for Disease Control  
1466 and Prevention's recommendations for tuberculosis screening, testing,  
1467 treatment and education for health care personnel. Notwithstanding  
1468 any provision of the general statutes or any regulations adopted  
1469 thereunder, any employee providing direct patient care in a facility  
1470 licensed pursuant to chapter 368v of the general statutes shall receive  
1471 tuberculosis screening and testing in compliance with the licensed  
1472 health care facility's policies and procedures.

1473       Sec. 37. Subsection (c) of section 19a-343 of the general statutes is  
1474 repealed and the following is substituted in lieu thereof (*Effective October*  
1475 *1, 2021*):

1476       (c) Three or more arrests, the issuance of three or more arrest  
1477 warrants indicating a pattern of criminal activity and not isolated  
1478 incidents or the issuance of three or more citations for a violation of a  
1479 municipal ordinance as described in subdivision (14) of this subsection,  
1480 for the following offenses shall constitute the basis for bringing an action  
1481 to abate a public nuisance:

1482       (1) Prostitution under section 53a-82, 53a-83, 53a-86, 53a-87, 53a-88 or  
1483 53a-89.

1484       (2) Promoting an obscene performance or obscene material under  
1485 section 53a-196 or 53a-196b, employing a minor in an obscene  
1486 performance under section 53a-196a, importing child pornography  
1487 under section 53a-196c, possessing child pornography in the first degree

1488 under section 53a-196d, possessing child pornography in the second  
1489 degree under section 53a-196e or possessing child pornography in the  
1490 third degree under section 53a-196f.

1491 (3) Transmission of gambling information under section 53-278b or  
1492 53-278d or maintaining of a gambling premises under section 53-278e.

1493 (4) Offenses for the sale of controlled substances, possession of  
1494 controlled substances with intent to sell, or maintaining a drug factory  
1495 under section 21a-277, 21a-278 or 21a-278a or use of the property by  
1496 persons possessing controlled substances under section 21a-279.  
1497 Nothing in this section shall prevent the state from also proceeding  
1498 against property under section 21a-259 or 54-36h.

1499 (5) Unauthorized sale of alcoholic liquor under section 30-74 or  
1500 disposing of liquor without a permit under section 30-77, or sale or  
1501 delivery of alcoholic liquor to any minor under subdivision (1) of  
1502 subsection (b) of section 30-86 or the sale, delivery or giving of alcoholic  
1503 liquor to a minor under subdivision (2) of subsection (b) of section 30-  
1504 86.

1505 (6) Maintaining a motor vehicle chop shop under section 14-149a.

1506 (7) Inciting injury to persons or property under section 53a-179a.

1507 (8) Murder or manslaughter under section 53a-54a, 53a-54b, 53a-55,  
1508 53a-56 or 53a-56a.

1509 (9) Assault under section 53a-59, 53a-59a, subdivision (1) of  
1510 subsection (a) of section 53a-60 or section 53a-60a or 53a-61.

1511 (10) Sexual assault under section 53a-70 or 53a-70a.

1512 (11) Fire safety violations under section 29-291a, 29-291c, 29-292,  
1513 subsection (b) of section 29-310, or section 29-315, 29-349 or 29-357.

1514 (12) Firearm offenses under section 29-35, 53-202aa, 53-203, 53a-211,  
1515 53a-212, 53a-216, 53a-217 or 53a-217c.

1516 (13) Illegal manufacture, sale, possession or dispensing of a drug  
1517 under subdivision (2) of section 21a-108.

1518 (14) Violation of a municipal ordinance resulting in the issuance of a  
1519 citation for (A) excessive noise on nonresidential real property that  
1520 significantly impacts the surrounding area, provided the municipality's  
1521 excessive noise ordinance is based on an objective standard, (B) owning  
1522 or leasing a dwelling unit that provides residence to an excessive  
1523 number of unrelated persons resulting in dangerous or unsanitary  
1524 conditions that significantly impact the safety of the surrounding area,  
1525 or (C) impermissible operation of (i) a business that permits persons  
1526 who are not licensed pursuant to section 20-206b to engage in the  
1527 practice of massage therapy, or (ii) a massage parlor, as defined by the  
1528 applicable municipal ordinance, that significantly impacts the safety of  
1529 the surrounding area.

1530 Sec. 38. Section 19a-131g of the general statutes is repealed and the  
1531 following is substituted in lieu thereof (*Effective from passage*):

1532 The Commissioner of Public Health shall establish a Public Health  
1533 Preparedness Advisory Committee for purposes of advising the  
1534 Department of Public Health on matters concerning emergency  
1535 responses to a public health emergency. The advisory committee shall  
1536 consist of the Commissioner of Public Health, or his or her designee, the  
1537 Commissioner of Emergency Services and Public Protection, or his or  
1538 her designee, the president pro tempore of the Senate, or his or her  
1539 designee, the speaker of the House of Representatives, or his or her  
1540 designee, the majority and minority leaders of both houses of the  
1541 General Assembly, [and] or their designees, the chairpersons and  
1542 ranking members of the joint standing committees of the General  
1543 Assembly having cognizance of matters relating to public health, public  
1544 safety and the judiciary, [and] or their designees, representatives of  
1545 town, city, borough and district directors of health, as appointed by the  
1546 commissioner, and any other organization or persons that the  
1547 commissioner deems relevant to the issues of public health  
1548 preparedness. Upon the request of the commissioner, the Public Health



1549 Preparedness Advisory Committee may meet to review the plan for  
1550 emergency responses to a public health emergency and other matters as  
1551 deemed necessary by the commissioner.

1552 Sec. 39. Subsection (d) of section 19a-30 of the general statutes is  
1553 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1554 *2021*):

1555 (d) A nonrefundable fee of two hundred dollars shall accompany  
1556 each application for a license or for renewal thereof, except in the case  
1557 of a clinical laboratory owned and operated by a municipality, the state,  
1558 the United States or any agency of said municipality, state or United  
1559 States. Each license shall be issued for a period of not less than twenty-  
1560 four nor more than twenty-seven months from the deadline for  
1561 applications established by the commissioner. Renewal applications  
1562 shall be made (1) biennially within the twenty-fourth month of the  
1563 current license; (2) before any change in ownership or change in director  
1564 is made; and (3) prior to any major expansion or alteration in quarters.  
1565 The licensed clinical laboratory shall report to the Department of Public  
1566 Health, in a form and manner prescribed by the commissioner, the name  
1567 and address of each blood collection facility owned and operated by the  
1568 clinical laboratory, prior to the issuance of a new license, prior to the  
1569 issuance of a renewal license or whenever a blood collection facility  
1570 opens or closes.

1571 Sec. 40. Subsection (b) of section 20-365 of the general statutes is  
1572 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1573 *2021*):

1574 (b) Nothing in section 19a-200, as amended by this act, subsection (a)  
1575 of section 19a-206, or sections 19a-207, 19a-242, 20-358 or 20-360 to 20-  
1576 365, inclusive, shall prevent any of the following persons from engaging  
1577 in the performance of their duties: (1) Any person certified by the  
1578 Department of Public Health as a food or sewage inspector in  
1579 accordance with regulations adopted pursuant to section 19a-36, (2) any  
1580 person employed by a local health department performing the duties of

1581 a lead inspector who complies with training standards established  
1582 pursuant to section 20-479, (3) a director of health acting pursuant to  
1583 [subsection (a) of] section 19a-200, as amended by this act, or section  
1584 19a-244, as amended by this act, (4) any employee of a water utility or  
1585 federal or state agency performing his duties in accordance with  
1586 applicable statutes and regulations, (5) any person employed by a local  
1587 health department working under the direct supervision of a licensed  
1588 sanitarian, (6) any person licensed or certified by the Department of  
1589 Public Health in a specific program performing certain duties that are  
1590 included within the duties of a sanitarian, or (7) a student enrolled in an  
1591 accredited academic program leading to a degree in environmental  
1592 health or completing a special training course in environmental health  
1593 approved by the commissioner, provided such student is clearly  
1594 identified by a title which indicates [his] such student's status as a  
1595 student.

1596 Sec. 41. Subsection (b) of section 20-195u of the general statutes is  
1597 repealed and the following is substituted in lieu thereof (*Effective from*  
1598 *passage*):

1599 (b) Continuing education required pursuant to this section shall be  
1600 related to the practice of social work and shall include not less than one  
1601 contact hour of training or education each registration period on the  
1602 topic of cultural competency and, on and after January 1, 2016, not less  
1603 than two contact hours of training or education during the first renewal  
1604 period in which continuing education is required and not less than once  
1605 every six years thereafter on the topic of mental health conditions  
1606 common to veterans and family members of veterans, including (1)  
1607 determining whether a patient is a veteran or family member of a  
1608 veteran, (2) screening for conditions such as post-traumatic stress  
1609 disorder, risk of suicide, depression and grief, and (3) suicide prevention  
1610 training. Such continuing education shall consist of courses, workshops  
1611 and conferences offered or approved by the Association of Social Work  
1612 Boards, the National Association of Social Workers or a school or  
1613 department of social work accredited by the Council on Social Work  
1614 Education. A licensee's ability to engage in on-line and home study

1615 continuing education shall be limited to not more than ~~[six]~~ ten hours  
1616 per registration period. Within the registration period, an initial  
1617 presentation by a licensee of an original paper, essay or formal lecture  
1618 in social work to a recognized group of fellow professionals may  
1619 account for five hours of continuing education hours of the aggregate  
1620 continuing education requirements prescribed in this section.

1621 Sec. 42. Subsection (a) of section 20-265h of the general statutes is  
1622 repealed and the following is substituted in lieu thereof (*Effective from*  
1623 *passage*):

1624 (a) On and after July 1, 2021, each spa or salon that employs  
1625 hairdressers and cosmeticians, estheticians, eyelash technicians, ~~[or]~~ nail  
1626 technicians or massage therapists shall be under the management of a  
1627 hairdresser and cosmetician registered under this chapter, an esthetician  
1628 licensed under section 20-265b or 20-265f, an eyelash technician licensed  
1629 under section 20-265c, as amended by this act, or 20-265f, ~~[or]~~ a nail  
1630 technician licensed under section 20-265d, as amended by this act, or 20-  
1631 265f or a massage therapist licensed under chapter 384a.

1632 Sec. 43. Subsection (a) of section 19a-131j of the general statutes is  
1633 repealed and the following is substituted in lieu thereof (*Effective from*  
1634 *passage*):

1635 (a) The commissioner may issue an order to temporarily suspend, for  
1636 a period not to exceed sixty consecutive days, the requirements for  
1637 licensure, certification or registration, pursuant to chapters 368d, 370,  
1638 376 to 376c, inclusive, 378, 378a, 379, 379a, 381a, 382a, 383 to 383c,  
1639 inclusive, 383d, 383f, 383g, 384b, 384d, 385, 395, 399, 400a, 400j and 474,  
1640 to allow persons who are appropriately licensed, certified or registered  
1641 in another state or territory of the United States or the District of  
1642 Columbia, to render temporary assistance within the scope of the  
1643 profession for which a person is licensed, certified or registered, in  
1644 managing a public health emergency in this state, declared by the  
1645 Governor pursuant to section 19a-131a. Nothing in this section shall be  
1646 construed to permit a person to provide services beyond the scope

1647 allowed in the chapter specified in this section that pertains to such  
1648 person's profession.

1649 Sec. 44. Subsection (a) of section 19a-512 of the general statutes is  
1650 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1651 *2021*):

1652 (a) In order to be eligible for licensure by examination pursuant to  
1653 sections 19a-511 to 19a-520, inclusive, a person shall submit an  
1654 application, together with a fee of two hundred dollars, and proof  
1655 satisfactory to the Department of Public Health that [he] such person (1)  
1656 is physically and emotionally capable of administering a nursing home;  
1657 (2) has satisfactorily completed a program of instruction and training,  
1658 including residency training which meets the requirements of  
1659 subsection (b) of this section and which is approved by the  
1660 Commissioner of Public Health; and (3) has passed an examination  
1661 prescribed [and administered] by the Department of Public Health  
1662 designed to test the applicant's knowledge and competence in the  
1663 subject matter referred to in subsection (b) of this section. Passing scores  
1664 shall be established by the department.

1665 Sec. 45. Section 19a-490 of the general statutes is repealed and the  
1666 following is substituted in lieu thereof (*Effective July 1, 2021*):

1667 (a) "Institution" means a hospital, short-term hospital special hospice,  
1668 hospice inpatient facility, residential care home, nursing home facility,  
1669 home health care agency, hospice agency, home health aide agency,  
1670 behavioral health facility, assisted living services agency, [substance  
1671 abuse treatment facility,] outpatient surgical facility, outpatient clinic,  
1672 an infirmary operated by an educational institution for the care of  
1673 students enrolled in, and faculty and employees of, such institution; a  
1674 facility engaged in providing services for the prevention, diagnosis,  
1675 treatment or care of human health conditions, including facilities  
1676 operated and maintained by any state agency; and a residential facility  
1677 for persons with intellectual disability licensed pursuant to section 17a-  
1678 227 and certified to participate in the Title XIX Medicaid program as an

1679 intermediate care facility for individuals with intellectual disability.  
1680 "Institution" does not include any facility for the care and treatment of  
1681 persons with mental illness or substance use disorder operated or  
1682 maintained by any state agency, except Whiting Forensic Hospital;

1683 (b) "Hospital" means an establishment for the lodging, care and  
1684 treatment of persons suffering from disease or other abnormal physical  
1685 or mental conditions and includes inpatient psychiatric services in  
1686 general hospitals;

1687 (c) "Residential care home" or "rest home" means a community  
1688 residence that furnishes, in single or multiple facilities, food and shelter  
1689 to two or more persons unrelated to the proprietor and, in addition,  
1690 provides services that meet a need beyond the basic provisions of food,  
1691 shelter and laundry and may qualify as a setting that allows residents to  
1692 receive home and community-based services funded by state and  
1693 federal programs;

1694 (d) "Home health care agency" means a public or private  
1695 organization, or a subdivision thereof, engaged in providing  
1696 professional nursing services and the following services, available  
1697 twenty-four hours per day, in the patient's home or a substantially  
1698 equivalent environment: Home health aide services as defined in this  
1699 section, physical therapy, speech therapy, occupational therapy or  
1700 medical social services. The agency shall provide professional nursing  
1701 services and at least one additional service directly and all others  
1702 directly or through contract. An agency shall be available to enroll new  
1703 patients seven days a week, twenty-four hours per day;

1704 (e) "Home health aide agency" means a public or private  
1705 organization, except a home health care agency, which provides in the  
1706 patient's home or a substantially equivalent environment supportive  
1707 services which may include, but are not limited to, assistance with  
1708 personal hygiene, dressing, feeding and incidental household tasks  
1709 essential to achieving adequate household and family management.  
1710 Such supportive services shall be provided under the supervision of a

1711 registered nurse and, if such nurse determines appropriate, shall be  
1712 provided by a social worker, physical therapist, speech therapist or  
1713 occupational therapist. Such supervision may be provided directly or  
1714 through contract;

1715 (f) "Home health aide services" as defined in this section shall not  
1716 include services provided to assist individuals with activities of daily  
1717 living when such individuals have a disease or condition that is chronic  
1718 and stable as determined by a physician licensed in the state;

1719 (g) "Behavioral health facility" means any facility that provides  
1720 mental health services to persons eighteen years of age or older or  
1721 substance use disorder services to persons of any age in an outpatient  
1722 treatment or residential setting to ameliorate mental, emotional,  
1723 behavioral or substance use disorder issues;

1724 (h) "Alcohol or drug treatment facility" means any facility for the care  
1725 or treatment of persons suffering from alcoholism or other drug  
1726 addiction;

1727 (i) "Person" means any individual, firm, partnership, corporation,  
1728 limited liability company or association;

1729 (j) "Commissioner" means the Commissioner of Public Health or the  
1730 commissioner's designee;

1731 (k) "Home health agency" means an agency licensed as a home health  
1732 care agency or a home health aide agency;

1733 (l) "Assisted living services agency" means an agency that provides,  
1734 among other things, nursing services and assistance with activities of  
1735 daily living to a population that is chronic and stable and that may have  
1736 a dementia special care unit or program as defined in section 19a-562, as  
1737 amended by this act;

1738 (m) "Outpatient clinic" means an organization operated by a  
1739 municipality or a corporation, other than a hospital, that provides (1)  
1740 ambulatory medical care, including preventive and health promotion

1741 services, (2) dental care, or (3) mental health services in conjunction with  
1742 medical or dental care for the purpose of diagnosing or treating a health  
1743 condition that does not require the patient's overnight care;

1744 (n) "Multicare institution" means a hospital that provides outpatient  
1745 behavioral health services or other health care services, psychiatric  
1746 outpatient clinic for adults, free-standing facility for the care or  
1747 treatment of substance abusive or dependent persons, hospital for  
1748 psychiatric disabilities, as defined in section 17a-495, or a general acute  
1749 care hospital that provides outpatient behavioral health services that (1)  
1750 is licensed in accordance with this chapter, (2) has more than one facility  
1751 or one or more satellite units owned and operated by a single licensee,  
1752 and (3) offers complex patient health care services at each facility or  
1753 satellite unit. For purposes of this subsection, "satellite unit" means a  
1754 location where a segregated unit of services is provided by the multicare  
1755 institution;

1756 (o) "Nursing home" or "nursing home facility" means (1) any chronic  
1757 and convalescent nursing home or any rest home with nursing  
1758 supervision that provides nursing supervision under a medical director  
1759 twenty-four hours per day, or (2) any chronic and convalescent nursing  
1760 home that provides skilled nursing care under medical supervision and  
1761 direction to carry out nonsurgical treatment and dietary procedures for  
1762 chronic diseases, convalescent stages, acute diseases or injuries; [and]

1763 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient  
1764 dialysis unit that is licensed by the department to provide (A) services  
1765 on an out-patient basis to persons requiring dialysis on a short-term  
1766 basis or for a chronic condition, or (B) training for home dialysis, or (2)  
1767 an in-hospital dialysis unit that is a special unit of a licensed hospital  
1768 designed, equipped and staffed to (A) offer dialysis therapy on an out-  
1769 patient basis, (B) provide training for home dialysis, and (C) perform  
1770 renal transplantations; [.] and

1771 (q) "Hospice agency" means a public or private organization that  
1772 provides home care and hospice services to terminally ill patients.

1773 Sec. 46. Subsections (b) to (i), inclusive, of section 19a-491 of the  
1774 general statutes are repealed and the following is substituted in lieu  
1775 thereof (*Effective July 1, 2021*):

1776 (b) If any person acting individually or jointly with any other person  
1777 owns real property or any improvements thereon, upon or within which  
1778 an institution, as defined in subsections (c) and (o) of section 19a-490, is  
1779 established, conducted, operated or maintained and is not the licensee  
1780 of the institution, such person shall submit a copy of the lease agreement  
1781 to the department at the time of any change of ownership and with each  
1782 license renewal application. The lease agreement shall, at a minimum,  
1783 identify the person or entity responsible for the maintenance and repair  
1784 of all buildings and structures within which such an institution is  
1785 established, conducted or operated. If a violation is found as a result of  
1786 an inspection or investigation, the commissioner may require the owner  
1787 to sign a consent order providing assurances that repairs or  
1788 improvements necessary for compliance with the provisions of the  
1789 [Public Health Code] regulations of Connecticut state agencies shall be  
1790 completed within a specified period of time or may assess a civil penalty  
1791 of not more than one thousand dollars for each day that such owner is  
1792 in violation of the [Public Health Code] regulations of Connecticut state  
1793 agencies or a consent order. A consent order may include a provision  
1794 for the establishment of a temporary manager of such real property who  
1795 has the authority to complete any repairs or improvements required by  
1796 such order. Upon request of the Commissioner of Public Health, the  
1797 Attorney General may petition the Superior Court for such equitable  
1798 and injunctive relief as such court deems appropriate to ensure  
1799 compliance with the provisions of a consent order. The provisions of  
1800 this subsection shall not apply to any property or improvements owned  
1801 by a person licensed in accordance with the provisions of subsection (a)  
1802 of this section to establish, conduct, operate or maintain an institution  
1803 on or within such property or improvements.

1804 (c) Notwithstanding any regulation, the Commissioner of Public  
1805 Health shall charge the following fees for the biennial licensing and  
1806 inspection of the following institutions: (1) Chronic and convalescent



1807 nursing homes, per site, four hundred forty dollars; (2) chronic and  
1808 convalescent nursing homes, per bed, five dollars; (3) rest homes with  
1809 nursing supervision, per site, four hundred forty dollars; (4) rest homes  
1810 with nursing supervision, per bed, five dollars; (5) outpatient dialysis  
1811 units and outpatient surgical facilities, six hundred twenty-five dollars;  
1812 (6) mental health residential facilities, per site, three hundred seventy-  
1813 five dollars; (7) mental health residential facilities, per bed, five dollars;  
1814 (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed,  
1815 seven dollars and fifty cents; (10) nonstate agency educational  
1816 institutions, per infirmary, one hundred fifty dollars; (11) nonstate  
1817 agency educational institutions, per infirmary bed, twenty-five dollars;  
1818 (12) home health care agencies, except certified home health care  
1819 agencies described in subsection (d) of this section, per agency, three  
1820 hundred dollars; (13) home health care agencies, hospice agencies, or  
1821 home health aide agencies, except certified home health care agencies,  
1822 hospice agencies or home health aide agencies described in subsection  
1823 (d) of this section, per satellite patient service office, one hundred  
1824 dollars; (14) assisted living services agencies, except such agencies  
1825 participating in the congregate housing facility pilot program described  
1826 in section 8-119n, per site, five hundred dollars; (15) short-term hospitals  
1827 special hospice, per site, nine hundred forty dollars; (16) short-term  
1828 hospitals special hospice, per bed, seven dollars and fifty cents; (17)  
1829 hospice inpatient facility, per site, four hundred forty dollars; and (18)  
1830 hospice inpatient facility, per bed, five dollars.

1831 (d) Notwithstanding any regulation, the commissioner shall charge  
1832 the following fees for the triennial licensing and inspection of the  
1833 following institutions: (1) Residential care homes, per site, five hundred  
1834 sixty-five dollars; (2) residential care homes, per bed, four dollars and  
1835 fifty cents; (3) home health care agencies that are certified as a provider  
1836 of services by the United States Department of Health and Human  
1837 Services under the Medicare or Medicaid program, three hundred  
1838 dollars; and (4) certified home health care agencies or hospice agencies,  
1839 as described in section 19a-493, as amended by this act, per satellite  
1840 patient service office, one hundred dollars.

1841 (e) The commissioner shall charge one thousand dollars for the  
1842 licensing and inspection of outpatient clinics that provide either medical  
1843 or mental health service, urgent care services and well-child clinical  
1844 services, except those operated by a municipal health department,  
1845 health district or licensed nonprofit nursing or community health  
1846 agency. Such licensing and inspection shall be performed every three  
1847 years, except those outpatient clinics that have obtained accreditation  
1848 from a national accrediting organization within the immediately  
1849 preceding twelve-month period may be inspected by the commissioner  
1850 once every four years, provided the outpatient clinic has not committed  
1851 any violation that the commissioner determines would pose an  
1852 immediate threat to the health, safety or welfare of the patients of the  
1853 outpatient clinic. The provisions of this subsection shall not be  
1854 construed to limit the commissioner's authority to inspect any applicant  
1855 for licensure or renewal of licensure as an outpatient clinic, suspend or  
1856 revoke any license granted to an outpatient clinic pursuant to this  
1857 section or take any other legal action against an outpatient clinic that is  
1858 authorized by any provision of the general statutes.

1859 (f) Any institution that is planning a project for construction or  
1860 building alteration shall provide the plan for such project to the  
1861 Department of Public Health for review. Any such project shall comply  
1862 with nationally established facility guidelines for health care  
1863 construction, as approved by the commissioner, that are in place at the  
1864 time the institution provides the plan to the department. The  
1865 commissioner shall post a reference to such guidelines, including the  
1866 effective date of such guidelines, on the Department of Public Health's  
1867 Internet web site. No institution shall be required to include matters  
1868 outside the scope and applicability of such guidelines in the institution's  
1869 plan.

1870 (g) The commissioner shall charge a fee of five hundred sixty-five  
1871 dollars for the technical assistance provided for the design, review and  
1872 development of an institution's construction, renovation, building  
1873 alteration, sale or change in ownership when the cost of the project is  
1874 one million dollars or less and shall charge a fee of one-quarter of one

1875 per cent of the total construction cost when the cost of the project is more  
1876 than one million dollars. Such fee shall include all department reviews  
1877 and on-site inspections. For purposes of this subsection, "institution"  
1878 does not include a facility owned by the state.

1879 (h) The commissioner may require as a condition of the licensure of a  
1880 home health care [agencies] agency, hospice agency and home health  
1881 aide [agencies] agency that each agency meet minimum service quality  
1882 standards. In the event the commissioner requires such agencies to meet  
1883 minimum service quality standards as a condition of their licensure, the  
1884 commissioner shall adopt regulations, in accordance with the  
1885 provisions of chapter 54, to define such minimum service quality  
1886 standards, which shall (1) allow for training of home health aides by  
1887 adult continuing education, (2) require a registered nurse to visit and  
1888 assess each patient receiving home health aide services as often as  
1889 necessary based on the patient's condition, but not less than once every  
1890 sixty days, and (3) require the assessment prescribed by subdivision (2)  
1891 of this subsection to be completed while the home health aide is  
1892 providing services in the patient's home.

1893 (i) No person acting individually or jointly with any other person  
1894 shall establish, conduct, operate or maintain a home health care agency,  
1895 hospice agency or home health aide agency without maintaining  
1896 professional liability insurance or other indemnity against liability for  
1897 professional malpractice. The amount of insurance which such person  
1898 shall maintain as insurance or indemnity against claims for injury or  
1899 death for professional malpractice shall be not less than one million  
1900 dollars for one person, per occurrence, with an aggregate of not less than  
1901 three million dollars.

1902 Sec. 47. Subdivision (4) of subsection (a) of section 19a-491c of the  
1903 general statutes is repealed and the following is substituted in lieu  
1904 thereof (*Effective July 1, 2021*):

1905 (4) "Long-term care facility" means any facility, agency or provider  
1906 that is a nursing home, as defined in section 19a-521, a residential care

1907 home, as defined in section 19a-521, a home health care agency, hospice  
1908 agency or home health aide agency, as defined in section 19a-490, as  
1909 amended by this act, an assisted living services agency, as defined in  
1910 section 19a-490, as amended by this act, an intermediate care facility for  
1911 individuals with intellectual disabilities, as defined in 42 USC 1396d(d),  
1912 except any such facility operated by a Department of Developmental  
1913 Services' program subject to background checks pursuant to section 17a-  
1914 227a, a chronic disease hospital, as defined in section 19a-550, or an  
1915 agency providing hospice care which is licensed to provide such care by  
1916 the Department of Public Health or certified to provide such care  
1917 pursuant to 42 USC 1395x.

1918 Sec. 48. Section 19a-492b of the general statutes is repealed and the  
1919 following is substituted in lieu thereof (*Effective July 1, 2021*):

1920 (a) A home health care agency or hospice agency that receives  
1921 payment for rendering care to persons receiving medical assistance  
1922 from the state, assistance from the Connecticut home-care program for  
1923 the elderly pursuant to section 17b-342, or funds obtained through Title  
1924 XVIII of the Social Security Amendments of 1965 shall be prohibited  
1925 from discriminating against such persons who apply for enrollment to  
1926 such home health care agency on the basis of source of payment.

1927 (b) Any home health care agency or hospice agency which violates  
1928 the provisions of this section shall be subject to suspension or revocation  
1929 of license.

1930 Sec. 49. Subsection (b) of section 19a-492c of the general statutes is  
1931 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1932 *2021*):

1933 (b) A home health care agency or hospice agency licensed pursuant  
1934 to this chapter that provides hospice services in a rural town and is  
1935 unable to access licensed or Medicare-certified hospice care to  
1936 consistently provide adequate services to patients in the rural town may  
1937 apply to the Commissioner of Public Health for a waiver from the  
1938 regulations licensing such agency adopted pursuant to this chapter. The

1939 waiver may authorize one or more of the following: (1) The agency's  
1940 supervisor of clinical services may also serve as the supervisor of clinical  
1941 services assigned to the hospice program; (2) the hospice volunteer  
1942 coordinator and the hospice program director may be permanent part-  
1943 time employees; and (3) the program director may perform other  
1944 services at the agency, including, but not limited to, hospice volunteer  
1945 coordinator. The commissioner shall not grant a waiver unless the  
1946 commissioner determines that such waiver will not adversely impact  
1947 the health, safety and welfare of hospice patients and their families. The  
1948 waiver shall be in effect for two years. An agency may reapply for such  
1949 a waiver.

1950 Sec. 50. Section 19a-492d of the general statutes is repealed and the  
1951 following is substituted in lieu thereof (*Effective July 1, 2021*):

1952 On and after October 1, 2007, a nurse who is employed by an agency  
1953 licensed by the Department of Public Health as a home health care  
1954 agency, hospice agency or [a] home health aide agency may administer  
1955 influenza and pneumococcal vaccines to persons in their homes, after  
1956 an assessment for contraindications, without a physician's order in  
1957 accordance with a physician-approved agency policy that includes an  
1958 anaphylaxis protocol. In the event of an adverse reaction to the vaccine,  
1959 such nurse may also administer epinephrine or other anaphylaxis  
1960 medication without a physician's order in accordance with the  
1961 physician-approved agency policy. For purposes of this section, "nurse"  
1962 means an advanced practice registered nurse, registered nurse or  
1963 practical nurse licensed under chapter 378.

1964 Sec. 51. Section 19a-492e of the general statutes is repealed and the  
1965 following is substituted in lieu thereof (*Effective July 1, 2021*):

1966 (a) For purposes of this section "home health care agency" [has] and  
1967 "hospice agency" have the same [meaning] meanings as provided in  
1968 section 19a-490, as amended by this act. Notwithstanding the provisions  
1969 of chapter 378, a registered nurse may delegate the administration of  
1970 medications that are not administered by injection to home health aides

1971 and hospice aides who have obtained certification and recertification  
1972 every three years thereafter for medication administration in accordance  
1973 with regulations adopted pursuant to subsection (b) of this section,  
1974 unless the prescribing practitioner specifies that a medication shall only  
1975 be administered by a licensed nurse. Any home health aide or hospice  
1976 aide who obtained certification in the administration of medications on  
1977 or before June 30, 2015, shall obtain recertification on or before July 1,  
1978 2018.

1979 (b) (1) The Commissioner of Public Health shall adopt regulations, in  
1980 accordance with the provisions of chapter 54, to carry out the provisions  
1981 of this section. Such regulations shall require each home health care  
1982 agency or hospice agency that serves clients requiring assistance with  
1983 medication administration to (A) adopt practices that increase and  
1984 encourage client choice, dignity and independence; (B) establish policies  
1985 and procedures to ensure that a registered nurse may delegate allowed  
1986 tasks of nursing care, to include medication administration, to home  
1987 health aides or hospice aides when the registered nurse determines that  
1988 it is in the best interest of the client and the home health aide or hospice  
1989 aide has been deemed competent to perform the task; (C) designate  
1990 home health aides and hospice aides to obtain certification and  
1991 recertification for the administration of medication; and (D) ensure that  
1992 such home health aides receive such certification and recertification.

1993 (2) The regulations shall establish certification and recertification  
1994 requirements for medication administration and the criteria to be used  
1995 by home health care agencies and hospice agencies that provide services  
1996 for clients requiring assistance with medication administration in  
1997 determining (A) which home health aides and hospice aides shall obtain  
1998 such certification and recertification, and (B) education and skill training  
1999 requirements, including ongoing training requirements for such  
2000 certification and recertification.

2001 (3) Education and skill training requirements for initial certification  
2002 and recertification shall include, but not be limited to, initial orientation,  
2003 training in client rights and identification of the types of medication that

2004 may be administered by unlicensed personnel, behavioral management,  
2005 personal care, nutrition and food safety, and health and safety in  
2006 general.

2007 (c) Each home health care agency and, on or before January 1, 2022,  
2008 each hospice agency shall ensure that, on or before January 1, 2013,  
2009 delegation of nursing care tasks in the home care setting is allowed  
2010 within such agency and that policies are adopted to employ home health  
2011 aides or hospice aides for the purposes of allowing nurses to delegate  
2012 such tasks.

2013 (d) A registered nurse licensed pursuant to the provisions of chapter  
2014 378 who delegates the task of medication administration to a home  
2015 health aide or hospice aide pursuant to this section shall not be subject  
2016 to disciplinary action based on the performance of the home health aide  
2017 or hospice aide to whom tasks are delegated, unless the home health  
2018 aide or hospice aide is acting pursuant to specific instructions from the  
2019 registered nurse or the registered nurse fails to leave instructions when  
2020 the nurse should have done so, provided the registered nurse: (1)  
2021 Documented in the patient's care plan that the medication  
2022 administration could be properly and safely performed by the home  
2023 health aide or hospice aide to whom it is delegated, (2) provided initial  
2024 direction to the home health aide or hospice aide, and (3) provided  
2025 ongoing supervision of the home health aide or hospice aide, including  
2026 the periodic assessment and evaluation of the patient's health and safety  
2027 related to medication administration.

2028 (e) A registered nurse who delegates the provision of nursing care to  
2029 another person pursuant to this section shall not be subject to an action  
2030 for civil damages for the performance of the person to whom nursing  
2031 care is delegated unless the person is acting pursuant to specific  
2032 instructions from the nurse or the nurse fails to leave instructions when  
2033 the nurse should have done so.

2034 (f) No person may coerce a registered nurse into compromising  
2035 patient safety by requiring the nurse to delegate the administration of

2036 medication if the nurse's assessment of the patient documents a need for  
2037 a nurse to administer medication and identifies why the need cannot be  
2038 safely met through utilization of assistive technology or administration  
2039 of medication by certified home health aides or hospice aides. No  
2040 registered nurse who has made a reasonable determination based on  
2041 such assessment that delegation may compromise patient safety shall be  
2042 subject to any employer reprisal or disciplinary action pursuant to  
2043 chapter 378 for refusing to delegate or refusing to provide the required  
2044 training for such delegation. The Department of Social Services, in  
2045 consultation with the Department of Public Health, [and] home health  
2046 care agencies and hospice agencies, shall develop protocols for  
2047 documentation pursuant to the requirements of this subsection. The  
2048 Department of Social Services shall notify all licensed home health care  
2049 agencies and hospice agencies of such protocols prior to the  
2050 implementation of this section.

2051 (g) The Commissioner of Public Health may implement policies and  
2052 procedures necessary to administer the provisions of this section while  
2053 in the process of adopting such policies and procedures as regulations,  
2054 provided notice of intent to adopt regulations is published in the  
2055 Connecticut Law Journal not later than twenty days after the date of  
2056 implementation. Policies and procedures implemented pursuant to this  
2057 section shall be valid until the time final regulations are adopted.

2058 Sec. 52. Section 19a-496a of the general statutes is repealed and the  
2059 following is substituted in lieu thereof (*Effective July 1, 2021*):

2060 (a) Notwithstanding any provision of the regulations of Connecticut  
2061 state agencies, all home health care agency, hospice agency and home  
2062 health aide agency services shall be performed upon the order of a  
2063 physician or physician assistant licensed pursuant to chapter 370 or an  
2064 advanced practice registered nurse licensed pursuant to chapter 378.

2065 (b) All home health care agency services which are required by law  
2066 to be performed upon the order of a licensed physician may be  
2067 performed upon the order of a physician, physician assistant or



2068 advanced practice registered nurse licensed in a state which borders  
2069 Connecticut.

2070 Sec. 53. Section 19a-504d of the general statutes is repealed and the  
2071 following is substituted in lieu thereof (*Effective July 1, 2021*):

2072 (a) If a hospital recommends home health care to a patient, the  
2073 hospital discharge plan shall include two or more available options of  
2074 home health care agencies or hospice agencies.

2075 (b) A hospital which (1) has an ownership or investment interest in a  
2076 home health care agency or hospice agency, or (2) receives  
2077 compensation or remuneration for referral of patients to a home health  
2078 care agency or hospice agency shall disclose such interest to any patient  
2079 prior to including such agency as an option in a hospital discharge plan.  
2080 Such information shall be verbally disclosed to each patient or shall be  
2081 posted in a conspicuous place visible to patients. As used in this  
2082 subsection, "ownership or investment interest" does not include  
2083 ownership of investment securities purchased by the practitioner on  
2084 terms available to the general public and which are publicly traded.

2085 Sec. 54. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public  
2086 Health may suspend the requirements for licensure to authorize a  
2087 licensed chronic and convalescent nursing home to provide services to  
2088 patients with a reportable disease, emergency illness or health  
2089 condition, pursuant to section 19-91 of the general statutes, under their  
2090 existing license if such licensed chronic and convalescent nursing home  
2091 (1) provides services to such patients in a building that is not physically  
2092 connected to its licensed facility, or (2) expands its bed capacity in a  
2093 portion of a facility that is separate from the licensed facility. Such  
2094 services may only be provided in order to render temporary assistance  
2095 in managing a public health emergency in this state, declared by the  
2096 Governor pursuant to section 19a-131a of the general statutes.

2097 (b) Each chronic and convalescent nursing home that intends to  
2098 provide services pursuant to subsection (a) of this section shall submit  
2099 an application to the Department of Public Health in a form and manner

2100 prescribed by the commissioner. Such application shall include, but  
2101 need not be limited to: (1) Information regarding the facility's ability to  
2102 sufficiently address the health, safety or welfare of such chronic and  
2103 convalescent nursing home's residents and staff; (2) the address of such  
2104 facility; (3) an attestation that all equipment located at such facility is  
2105 maintained according to the manufacturers' specifications, and is  
2106 capable of meeting the needs of such facility's residents; (4) information  
2107 regarding such facility's maximum bed capacity; and (5) information  
2108 indicating that such facility is in compliance with any provisions of the  
2109 general statutes or regulations of Connecticut state agencies pertaining  
2110 to the operation of such facility.

2111 (c) Upon receipt of an application pursuant to subsection (a) of this  
2112 section, the Department of Public Health shall conduct a scheduled  
2113 inspection and investigation of the applicant's facilities to ensure  
2114 compliance with any provisions of the general statutes or regulations of  
2115 Connecticut state agencies pertaining to the licensing of such facilities.  
2116 After conducting such inspection and investigation, the department  
2117 shall notify the applicant of the department's approval or denial of such  
2118 application.

2119 Sec. 55. Section 19a-522f of the general statutes is repealed and the  
2120 following is substituted in lieu thereof (*Effective July 1, 2021*):

2121 (a) As used in this section:

2122 (1) "Administer" means to initiate the venipuncture and deliver an IV  
2123 fluid or IV admixture into the blood stream through a vein, and to  
2124 monitor and care for the venipuncture site, terminate the procedure and  
2125 record pertinent events and observations;

2126 (2) "IV admixture" means an IV fluid to which one or more additional  
2127 drug products have been added;

2128 (3) "IV fluid" means sterile solutions of fifty milliliters or more,  
2129 intended for intravenous infusion, but does not include blood and blood  
2130 products;

2131 (4) "IV therapy" means the introduction of an IV fluid or IV admixture  
2132 into the blood stream through a vein for the purpose of correcting water  
2133 deficit and electrolyte imbalances, providing nutrition, and delivering  
2134 antibiotics and other therapeutic agents approved by a chronic and  
2135 convalescent nursing home's or a rest home with nursing supervision's  
2136 medical staff;

2137 (5) "IV therapy program" means the overall plan by which a chronic  
2138 and convalescent nursing home or a rest home with nursing supervision  
2139 implements, monitors and safeguards the administration of IV therapy  
2140 to patients; and

2141 (6) "IV therapy nurse" means a registered nurse who is qualified by  
2142 education and training and has demonstrated proficiency in the  
2143 theoretical and clinical aspects of IV therapy to administer an IV fluid  
2144 or IV admixture.

2145 (b) An IV therapy nurse or a physician assistant licensed pursuant to  
2146 section 20-12b, who is employed by, or operating under a contract to  
2147 provide services in, a chronic and convalescent nursing home or a rest  
2148 home with nursing supervision that operates an IV therapy program  
2149 may administer a peripherally inserted central catheter as part of such  
2150 facility's IV therapy program. The Department of Public Health shall  
2151 adopt regulations in accordance with the provisions of chapter 54 to  
2152 carry out the purposes of this section.

2153 (c) A chronic and convalescent nursing home may allow a registered  
2154 nurse licensed pursuant to chapter 378 and employed by such chronic  
2155 and convalescent nursing home who has been properly trained by the  
2156 director of nursing or by an intravenous infusion company to (1)  
2157 administer IV therapy or a dose of medication by intravenous injection,  
2158 provided such medication is on a list of medications approved by the  
2159 facility's governing body, pharmacist and medical director for  
2160 intravenous injection by a registered nurse, or (2) draw blood from a  
2161 central line for laboratory purposes, provided the facility has an  
2162 agreement with a laboratory to process such specimens. Such chronic

2163 and convalescent nursing home shall notify the Commissioner of Public  
2164 Health of any such services being provided under subdivisions (1) and  
2165 (2) of this subsection. The administrator of each chronic and  
2166 convalescent nursing home shall ensure that each registered nurse who  
2167 is permitted to perform the services described in subdivisions (1) and  
2168 (2) of this subsection is appropriately trained and competent to perform  
2169 such services. Each administrator shall provide documentation  
2170 regarding the training and competency of such registered nurses to the  
2171 department upon the department's request.

2172       Sec. 56. (NEW) (*Effective July 1, 2021*) (a) The Commissioner of Public  
2173 Health shall license assisted living services agencies, as defined in  
2174 section 19a-490 of the general statutes, as amended by this act. A  
2175 managed residential community wishing to provide assisted living  
2176 services shall become licensed as an assisted living services agency or  
2177 shall arrange for assisted living services to be provided by another entity  
2178 that is licensed as an assisted living services agency.

2179       (b) A managed residential care community that intends to arrange for  
2180 assisted living services shall only do so with a currently licensed assisted  
2181 living services agency. Such managed residential community shall  
2182 submit an application to arrange for the assisted living services to the  
2183 Department of Public Health in a form and manner prescribed by the  
2184 commissioner.

2185       (c) An assisted living services agency providing services as a  
2186 dementia special care unit or program, as defined in section 19a-562 of  
2187 the general statutes, as amended by this act, shall obtain approval for  
2188 such unit or program from the Department of Public Health. Such  
2189 assisted living services agencies shall ensure that they have adequate  
2190 staff to meet the needs of the residents. Each assisted living services  
2191 agency that provides services as a dementia special care unit or  
2192 program, as defined in section 19a-562 of the general statutes, as  
2193 amended by this act, shall submit to the Department of Public Health a  
2194 list of dementia special care units or locations and their staffing plans  
2195 for any such units and locations when completing an initial or a renewal

2196 licensure application, or upon request from the department.

2197 (d) An assisted living services agency shall ensure that (1) all services  
2198 being provided on an individual basis to clients are fully understood  
2199 and agreed upon between either the client or the client's representative,  
2200 and (2) the client or the client's representative are made aware of the cost  
2201 of any such services.

2202 (e) The Department of Public Health may adopt regulations, in  
2203 accordance with the provisions of chapter 54 of the general statutes, to  
2204 carry out the purposes of this section.

2205 Sec. 57. Section 19a-521b of the general statutes is repealed and the  
2206 following is substituted in lieu thereof (*Effective July 1, 2021*):

2207 [In each] Each licensed chronic and convalescent nursing home,  
2208 chronic disease hospital associated with a chronic and convalescent  
2209 nursing home, rest home with nursing supervision and residential care  
2210 home [, at least a three-foot clearance shall be provided at the sides and  
2211 the foot of each bed] shall position beds in a manner that promotes  
2212 resident care and that provides at least a three-foot clearance at the sides  
2213 and foot of each bed. Such bed position shall (1) not act as a restraint to  
2214 the resident, (2) not create a hazardous situation, including, but not  
2215 limited to, an entrapment possibility, or obstacle to evacuation or being  
2216 close to or blocking a heat source, and (3) allow for infection control.

2217 Sec. 58. Section 19a-195 of the general statutes is repealed and the  
2218 following is substituted in lieu thereof (*Effective October 1, 2021*):

2219 The commissioner shall adopt regulations in accordance with the  
2220 provisions of chapter 54 to require all [emergency medical response  
2221 services] ambulances to be staffed by at least one certified emergency  
2222 medical technician, who shall be in the patient compartment attending  
2223 the patient during all periods in which a patient is being transported,  
2224 and one certified [medical response technician] emergency medical  
2225 responder.

2226 Sec. 59. Section 20-206jj of the general statutes is repealed and the  
2227 following is substituted in lieu thereof (*Effective from passage*):

2228 As used in this section and sections 20-206kk to 20-206oo, inclusive:

2229 (1) "Advanced emergency medical technician" means an individual  
2230 who is certified as an advanced emergency medical technician by the  
2231 Department of Public Health;

2232 (2) "Commissioner" means the Commissioner of Public Health;

2233 (3) "Emergency medical services instructor" means a person who is  
2234 certified under the provisions of section 20-206ll or 20-206mm, as  
2235 amended by this act, by the Department of Public Health to teach  
2236 courses, the completion of which is required in order to become an  
2237 emergency medical technician;

2238 (4) "Emergency medical responder" means an individual who is  
2239 certified to practice as an emergency medical responder under the  
2240 provisions of section 20-206ll or 20-206mm, as amended by this act;

2241 (5) "Emergency medical services personnel" means an individual  
2242 certified to practice as an emergency medical responder, emergency  
2243 medical technician, advanced emergency medical technician,  
2244 emergency medical services instructor or an individual licensed as a  
2245 paramedic;

2246 (6) "Emergency medical technician" means a person who is certified  
2247 to practice as an emergency medical technician under the provisions of  
2248 section 20-206ll or 20-206mm, as amended by this act;

2249 (7) "National organization for emergency medical certification"  
2250 means a national organization approved by the Department of Public  
2251 Health and identified on the department's Internet web site, or such  
2252 national organization's successor organization, that tests and provides  
2253 certification to emergency medical responders, emergency medical  
2254 technicians, advanced medical technicians and paramedics;

2255 (8) "Office of Emergency Medical Services" means the office  
2256 established within the Department of Public Health pursuant to section  
2257 19a-178;

2258 (9) "Paramedicine" means the carrying out of (A) all phases of  
2259 cardiopulmonary resuscitation and defibrillation, (B) the administration  
2260 of drugs and intravenous solutions under written or oral authorization  
2261 from a licensed physician or a licensed advanced practice registered  
2262 nurse, and (C) the administration of controlled substances, as defined in  
2263 section 21a-240, in accordance with written protocols or standing orders  
2264 of a licensed physician or a licensed advanced practice registered nurse;  
2265 and

2266 (10) "Paramedic" means a person licensed to practice as a paramedic  
2267 under the provisions of section 20-206ll. [; and]

2268 [(11) "Continuing education platform Internet web site" means an  
2269 online database, approved by the Commissioner of Public Health, for  
2270 emergency medical services personnel to enter, track and reconcile the  
2271 hours and topics of continuing education completed by such personnel.]

2272 Sec. 60. Subsection (b) of section 19a-178a of the general statutes is  
2273 repealed and the following is substituted in lieu thereof (*Effective from*  
2274 *passage*):

2275 (b) The advisory board shall consist of members appointed in  
2276 accordance with the provisions of this subsection and shall include the  
2277 Commissioner of Public Health, the department's emergency medical  
2278 services medical director and the president of each of the regional  
2279 emergency medical services councils, or their designees. The Governor  
2280 shall appoint the following members: (1) One person from the  
2281 Connecticut Association of Directors of Health; (2) three persons from  
2282 the Connecticut College of Emergency Physicians; (3) one person from  
2283 the Connecticut Committee on Trauma of the American College of  
2284 Surgeons; (4) one person from the Connecticut Medical Advisory  
2285 Committee; (5) one person from the Emergency Nurses Association; (6)  
2286 one person from the Connecticut Association of Emergency Medical

2287 Services Instructors; (7) one person from the Connecticut Hospital  
2288 Association; (8) two persons representing commercial ambulance  
2289 services; (9) one person from the Connecticut State Firefighters  
2290 Association; (10) one person from the Connecticut Fire Chiefs  
2291 Association; (11) one person from the Connecticut Police Chiefs  
2292 Association; (12) one person from the Connecticut State Police; and (13)  
2293 one person from the Connecticut Commission on Fire Prevention and  
2294 Control. An additional eighteen members shall be appointed as follows:  
2295 (A) Three by the president pro tempore of the Senate; (B) three by the  
2296 majority leader of the Senate; (C) four by the minority leader of the  
2297 Senate; (D) three by the speaker of the House of Representatives; (E) two  
2298 by the majority leader of the House of Representatives; and (F) three by  
2299 the minority leader of the House of Representatives. The appointees  
2300 shall include a person with experience in municipal ambulance services;  
2301 a person with experience in for-profit ambulance services; three persons  
2302 with experience in volunteer ambulance services; a paramedic; an  
2303 emergency medical technician; an advanced emergency medical  
2304 technician; three consumers and four persons from state-wide  
2305 organizations with interests in emergency medical services as well as  
2306 any other areas of expertise that may be deemed necessary for the  
2307 proper functioning of the advisory board. Any appointment to the  
2308 advisory board that is vacant for more than one year shall be filled by  
2309 the Commissioner of Public Health. The commissioner shall notify the  
2310 appointing authority of the identity of the commissioner's appointment  
2311 not later than thirty days before making such appointment.

2312 Sec. 61. Subsection (a) of section 19a-36h of the general statutes is  
2313 repealed and the following is substituted in lieu thereof (*Effective from*  
2314 *passage*):

2315 (a) Not later than January 1, [2020] 2023, the commissioner shall adopt  
2316 and administer by reference the United States Food and Drug  
2317 Administration's Food Code, as amended from time to time, and any  
2318 Food Code Supplement published by said administration as the state's  
2319 food code for the purpose of regulating food establishments.



2320 Sec. 62. Subsection (a) of section 19a-36j of the general statutes is  
2321 repealed and the following is substituted in lieu thereof (*Effective from*  
2322 *passage*):

2323 (a) On and after January 1, [2019] 2023, no person shall engage in the  
2324 practice of a food inspector unless such person has obtained a  
2325 certification from the commissioner in accordance with the provisions  
2326 of this section. The commissioner shall develop a training and  
2327 verification program for food inspector certification that shall be  
2328 administered by the food inspection training officer at a local health  
2329 department.

2330 (1) Each person seeking certification as a food inspector shall submit  
2331 an application to the department on a form prescribed by the  
2332 commissioner and present to the department satisfactory evidence that  
2333 such person (A) is sponsored by the director of health in the jurisdiction  
2334 in which the applicant is employed to conduct food inspections, (B)  
2335 possesses a bachelor's degree or three years of experience in a regulatory  
2336 food protection program, (C) has successfully completed a training and  
2337 verification program, (D) has successfully completed the field  
2338 standardization inspection prescribed by the commissioner, and (E) is  
2339 not involved in the ownership or management of a food establishment  
2340 located in the applicant's jurisdiction.

2341 (2) Each director of health sponsoring an applicant for certification as  
2342 a food inspector shall submit to the commissioner a form documenting  
2343 the applicant's qualifications and successful completion of the  
2344 requirements described in subdivision (1) of this subsection.

2345 (3) Certifications issued under this section shall be subject to renewal  
2346 once every three years. A food inspector applying for renewal of his or  
2347 her certification shall demonstrate successful completion of twenty  
2348 contact hours in food protection training, as approved by the  
2349 commissioner, and reassessment by the food inspection training officer.

2350 Sec. 63. Section 19a-36o of the general statutes is repealed and the  
2351 following is substituted in lieu thereof (*Effective from passage*):

2352 Notwithstanding any provision of the general statutes, from June 30,  
2353 2017, until December 31, [2018] 2022, a food service establishment may  
2354 request a variance from the Commissioner of Public Health from the  
2355 requirements of the [Public Health Code] regulations of Connecticut  
2356 state agencies, established under section 19a-36, to utilize the process of  
2357 sous vide and acidification of sushi rice, as defined in section 3-502.11 of  
2358 the United States Food and Drug Administration's Food Code, as  
2359 amended from time to time. The Commissioner of Public Health shall  
2360 review the request for a variance and provide the food establishment  
2361 with notification regarding the status of its request not later than thirty  
2362 days after the commissioner receives such request. The commissioner  
2363 may grant such variance if he or she determines that such variance  
2364 would not result in a health hazard or nuisance.

2365 Sec. 64. Subdivision (5) of section 19a-332 of the general statutes is  
2366 repealed and the following is substituted in lieu thereof (*Effective October*  
2367 *1, 2021*):

2368 (5) "Asbestos-containing material" means material composed of  
2369 asbestos of any type and in an amount equal to or greater than one per  
2370 cent by weight, either alone or mixed with other fibrous or nonfibrous  
2371 material;

2372 Sec. 65. Subdivision (4) of section 20-250 of the general statutes is  
2373 repealed and the following is substituted in lieu thereof (*Effective from*  
2374 *passage*):

2375 (4) "Hairdressing and cosmetology" means the art of dressing,  
2376 arranging, curling, waving, weaving, cutting, singeing, bleaching and  
2377 coloring the hair and treating the scalp of any person, and massaging,  
2378 cleansing, stimulating, manipulating, exercising or beautifying with the  
2379 use of the hands, appliances, cosmetic preparations, antiseptics, tonics,  
2380 lotions, creams, powders, oils or clays and doing similar work on the  
2381 face, neck and arms for compensation, removing hair from the face or  
2382 neck using manual or mechanical means, excluding esthetics, as defined  
2383 in section 20-265a or any of the actions listed in this subdivision

2384 performed on the nails of the hands or feet, provided nothing in this  
2385 subdivision shall prohibit an unlicensed person from performing  
2386 shampooing or braiding hair;

2387 Sec. 66. Subsection (b) of section 20-265b of the general statutes is  
2388 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2389 *2021*):

2390 (b) On and after January 1, 2020, each person seeking an initial license  
2391 as an esthetician shall apply to the department on a form prescribed by  
2392 the department, accompanied by an application fee of one hundred  
2393 dollars and evidence that the applicant (1) has completed a course of not  
2394 less than six hundred hours of study and received a certification of  
2395 completion from a school approved under section 20-265g or section 20-  
2396 26 or in a school outside of the state whose requirements are equivalent  
2397 to a school approved under section 20-265g, or (2) (A) if applying before  
2398 January 1, 2022, has practiced esthetics continuously in this state for a  
2399 period of not less than two years prior to July 1, 2020, and (B) is in  
2400 compliance with the infection prevention and control plan guidelines  
2401 prescribed by the department under section 19a-231 in the form of an  
2402 attestation.

2403 Sec. 67. Subsection (f) of section 10-206 of the general statutes is  
2404 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2405 *2021*):

2406 (f) On and after October 1, 2017, each local or regional board of  
2407 education shall report to the local health department and the  
2408 Department of Public Health, on an triennial basis, the total number of  
2409 pupils per school and per school district having a diagnosis of asthma  
2410 (1) at the time of public school enrollment, (2) in grade six or seven, and  
2411 (3) in grade nine or ten. [or eleven.] The report shall contain the asthma  
2412 information collected as required under subsections (b) and (c) of this  
2413 section and shall include pupil age, gender, race, ethnicity and school.  
2414 Beginning on October 1, 2021, and every three years thereafter, the  
2415 Department of Public Health shall review the asthma screening

2416 information reported pursuant to this section and shall submit a report  
2417 to the joint standing committees of the General Assembly having  
2418 cognizance of matters relating to public health and education  
2419 concerning asthma trends and distributions among pupils enrolled in  
2420 the public schools. The report shall be submitted in accordance with the  
2421 provisions of section 11-4a and shall include, but not be limited to, (A)  
2422 trends and findings based on pupil age, gender, race, ethnicity, school  
2423 and the education reference group, as determined by the Department of  
2424 Education for the town or regional school district in which such school  
2425 is located, and (B) activities of the asthma screening monitoring system  
2426 maintained under section 19a-62a.

2427 Sec. 68. Section 19a-490w of the general statutes is repealed and the  
2428 following is substituted in lieu thereof (*Effective October 1, 2021*):

2429 (a) Not later than October 1, 2017, and annually thereafter, any  
2430 hospital that has been certified as a comprehensive stroke center, a  
2431 primary stroke center, a thrombectomy-capable stroke center or an  
2432 acute stroke-ready hospital by the American Heart Association, the Joint  
2433 Commission or any other nationally recognized certifying organization  
2434 shall submit an attestation of such certification to the Commissioner of  
2435 Public Health, in a form and manner prescribed by the commissioner.  
2436 Not later than October 15, 2017, and annually thereafter, the Department  
2437 of Public Health shall post a list of certified stroke centers on its Internet  
2438 web site.

2439 (b) The department may remove a hospital from the list posted  
2440 pursuant to subsection (a) of this section if (1) the hospital requests such  
2441 removal, (2) the department is informed by the American Heart  
2442 Association, the Joint Commission or other nationally recognized  
2443 certifying organization that a hospital's certification has expired or been  
2444 suspended or revoked, or (3) the department does not receive attestation  
2445 of certification from a hospital on or before October first. The  
2446 department shall report to the nationally recognized certifying  
2447 organization any complaint it receives related to the certification of a  
2448 hospital as a comprehensive stroke center, a primary stroke center, a

2449 thrombectomy-capable stroke center or an acute stroke-ready hospital.  
2450 The department shall provide the complainant with the name and  
2451 contact information of the nationally recognized certifying organization  
2452 if the complainant seeks to pursue a complaint with such organization.

2453 Sec. 69. Subsection (k) of section 19a-180 of the general statutes is  
2454 repealed and the following is substituted in lieu thereof (*Effective from*  
2455 *passage*):

2456 (k) Notwithstanding the provisions of subsection (a) of this section,  
2457 any [volunteer, hospital-based or municipal ambulance service]  
2458 emergency medical services organization that is licensed or certified and  
2459 a primary service area responder may apply to the commissioner, on a  
2460 short form application prescribed by the commissioner, to change the  
2461 address of a principal or branch location or to add a branch location  
2462 within its primary service area. Upon making such application, the  
2463 applicant shall notify in writing all other primary service area  
2464 responders in any municipality or abutting municipality in which the  
2465 applicant proposes to change principal or branch locations. Unless a  
2466 primary service area responder entitled to receive notification of such  
2467 application objects, in writing, to the commissioner and requests a  
2468 hearing on such application not later than fifteen calendar days after  
2469 receiving such notice, the application shall be deemed approved thirty  
2470 calendar days after filing. If any such primary service area responder  
2471 files an objection with the commissioner within the fifteen-calendar-day  
2472 time period and requests a hearing, the applicant shall be required to  
2473 demonstrate need to change the address of a principal or branch  
2474 location within its primary service area at a public hearing as required  
2475 under subsection (a) of this section.

2476 Sec. 70. Section 7-36 of the general statutes is repealed and the  
2477 following is substituted in lieu thereof (*Effective July 1, 2021*):

2478 As used in this chapter and sections 19a-40 to 19a-45, inclusive, unless  
2479 the context otherwise requires:

2480 (1) "Registrar of vital statistics" or "registrar" means the registrar of

2481 births, marriages, deaths and fetal deaths or any public official charged  
2482 with the care of returns relating to vital statistics;

2483 (2) "Registration" means the process by which vital records are  
2484 completed, filed and incorporated into the official records of the  
2485 department;

2486 (3) "Institution" means any public or private facility that provides  
2487 inpatient medical, surgical or diagnostic care or treatment, or nursing,  
2488 custodial or domiciliary care, or to which persons are committed by law;

2489 (4) "Vital records" means a certificate of birth, death, fetal death or  
2490 marriage;

2491 (5) "Certified copy" means a copy of a birth, death, fetal death or  
2492 marriage certificate that (A) includes all information on the certificate  
2493 except such information that is nondisclosable by law, (B) is issued or  
2494 transmitted by any registrar of vital statistics, (C) includes an attested  
2495 signature and the raised seal of an authorized person, and (D) if  
2496 submitted to the department, includes all information required by the  
2497 commissioner;

2498 (6) "Uncertified copy" means a copy of a birth, death, fetal death or  
2499 marriage certificate that includes all information contained in a certified  
2500 copy except an original attested signature and a raised seal of an  
2501 authorized person;

2502 (7) "Authenticate" or "authenticated" means to affix to a vital record  
2503 in paper format the official seal, or to affix to a vital record in electronic  
2504 format the user identification, password, or other means of electronic  
2505 identification, as approved by the department, of the creator of the vital  
2506 record, or the creator's designee, by which affixing the creator of such  
2507 paper or electronic vital record, or the creator's designee, affirms the  
2508 integrity of such vital record;

2509 (8) "Attest" means to verify a vital record in accordance with the  
2510 provisions of subdivision (5) of this section;

2511 (9) "Correction" means to change or enter new information on a  
2512 certificate of birth, marriage, death or fetal death, within one year of the  
2513 date of the vital event recorded in such certificate, in order to accurately  
2514 reflect the facts existing at the time of the recording of such vital event,  
2515 where such changes or entries are to correct errors on such certificate  
2516 due to inaccurate or incomplete information provided by the informant  
2517 at the time the certificate was prepared, or to correct transcribing,  
2518 typographical or clerical errors;

2519 (10) "Amendment" means to (A) change or enter new information on  
2520 a certificate of birth, marriage, death or fetal death, more than one year  
2521 after the date of the vital event recorded in such certificate, in order to  
2522 accurately reflect the facts existing at the time of the recording of the  
2523 event, (B) create a replacement certificate of birth for matters pertaining  
2524 to parentage and gender change, or (C) reflect a legal name change in  
2525 accordance with section 19a-42, as amended by this act, or make a  
2526 modification to a cause of death;

2527 (11) "Acknowledgment of paternity" means to legally acknowledge  
2528 paternity of a child pursuant to section 46b-172;

2529 (12) "Adjudication of paternity" means to legally establish paternity  
2530 through an order of a court of competent jurisdiction;

2531 (13) "Parentage" includes matters relating to adoption, gestational  
2532 agreements, paternity and maternity;

2533 (14) "Department" means the Department of Public Health;

2534 (15) "Commissioner" means the Commissioner of Public Health or the  
2535 commissioner's designee;

2536 (16) "Gestational agreement" means a written agreement for assisted  
2537 reproduction in which a woman agrees to carry a child to birth for an  
2538 intended parent or intended parents, which woman contributed no  
2539 genetic material to the child and which agreement (A) names each party  
2540 to the agreement and indicates each party's respective obligations under

2541 the agreement, (B) is signed by each party to the agreement and the  
2542 spouse of each such party, if any, and (C) is witnessed by at least two  
2543 disinterested adults and acknowledged in the manner prescribed by  
2544 law;

2545 (17) "Intended parent" means a party to a gestational agreement who  
2546 agrees, under the gestational agreement, to be the parent of a child born  
2547 to a woman by means of assisted reproduction, regardless of whether  
2548 the party has a genetic relationship to the child;

2549 (18) "Foundling" means (A) a child of unknown parentage, or (B) an  
2550 infant voluntarily surrendered pursuant to the provisions of section 17a-  
2551 58; [and]

2552 (19) "Certified homeless youth" means a person who is at least fifteen  
2553 years of age but less than eighteen years of age, is not in the physical  
2554 custody of a parent or legal guardian, who is a homeless child or youth,  
2555 as defined in 42 USC 11434a, as amended from time to time, and who  
2556 has been certified as homeless by (A) a school district homeless liaison,  
2557 (B) the director of an emergency shelter program funded by the United  
2558 States Department of Housing and Urban Development, or the  
2559 director's designee, [or] (C) the director of a runaway or homeless youth  
2560 basic center or transitional living program funded by the United States  
2561 Department of Health and Human Services, or the director's designee,  
2562 [.] or (D) the director of a program of a nonprofit organization or  
2563 municipality that is contracted with the homeless youth program  
2564 established pursuant to section 17a-62a; and

2565 (20) "Certified homeless young adult" means a person who is at least  
2566 eighteen years of age but less than twenty-five years of age who has  
2567 been certified as homeless by (A) a school district homeless liaison, (B)  
2568 the director of an emergency shelter program funded by the United  
2569 States Department of Housing and Urban Development, or the  
2570 director's designee, (C) the director of a runaway or homeless youth  
2571 basic center or transitional living program funded by the United States  
2572 Department of Health and Human Services, or the director's designee,



2573 or (D) the director of a program of a nonprofit organization or  
2574 municipality that is contracted with the homeless youth program  
2575 established pursuant to section 17a-62a.

2576 Sec. 71. Subsection (c) of section 7-51 of the general statutes is  
2577 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2578 *2021*):

2579 (c) (1) The registrar of the town in which the birth or fetal death  
2580 occurred or of the town in which the [mother] birth parent resided at the  
2581 time of the birth or fetal death, or the department, may issue a certified  
2582 copy of the certificate of birth or fetal death of any person born in this  
2583 state that is kept in paper form in the custody of the registrar. Except as  
2584 provided in subdivision (2) of this subsection, such certificate shall be  
2585 issued upon the written request of an eligible party listed in subsection  
2586 (a) of this section. Any registrar of vital statistics in this state with access,  
2587 as authorized by the department, to the electronic vital records system  
2588 of the department may issue a certified copy of the electronically filed  
2589 certificate of birth or fetal death of any person born in this state upon  
2590 the written request of an eligible party listed in subsection (a) of this  
2591 section. The registrar and the department may waive the fee for the  
2592 issuance of a certified copy of the certificate of birth of a certified  
2593 homeless young adult to such young adult under this subsection.

2594 (2) In the case of a certified homeless youth, such certified homeless  
2595 youth and the person who is certifying the certified homeless youth as  
2596 homeless, as described in section 7-36, as amended by this act, shall  
2597 appear in person when the certified homeless youth is presenting the  
2598 written request described in subdivision (1) of this subsection at (A) the  
2599 office of the registrar of the town in which the certified homeless youth  
2600 was born, (B) the office of the registrar of the town in which the [mother]  
2601 birth parent of the certified homeless youth resided at the time of the  
2602 birth, (C) if the birth certificate of the certified homeless youth has been  
2603 electronically filed, any registrar of vital statistics in the state with  
2604 access, as authorized by the department, to the electronic vital records  
2605 system, or (D) the state vital records office of the department. The

2606 certified homeless youth shall present to the registrar or the department  
2607 information sufficient to identify himself or herself as may be required  
2608 by regulations adopted by the commissioner pursuant to section 7-41.  
2609 The person who is certifying the certified homeless youth as homeless  
2610 shall present to the registrar or the department information sufficient to  
2611 identify himself or herself as meeting the certification requirements of  
2612 section 7-36, as amended by this act. The registrar and the department  
2613 may waive the fee for the issuance of a certified copy of the certificate of  
2614 birth of a homeless youth to such youth under this subsection.

2615 Sec. 72. Subsection (a) of section 1-1h of the general statutes is  
2616 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2617 *2021*):

2618 (a) Any person who does not possess a valid motor vehicle operator's  
2619 license may apply to the Department of Motor Vehicles for an identity  
2620 card. The application for an identity card shall be accompanied by the  
2621 birth certificate of the applicant or a certificate of identification of the  
2622 applicant issued and authorized for such use by the Department of  
2623 Correction and a fee of twenty-eight dollars. Such application shall  
2624 include: (1) The applicant's name; (2) the applicant's address; (3)  
2625 whether the address is permanent or temporary; (4) the applicant's date  
2626 of birth; (5) notice to the applicant that false statements on such  
2627 application are punishable under section 53a-157b; and (6) such other  
2628 pertinent information as the Commissioner of Motor Vehicles deems  
2629 necessary. The applicant shall sign the application in the presence of an  
2630 official of the Department of Motor Vehicles. The commissioner may  
2631 waive the fee for any applicant (A) who has voluntarily surrendered  
2632 such applicant's motor vehicle operator's license, (B) whose license has  
2633 been refused by the commissioner pursuant to subdivision (4) of  
2634 subsection (e) of section 14-36, (C) who is both a veteran, as defined in  
2635 subsection (a) of section 27-103, and blind, as defined in subsection (a)  
2636 of section 1-1f, or (D) who is a resident of a homeless shelter or other  
2637 facility for homeless persons or a certified homeless youth or certified  
2638 homeless young adult. The commissioner shall adopt regulations, in  
2639 accordance with the provisions of chapter 54, to establish the procedure

2640 and qualifications for the issuance of an identity card to any such  
2641 homeless applicant. For the purposes of this subsection, "certified  
2642 homeless youth" and "certified homeless young adult" have the same  
2643 meanings as provided in section 7-36, as amended by this act.

2644 Sec. 73. Subsection (b) of section 20-265d of the general statutes is  
2645 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2646 *2021*):

2647 (b) On and after October 1, 2020, each person seeking an initial license  
2648 as a nail technician shall apply to the department on a form prescribed  
2649 by the department, accompanied by an application fee of one hundred  
2650 dollars and evidence that the applicant (1) has completed a course of not  
2651 less than one hundred hours of study and received a certificate of  
2652 completion from a school approved under section 20-265g or section 20-  
2653 262 or in a school outside of the state whose requirements are equivalent  
2654 to a school approved under section 20-265g, or (2) (A) if the applicant is  
2655 applying on or before January 1, 2022, has practiced as a nail technician  
2656 continuously in this state for a period of not less than two years prior to  
2657 January 1, 2021, and is in compliance with the infection prevention and  
2658 control plan guidelines prescribed by the department under section 19a-  
2659 231 in the form of an attestation, or (B) has obtained a license as a nail  
2660 technician trainee and a statement signed by the applicant's supervisor  
2661 at the spa or salon where the licensed nail technician trainee is employed  
2662 documenting completion of the minimum requirements specified in  
2663 section 20-265e. If an applicant employed as a nail technician on or after  
2664 September 30, 2020, does not have evidence satisfactory to the  
2665 commissioner of continuous practice as a nail technician for not less than  
2666 two years, such applicant may apply to the department for a nail  
2667 technician trainee license, under section 20-265e, provided such person  
2668 applies for an initial trainee license not later than January 1, 2021.

2669 Sec. 74. Subsection (b) of section 20-265c of the general statutes is  
2670 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2671 *2021*):

2672 (b) On and after January 1, 2020, each person seeking an initial license  
2673 as an eyelash technician shall apply to the department on a form  
2674 prescribed by the department, accompanied by an application fee of one  
2675 hundred dollars and evidence that the applicant (1) has completed a  
2676 course of not less than fifty hours of study and received a certificate of  
2677 completion from a school approved under section 20-265g or section 20-  
2678 262 or in a school outside of the state whose requirements are equivalent  
2679 to a school approved under section 20-265g, or (2) (A) if the applicant is  
2680 applying on or before January 1, 2022, has practiced as an eyelash  
2681 technician continuously in this state for a period of not less than two  
2682 years prior to July 1, 2020, and (B) is in compliance with the infection  
2683 prevention and control plan guidelines prescribed by the department  
2684 under section 19a-231 in the form of an attestation.

2685 Sec. 75. Section 19a-55 of the general statutes is repealed and the  
2686 following is substituted in lieu thereof (*Effective from passage*):

2687 (a) [The administrative officer or other person in charge of each  
2688 institution caring for newborn infants shall cause to have administered  
2689 to every such infant in its care an HIV-related test, as defined in section  
2690 19a-581, a test for phenylketonuria and other metabolic diseases,  
2691 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine  
2692 disease, homocystinuria, biotinidase deficiency, congenital adrenal  
2693 hyperplasia, severe combined immunodeficiency disease,  
2694 adrenoleukodystrophy and such other tests for inborn errors of  
2695 metabolism as shall be prescribed by the Department of Public Health.  
2696 The tests shall be administered as soon after birth as is medically  
2697 appropriate. If the mother has had an HIV-related test pursuant to  
2698 section 19a-90 or 19a-593, the person responsible for testing under this  
2699 section may omit an HIV-related test.] There is established a newborn  
2700 screening program. The Commissioner of Public Health shall (1)  
2701 administer the newborn screening program, (2) direct persons identified  
2702 through the screening program to appropriate specialty centers for  
2703 treatments, consistent with any applicable confidentiality requirements,  
2704 and (3) set the fees to be charged to institutions to cover all expenses of  
2705 the comprehensive screening program including testing, tracking and

2706 treatment, subject to the approval of the Secretary of the Office of Policy  
2707 and Management. The fees to be charged pursuant to subdivision (3) of  
2708 this subsection shall be set at a minimum of ninety-eight dollars.

2709 (b) The administrative officer or other person in charge of each  
2710 institution caring for newborn infants, a nurse-midwife licensed  
2711 pursuant to chapter 377 or a midwife shall cause to have administered  
2712 to every such newborn infant in his or her care a blood spot specimen  
2713 and an HIV-related test, as defined in section 19a-581, except that the  
2714 person responsible for testing may omit such test if the mother has had  
2715 an HIV-related test pursuant to section 19a-90 or 19a-593. The blood spot  
2716 specimen shall be collected not earlier than twenty-four hours after the  
2717 birth of the newborn infant and not later than forty-eight hours after the  
2718 birth of such infant, unless the institution caring for newborn infants,  
2719 nurse-midwife licensed pursuant to chapter 377 or midwife determines  
2720 that a situation exists to warrant an early collection of the specimen or if  
2721 collection of the specimen is medically contraindicated. Situations that  
2722 warrant early collection of the specimen shall include, but not be limited  
2723 to, the imminent transfusion of blood products, dialysis, early discharge  
2724 of the newborn infant from the institution, transfer of the newborn  
2725 infant to another institution or imminent death. If the newborn infant  
2726 dies before a blood spot specimen can be obtained, the specimen shall  
2727 be collected as soon as practicable after death. The institution licensed  
2728 to care for newborn infants, nurse-midwife or midwife shall notify the  
2729 Department of Public Health when a specimen is not collected within  
2730 forty-eight hours after the birth of such infant due to: (1) The infant's  
2731 medical fragility, (2) refusal by the parents when newborn infant  
2732 screening is in conflict with their religious tenets and practice, (3) the  
2733 newborn infant receiving comfort measures only, or (4) any other  
2734 reason. Such notification shall be documented in the department's  
2735 newborn screening system pursuant to section 19a-53 by the institution  
2736 caring for newborn infants, nurse-midwife or midwife or sent in writing  
2737 to the department not later than seventy-two hours after the birth of the  
2738 newborn infant. The institution caring for newborn infants, nurse-  
2739 midwife or midwife shall send the blood spot specimen to the state

2740 public health laboratory not later than twenty-four hours after the time  
2741 of collection. The department may request an additional blood spot  
2742 specimen if: (A) There was an early collection of the specimen, (B) the  
2743 specimen was collected following a transfusion of blood products, (C)  
2744 the specimen is unsatisfactory for testing, or (D) the department  
2745 determines that there is an abnormal result. The state public health  
2746 laboratory shall make and maintain a record of the date and time of its  
2747 receipt of each blood spot specimen and make such record available for  
2748 inspection by the institution caring for newborn infants, nurse-midwife  
2749 or midwife that sent the blood spot specimen not later than forty-eight  
2750 hours after such institution, nurse-midwife or midwife submits a  
2751 request to inspect such record.

2752 (c) The Commissioner of Public Health shall publish a list of all the  
2753 abnormal conditions for which the department screens newborns under  
2754 the newborn screening program, which shall include, [screening] but  
2755 need not be limited to, testing for amino acid disorders, including  
2756 phenylketonuria, organic acid disorders, fatty acid oxidation disorders,  
2757 including, but not limited to, long-chain 3-hydroxyacyl CoA  
2758 dehydrogenase (L-CHAD) and medium-chain acyl-CoA  
2759 dehydrogenase (MCAD), hypothyroidism, galactosemia, sickle cell  
2760 disease, maple syrup urine disease, homocystinuria, biotinidase  
2761 deficiency, congenital adrenal hyperplasia, severe combined  
2762 immunodeficiency disease, adrenoleukodystrophy, spinal muscular  
2763 atrophy and [, subject to the approval of the Secretary of the Office of  
2764 Policy and Management,] any other disorder included on the  
2765 recommended uniform screening panel pursuant to 42 USC 300b-10, as  
2766 amended from time to time, and as prescribed by the Commissioner of  
2767 Public Health.

2768 [(b)] (d) In addition to the testing requirements prescribed in  
2769 subsection [(a)] (b) of this section, the administrative officer or other  
2770 person in charge of each institution caring for newborn infants shall  
2771 cause to have administered to (1) every such infant in its care a screening  
2772 test for (A) cystic fibrosis, and (B) critical congenital heart disease, [and  
2773 (C) on and after January 1, 2020, spinal muscular atrophy, and] (2) any

2774 newborn infant who fails a newborn hearing screening, as described in  
2775 section 19a-59, a screening test for cytomegalovirus. [, provided such  
2776 screening test shall be administered within available appropriations.  
2777 The administrative officer or other person in charge of each institution  
2778 caring for newborn infants who performs the testing for critical  
2779 congenital heart disease shall enter the results of such test into the  
2780 newborn screening system pursuant to section 19a-53.] Such screening  
2781 tests shall be administered as soon after birth as is medically  
2782 appropriate.

2783 [(c)] (e) (1) The clinical laboratory that completes the testing for cystic  
2784 fibrosis, shall report the number of newborn infants screened and the  
2785 results of such testing, not less than annually, to the Department of  
2786 Public Health into the newborn screening system pursuant to section  
2787 19a-53. The administrative officer or other person in charge of each  
2788 institution caring for newborn infants who performs the testing for  
2789 critical congenital heart disease shall enter the results of such test into  
2790 the newborn screening system pursuant to section 19a-53.

2791 (2) The administrative officer or other person in charge of each  
2792 institution caring for newborn infants shall [report] enter any case of  
2793 cytomegalovirus that is confirmed as a result of a screening test  
2794 administered pursuant to subdivision (2) of subsection [(b)] (d) of this  
2795 section to the Department of Public Health [in a form and manner  
2796 prescribed by the Commissioner of Public Health] into the newborn  
2797 screening system pursuant to section 19a-53. The provisions of this  
2798 subsection shall apply regardless of the patient's insurance status or  
2799 source of payment, including self-pay status.

2800 [(d)] (f) The provisions of this section shall not apply to any infant  
2801 whose parents object to the test or treatment as being in conflict with  
2802 their religious tenets and practice. The commissioner shall adopt  
2803 regulations, in accordance with the provisions of chapter 54, to  
2804 implement the provisions of this section.

2805 Sec. 76. Subdivision (10) of section 7-36 of the general statutes is

2806 repealed and the following is substituted in lieu thereof (*Effective October*  
2807 *1, 2021*):

2808 (10) "Amendment" means to (A) change or enter new information on  
2809 a certificate of birth, marriage, death or fetal death, more than one year  
2810 after the date of the vital event recorded in such certificate, in order to  
2811 accurately reflect the facts existing at the time of the recording of the  
2812 event, (B) create a replacement certificate of birth for matters pertaining  
2813 to parentage and gender change, [or] (C) create a replacement certificate  
2814 of marriage for matters pertaining to gender change, or (D) reflect a legal  
2815 name change in accordance with section 19a-42, as amended by this act,  
2816 or make a modification to a cause of death;

2817 Sec. 77. Section 19a-42 of the general statutes is repealed and the  
2818 following is substituted in lieu thereof (*Effective October 1, 2021*):

2819 (a) To protect the integrity and accuracy of vital records, a certificate  
2820 registered under chapter 93 may be amended only in accordance with  
2821 sections 19a-41 to 19a-45, inclusive, chapter 93, regulations adopted by  
2822 the Commissioner of Public Health pursuant to chapter 54 and uniform  
2823 procedures prescribed by the commissioner. Only the commissioner  
2824 may amend birth certificates to reflect changes concerning parentage or  
2825 birth or marriage certificates to reflect changes concerning gender  
2826 change. Amendments related to parentage or gender change shall result  
2827 in the creation of a replacement certificate that supersedes the original,  
2828 and shall in no way reveal the original language changed by the  
2829 amendment. Any amendment to a vital record made by the registrar of  
2830 vital statistics of the town in which the vital event occurred or by the  
2831 commissioner shall be in accordance with such regulations and uniform  
2832 procedures.

2833 (b) The commissioner and the registrar of vital statistics shall  
2834 maintain sufficient documentation, as prescribed by the commissioner,  
2835 to support amendments and shall ensure the confidentiality of such  
2836 documentation as required by law. The date of amendment and a  
2837 summary description of the evidence submitted in support of the



2838 amendment shall be endorsed on or made part of the record and the  
2839 original certificate shall be marked "Amended", except for amendments  
2840 due to parentage or gender change. When the registrar of the town in  
2841 which the vital event occurred amends a certificate, such registrar shall,  
2842 within ten days of making such amendment, forward an amended  
2843 certificate to the commissioner and to any registrar having a copy of the  
2844 certificate. When the commissioner amends a birth certificate, including  
2845 changes due to parentage or gender, the commissioner shall forward an  
2846 amended certificate to the registrars of vital statistics affected and their  
2847 records shall be amended accordingly.

2848 (c) An amended certificate shall supersede the original certificate that  
2849 has been changed and shall be marked "Amended", except for  
2850 amendments due to parentage or gender change. The original certificate  
2851 in the case of parentage or gender change shall be physically or  
2852 electronically sealed and kept in a confidential file by the department  
2853 and the registrar of any town in which the birth was recorded, and may  
2854 be unsealed for issuance only as provided in section 7-53 with regard to  
2855 an original birth certificate or upon a written order of a court of  
2856 competent jurisdiction. The amended certificate shall become the official  
2857 record.

2858 (d) (1) Upon receipt of (A) an acknowledgment of paternity executed  
2859 in accordance with the provisions of subsection (a) of section 46b-172 by  
2860 both parents of a child born out of wedlock, or (B) a certified copy of an  
2861 order of a court of competent jurisdiction establishing the paternity of a  
2862 child born out of wedlock, the commissioner shall include on or amend,  
2863 as appropriate, such child's birth certificate to show such paternity if  
2864 paternity is not already shown on such birth certificate and to change  
2865 the name of the child under eighteen years of age if so indicated on the  
2866 acknowledgment of paternity form or within the certified court order as  
2867 part of the paternity action. If a person who is the subject of a voluntary  
2868 acknowledgment of paternity, as described in this subdivision, is  
2869 eighteen years of age or older, the commissioner shall obtain a notarized  
2870 affidavit from such person affirming that he or she agrees to the  
2871 commissioner's amendment of such person's birth certificate as such

2872 amendment relates to the acknowledgment of paternity. The  
2873 commissioner shall amend the birth certificate for an adult child to  
2874 change his or her name only pursuant to a court order.

2875 (2) If another father is listed on the birth certificate, the commissioner  
2876 shall not remove or replace the father's information unless presented  
2877 with a certified court order that meets the requirements specified in  
2878 section 7-50, or upon the proper filing of a rescission, in accordance with  
2879 the provisions of section 46b-172. The commissioner shall thereafter  
2880 amend such child's birth certificate to remove or change the father's  
2881 name and to change the name of the child, as requested at the time of  
2882 the filing of a rescission, in accordance with the provisions of section  
2883 46b-172. Birth certificates amended under this subsection shall not be  
2884 marked "Amended".

2885 (e) When the parent or parents of a child request the amendment of  
2886 the child's birth certificate to reflect a new mother's name because the  
2887 name on the original certificate is fictitious, such parent or parents shall  
2888 obtain an order of a court of competent jurisdiction declaring the  
2889 putative mother to be the child's mother. Upon receipt of a certified copy  
2890 of such order, the department shall amend the child's birth certificate to  
2891 reflect the mother's true name.

2892 (f) Upon receipt of a certified copy of an order of a court of competent  
2893 jurisdiction changing the name of a person born in this state and upon  
2894 request of such person or such person's parents, guardian, or legal  
2895 representative, the commissioner or the registrar of vital statistics of the  
2896 town in which the vital event occurred shall amend the birth certificate  
2897 to show the new name by a method prescribed by the department.

2898 (g) When an applicant submits the documentation required by the  
2899 regulations to amend a vital record, the commissioner shall hold a  
2900 hearing, in accordance with chapter 54, if the commissioner has  
2901 reasonable cause to doubt the validity or adequacy of such  
2902 documentation.

2903 (h) When an amendment under this section involves the changing of

2904 existing language on a death certificate due to an error pertaining to the  
2905 cause of death, the death certificate shall be amended in such a manner  
2906 that the original language is still visible. A copy of the death certificate  
2907 shall be made. The original death certificate shall be sealed and kept in  
2908 a confidential file at the department and only the commissioner may  
2909 order it unsealed. The copy shall be amended in such a manner that the  
2910 language to be changed is no longer visible. The copy shall be a public  
2911 document.

2912 (i) The commissioner shall issue a new birth certificate to reflect a  
2913 gender change upon receipt of the following documents submitted in  
2914 the form and manner prescribed by the commissioner: (1) A written  
2915 request from the applicant, signed under penalty of law, for a  
2916 replacement birth certificate to reflect that the applicant's gender differs  
2917 from the sex designated on the original birth certificate; (2) a notarized  
2918 affidavit by a physician licensed pursuant to chapter 370 or holding a  
2919 current license in good standing in another state, a physician assistant  
2920 licensed pursuant to chapter 370 or holding a current license in good  
2921 standing in another state, an advanced practice registered nurse  
2922 licensed pursuant to chapter 378 or holding a current license in good  
2923 standing in another state, or a psychologist licensed pursuant to chapter  
2924 383 or holding a current license in good standing in another state, stating  
2925 that the applicant has undergone surgical, hormonal or other treatment  
2926 clinically appropriate for the applicant for the purpose of gender  
2927 transition; and (3) if an applicant is also requesting a change of name  
2928 listed on the original birth certificate, proof of a legal name change. The  
2929 new birth certificate shall reflect the new gender identity by way of a  
2930 change in the sex designation on the original birth certificate and, if  
2931 applicable, the legal name change.

2932 (j) The commissioner shall issue a new marriage certificate to reflect  
2933 a gender change upon receipt of the following documents, submitted in  
2934 a form and manner prescribed by the commissioner: (1) A written  
2935 request from the applicant, signed under penalty of law, for a  
2936 replacement marriage certificate to reflect that the applicant's gender  
2937 differs from the sex designated on the original marriage certificate,

2938 along with an affirmation that the marriage is still legally intact; (2) a  
2939 notarized statement from the spouse named on the marriage certificate  
2940 to be amended, consenting to the amendment; (3)(A) a United States  
2941 passport or amended birth certificate or court order reflecting the  
2942 applicant's gender as of the date of the request or (B) a notarized  
2943 affidavit by a physician licensed pursuant to chapter 370 or holding a  
2944 current license in good standing in another state, physician assistant  
2945 licensed pursuant to chapter 370 or holding a current license in good  
2946 standing in another state, an advanced practice registered nurse  
2947 licensed pursuant to chapter 378 or holding a current license in good  
2948 standing in another state or a psychologist licensed pursuant to chapter  
2949 383 or holding a current license in good standing in another state stating  
2950 that the applicant has undergone surgical, hormonal or other treatment  
2951 clinically appropriate for the applicant for the purpose of gender  
2952 transition; and (4) if an applicant is also requesting a change of name  
2953 listed on the original marriage certificate, proof of a legal name change.  
2954 The new marriage certificate shall reflect the new gender identity by  
2955 way of a change in the sex designation on the original marriage  
2956 certificate and, if applicable, the legal name change.

2957 Sec. 78. Section 19a-215 of the general statutes is repealed and the  
2958 following is substituted in lieu thereof (*Effective October 1, 2021*):

2959 (a) For the purposes of this section:

2960 (1) "Clinical laboratory" means any facility or other area used for  
2961 microbiological, serological, chemical, hematological,  
2962 immunohematological, biophysical, cytological, pathological or other  
2963 examinations of human body fluids, secretions, excretions or excised or  
2964 exfoliated tissues, for the purpose of providing information for the  
2965 diagnosis, prevention or treatment of any human disease or  
2966 impairment, for the assessment of human health or for the presence of  
2967 drugs, poisons or other toxicological substances.

2968 (2) "Commissioner's list of reportable diseases, emergency illnesses  
2969 and health conditions" and "commissioner's list of reportable laboratory

2970 findings" means the lists developed pursuant to section 19a-2a.

2971 (3) "Confidential" means confidentiality of information pursuant to  
2972 section 19a-25.

2973 (4) "Health care provider" means a person who has direct or  
2974 supervisory responsibility for the delivery of health care or medical  
2975 services, including licensed physicians, nurse practitioners, nurse  
2976 midwives, physician assistants, nurses, dentists, medical examiners and  
2977 administrators, superintendents and managers of health care facilities.

2978 (5) "Reportable diseases, emergency illnesses and health conditions"  
2979 means the diseases, illnesses, conditions or syndromes designated by  
2980 the Commissioner of Public Health on the list required pursuant to  
2981 section 19a-2a.

2982 (b) A health care provider shall report each case occurring in such  
2983 provider's practice, of any disease on the commissioner's list of  
2984 reportable diseases, emergency illnesses and health conditions to the  
2985 director of health of the town, city or borough in which such case resides  
2986 and to the Department of Public Health, no later than twelve hours after  
2987 such provider's recognition of the disease. Such reports shall be in  
2988 writing, by telephone or in an electronic format approved by the  
2989 commissioner. [Such reports of disease shall be confidential and not  
2990 open to public inspection except as provided for in section 19a-25.]

2991 (c) A clinical laboratory shall report each finding identified by such  
2992 laboratory of any disease identified on the commissioner's list of  
2993 reportable laboratory findings to the Department of Public Health not  
2994 later than forty-eight hours after such laboratory's finding. A clinical  
2995 laboratory that reports an average of more than thirty findings per  
2996 month shall make such reports electronically in a format approved by  
2997 the commissioner. Any clinical laboratory that reports an average of less  
2998 than thirty findings per month shall submit such reports, in writing, by  
2999 telephone or in an electronic format approved by the commissioner. [All  
3000 such reports shall be confidential and not open to public inspection  
3001 except as provided for in section 19a-25.] The Department of Public

3002 Health shall provide a copy of all such reports to the director of health  
3003 of the town, city or borough in which the affected person resides or, in  
3004 the absence of such information, the town where the specimen  
3005 originated.

3006 (d) When a local director of health, the local director's authorized  
3007 agent or the Department of Public Health receives a report of a disease  
3008 or laboratory finding on the commissioner's lists of reportable diseases,  
3009 emergency illnesses and health conditions and laboratory findings, the  
3010 local director of health, the local director's authorized agent or the  
3011 Department of Public Health may contact first the reporting health care  
3012 provider and then the person with the reportable finding to obtain such  
3013 information as may be necessary to lead to the effective control of  
3014 further spread of such disease. In the case of reportable communicable  
3015 diseases and laboratory findings, this information may include  
3016 obtaining the identification of persons who may be the source or  
3017 subsequent contacts of such infection.

3018 (e) A hospital, as defined in section 19a-490 and licensed pursuant to  
3019 chapter 368v, shall provide the Department of Public Health with access,  
3020 including remote access, in a manner approved by the Commissioner of  
3021 Public Health, to the entirety of each electronic medical record that  
3022 concerns a reportable disease, emergency illness or health condition  
3023 listed by the commissioner pursuant to subdivision (9) of section 19a-2a  
3024 that occurs at such hospital. Such remote access shall take place on or  
3025 before October 1, 2022, if technically feasible.

3026 [(e)] (f) All personal information obtained from disease prevention  
3027 and control investigations [as performed in subsections (c) and (d) of]  
3028 pursuant to this section including the health care provider's name and  
3029 the identity of the reported case of disease and suspected source persons  
3030 and contacts shall not be divulged to anyone and shall be held strictly  
3031 confidential pursuant to section 19a-25, by the local director of health  
3032 and the director's authorized agent and by the Department of Public  
3033 Health.

3034        ~~[(f)]~~ (g) Any person who violates any reporting or confidentiality  
3035 provision of this section shall be fined not more than five hundred  
3036 dollars. No provision of this section shall be deemed to supersede  
3037 section 19a-584.

3038        Sec. 79. Subsection (c) of section 19a-72 of the general statutes is  
3039 repealed and the following is substituted in lieu thereof (*Effective October*  
3040 *1, 2021*):

3041        (c) [The] (1) A health care provider shall provide the Department of  
3042 Public Health, [shall be provided such] at the request of the department,  
3043 access to the clinical records of any [health care provider] patient, as the  
3044 department deems necessary, to perform case finding or other quality  
3045 improvement audits to ensure completeness of reporting and data  
3046 accuracy consistent with the purposes of this section.

3047        (2) A hospital shall provide the Department of Public Health with  
3048 access, including remote access, to the entirety of a patient's medical  
3049 record, as the department deems necessary, to perform case finding or  
3050 other quality improvement audits to ensure completeness of reporting  
3051 and data accuracy consistent with the purposes of this section. Such  
3052 remote access shall be provided on or before October 1, 2022, if  
3053 technically feasible. The department shall not divulge any personal  
3054 information obtained from the medical record to anyone and shall hold  
3055 any such personal information strictly confidential pursuant to section  
3056 19a-25.

3057        Sec. 80. (NEW) (*Effective October 1, 2021*) A hospital shall provide the  
3058 Department of Public Health with access, including remote access, to  
3059 the entirety of a patient's medical record, as the department deems  
3060 necessary, to perform quality improvement audits to ensure  
3061 completeness of reporting and data accuracy of birth, fetal death and  
3062 death occurrences. Such remote access shall take place on or before  
3063 October 1, 2022, if technically feasible. No personal information  
3064 obtained from the medical record shall be divulged to anyone and shall  
3065 be held strictly confidential pursuant to section 19a-25 of the general

3066 statutes by the Department of Public Health.

3067 Sec. 81. Section 19a-59h of the general statutes is repealed and the  
3068 following is substituted in lieu thereof (*Effective October 1, 2021*):

3069 (a) As used in this section and section 19a-59i, "maternal death"  
3070 means the death of a woman while pregnant or not later than one year  
3071 after the date on which the woman ceases to be pregnant, regardless of  
3072 whether the woman's death is related to her pregnancy, and  
3073 "department" means the Department of Public Health.

3074 (b) There is established, within the department, a maternal mortality  
3075 review program. The program shall be responsible for identifying  
3076 maternal death cases in Connecticut and reviewing medical records and  
3077 other relevant data related to each maternal death case, including, but  
3078 not limited to, information collected from death and birth records, files  
3079 from the Office of the Chief Medical Examiner, and physician office and  
3080 hospital records.

3081 (c) Licensed health care providers, health care facilities and  
3082 pharmacies shall provide the maternal mortality review program,  
3083 established under this section with reasonable access to all relevant  
3084 medical records associated with a maternal death case under review by  
3085 the program.

3086 (d) A hospital shall provide the department with access, including  
3087 remote access, to the entirety of a patient's medical record, as the  
3088 department deems necessary, to review case information related to a  
3089 maternal death case under review by the program. Such remote access  
3090 shall be provided on or before October 1, 2022, if technically feasible.  
3091 All personal information obtained from the medical record shall not be  
3092 divulged to anyone and shall be held strictly confidential pursuant to  
3093 section 19a-25 by the department.

3094 ~~[(d)]~~ (e) All information obtained by the department for the maternal  
3095 mortality review program shall be confidential pursuant to section 19a-  
3096 25.



3097        [(e)] (f) Notwithstanding subsection [(d)] (e) of this section, the  
3098 department may provide the maternal mortality review committee,  
3099 established pursuant to section 19a-59j, with information as is necessary,  
3100 in the department's discretion, for the committee to make  
3101 recommendations regarding the prevention of maternal death.

3102        Sec. 82. (NEW) (*Effective October 1, 2021*) (a) As used in this section:

3103        (1) "Bottled water" has the same meaning as defined in section 21a-  
3104 150 of the general statutes;

3105        (2) "Commissioner" means the Commissioner of Public Health, or his  
3106 or her designee;

3107        (3) "Department" means the Department of Public Health;

3108        (4) "Fill station" means a location at which customers of a water  
3109 company may obtain potable water;

3110        (5) "Small community water system" has the same meaning as  
3111 provided in section 19a-37e of the general statutes; and

3112        (6) "Water company" has the same meaning as provided in section 25-  
3113 32a of the general statutes.

3114        (b) A water company shall update its emergency contingency plan  
3115 prepared pursuant to section 25-32d of the general statutes and section  
3116 25-32d-3 of the regulations of Connecticut state agencies, to include  
3117 information regarding the provision of alternative sources of potable  
3118 water for human consumption that can be utilized as a temporary  
3119 measure when there is a water supply emergency. Such plan shall  
3120 identify alternative sources of potable water for possible use at various  
3121 stages of an emergency, including, but not limited to, bulk water  
3122 provided by a bulk water hauler licensed pursuant to section 20-278h of  
3123 the general statutes, bottled water, a fill station, interconnection or  
3124 agreement with a nearby public water system for supplemental water  
3125 supplies in the event of an emergency, other approved public water  
3126 supply source or mechanism for providing water identified in the

3127 emergency contingency plan, or as otherwise approved by the  
3128 commissioner. The commissioner, in consultation with water  
3129 companies, shall prepare materials and provide guidance to such water  
3130 companies to implement the provisions of this subsection. Nothing in  
3131 this section shall prevent a water company from providing an  
3132 alternative source of potable water for an event lasting less than twelve  
3133 hours that may adversely impact the quality or quantity of potable  
3134 water supplies. As used in this subsection, "water supply emergency"  
3135 means any event lasting more than twelve consecutive hours that results  
3136 in the water supplied from the water company to residents that is not in  
3137 compliance with the regulations of Connecticut state agencies  
3138 concerning the purity and adequacy of drinking water.

3139 (c) A small community water system shall update its emergency  
3140 response plan required pursuant to section 19-13-B102 of the regulations  
3141 of Connecticut state agencies to include information regarding the  
3142 provision of alternative sources of potable water for human  
3143 consumption that can be utilized as a temporary measure when there is  
3144 a water supply emergency. Such plan shall identify alternative sources  
3145 of potable water for possible use at various stages of an emergency,  
3146 including, but not limited to, bulk water provided by a bulk water  
3147 hauler licensed pursuant to section 20-278h of the general statutes,  
3148 bottled water, a fill station, interconnection or agreement with a nearby  
3149 public water system for supplemental water supplies in the event of an  
3150 emergency, or other approved public water supply source or  
3151 mechanism for providing water identified in the emergency  
3152 contingency plan. The commissioner, in consultation with small  
3153 community water systems, shall prepare materials and provide  
3154 guidance to such water systems to implement the provisions of this  
3155 section. Nothing in this section shall prevent a small community water  
3156 system from providing an alternative source of potable water for an  
3157 event lasting less than twelve hours that may adversely impact the  
3158 quality or quantity of potable water supplies. As used in this subsection,  
3159 "water supply emergency" means any event lasting more than twelve  
3160 consecutive hours that results in the water supplied from the small

3161 community water system to residents that is not in compliance with the  
3162 regulations of Connecticut state agencies concerning the purity and  
3163 adequacy of drinking water.

3164 Sec. 83. (NEW) (*Effective October 1, 2021*) A water company shall  
3165 provide tier 1 notices to its consumers in the languages predominantly  
3166 spoken by the consumers in the water company's service area. A water  
3167 company shall update its emergency response plan prepared pursuant  
3168 to section 25-32d of the general statutes or pursuant to section 19-13-  
3169 B102 of the regulations of Connecticut state agencies to include  
3170 information regarding the provision of such multilingual  
3171 communications. As used in this section, "water company" has the same  
3172 meaning as provided in section 25-32a of the general statutes and "tier 1  
3173 notices" has the same meaning as provided in section 19-13-B102 of the  
3174 regulations of Connecticut state agencies.

3175 Sec. 84. (NEW) (*Effective October 1, 2021*) In the event that the  
3176 Governor declares a state of civil preparedness emergency pursuant to  
3177 section 28-9 of the general statutes, or a public health emergency,  
3178 pursuant to section 19a-131 of the general statutes, each community  
3179 water system shall report the community water system's operational  
3180 status to WebEOC as soon as practicable, but not later than eight hours  
3181 after the time reporting on WebEOC is made available regarding such  
3182 declaration, and at any time thereafter that the status of such system  
3183 significantly changes. As used in this section, "community water  
3184 system" means a public water system that serves at least twenty-five  
3185 residents, and "WebEOC" means a web-based emergency management  
3186 information system used by the state to document routine and  
3187 emergency events or incidents and provide a real-time common  
3188 operating picture and resource request management tool for emergency  
3189 managers at the local and state levels during exercises, drills, local or  
3190 regional emergencies or state-wide emergencies.

3191 Sec. 85. (NEW) (*Effective October 1, 2021*) (a) As used in this section:

3192 (1) "Consumer" has the same meaning as provided in section 25-32a

3193 of the general statutes;

3194 (2) "Owner" means the person or entity that owns or controls the  
3195 small community water system; and

3196 (3) "Small community water system" has the same meaning as  
3197 provided in section 19a-37e of the general statutes.

3198 (b) Not later than January 1, 2025, each owner of a small community  
3199 water system shall complete a small community water system capacity  
3200 implementation plan on a form prescribed by the Department of Public  
3201 Health demonstrating that such owner has the managerial, technical  
3202 and financial capacity to continue to own and operate such system and  
3203 shall implement such plan. Following the completion of the initial small  
3204 community water system capacity implementation plan, each small  
3205 community water system shall update such small community water  
3206 system capacity implementation plan annually and make such small  
3207 community water system capacity implementation plan available to the  
3208 department upon request. Such plan shall include:

3209 (1) A description of the small community water system, including the  
3210 number of consumers and persons served and sources of drinking  
3211 water;

3212 (2) Ownership and management information, including the type of  
3213 ownership structure and the current names, addresses and telephone  
3214 numbers of the owners, certified operators and emergency contact  
3215 persons for the small community water system;

3216 (3) Service area maps;

3217 (4) Facilities maps, including the location of and specific information  
3218 regarding sources, storage facilities, treatment facilities, pressure zones,  
3219 booster pumps, hydrants, distribution lines, valves and sampling  
3220 points;

3221 (5) A description of such system's cross-connection control program;

- 3222 (6) A description of such system's source water protection program;
- 3223 (7) A copy of such system's emergency response plan required  
3224 pursuant to section 19-13-B102 of the regulations of Connecticut state  
3225 agencies;
- 3226 (8) A capital improvement program, including the schedule that  
3227 identifies all capital improvements scheduled for a five-year planning  
3228 period and capital improvements or major projects scheduled for a  
3229 twenty-year planning period;
- 3230 (9) Water production and consumption information;
- 3231 (10) Information regarding public water systems that are nearby,  
3232 including the distance from the small community water system and type  
3233 of public water system, if any. Such information shall be based on the  
3234 coordinated water system plan approved by the Commissioner of  
3235 Public Health pursuant to section 25-33h of the general statutes for the  
3236 water utility coordinating committee in which such small community  
3237 water system is located; and
- 3238 (11) Financial capacity information, including:
- 3239 (A) An evaluation of the small community water system's fiscal and  
3240 assessment management plan prepared pursuant to section 19a-37e of  
3241 the general statutes;
- 3242 (B) A summary of the income and expenses for the five years  
3243 preceding the date of submission of the plan;
- 3244 (C) A five-year balanced operation budget;
- 3245 (D) Water rate structure and fees charged, including information  
3246 regarding how such rates and fees are updated and whether such rates  
3247 and fees are sufficient to maintain cash flow stability and to fund the  
3248 capital improvement program, as well as any emergency  
3249 improvements; and

3250 (E) An evaluation that has considered the affordability of water rates.

3251 (c) On or before July 1, 2025, and annually thereafter, the small  
3252 community water system shall provide a summary of its small  
3253 community water system capacity plan in the small community water  
3254 system's consumer confidence report required by section 19-13-B102 of  
3255 the regulations of Connecticut state agencies.

3256 (d) The provisions of this section shall not apply to a small  
3257 community water system that is (1) regulated by the Public Utilities  
3258 Regulatory Authority, (2) subject to the requirements set forth in section  
3259 25-32d of the general statutes, or (3) a state agency.

3260 (e) The provisions of this section shall be deemed to relate to the  
3261 purity and adequacy of water supplies for the purposes of the  
3262 imposition of a penalty under section 25-32e of the general statutes.

3263 (f) The commissioner may adopt regulations, in accordance with the  
3264 provisions of chapter 54 of the general statutes, to carry out the  
3265 provisions of this section.

3266 Sec. 86. Section 21a-150b of the general statutes is repealed and the  
3267 following is substituted in lieu thereof (*Effective October 1, 2021*):

3268 (a) Qualified employees of a bottler shall collect samples of water  
3269 from each approved source used by such bottler not less than once  
3270 annually to test for contaminants for which allowable levels have been  
3271 established in accordance with 21 CFR 165.110 and regulations adopted  
3272 pursuant to sections 21a-150 to 21a-150j, inclusive, and not less than  
3273 once every three years to test for contaminants for which monitoring is  
3274 required pursuant to sections 21a-150 to 21a-150j, inclusive, but for  
3275 which no allowable level has been established. Qualified employees of  
3276 an approved laboratory shall analyze such samples to determine  
3277 whether such source complies with the provisions of sections 21a-150 to  
3278 21a-150j, inclusive, any regulation adopted pursuant to said sections  
3279 and any allowable contaminant level set forth in 21 CFR 165.110.  
3280 Microbiological analysis shall be conducted not less than once each

3281 calendar quarter if the source of such water is other than a public water  
3282 supply and shall be in addition to any sampling and analysis conducted  
3283 by any government agency or laboratory.

3284 (b) Qualified employees of a bottler shall collect samples of water  
3285 from any source used by such bottler when such bottler knows or has  
3286 reason to believe that water obtained from such source contains an  
3287 unregulated contaminant in an amount which may adversely affect the  
3288 health or welfare of the public. Qualified employees of an approved  
3289 laboratory shall analyze such samples periodically to determine  
3290 whether water obtained from any such source is safe for public  
3291 consumption or use.

3292 (c) On or before January 1, 2022, and annually thereafter, qualified  
3293 employees of a bottler shall (1) collect samples of water from each  
3294 approved source that is located in the state, that has been inspected and  
3295 approved by the Department of Public Health pursuant to subdivision  
3296 (2) of subsection (a) of section 21a-150a and is used by such bottler, prior  
3297 to any treatment, to test for perfluoroalkyl substances and other  
3298 unregulated contaminants, and (2) have such samples analyzed by an  
3299 environmental laboratory registered by the Department of Public  
3300 Health pursuant to section 19a-29a that has the Environmental  
3301 Protection Agency approved certification to conduct such analysis. As  
3302 used in this subsection, "unregulated contaminant" means a  
3303 contaminant for which the Commissioner of Public Health, pursuant to  
3304 section 22a-471, has set a level at which such contaminant creates or can  
3305 reasonably be expected to create an unacceptable risk of injury to the  
3306 health or safety of persons drinking such source of water.

3307 Sec. 87. Section 21a-150d of the general statutes is repealed and the  
3308 following is substituted in lieu thereof (*Effective October 1, 2021*):

3309 (a) A laboratory which analyzes any water sample in accordance with  
3310 any provision of sections 21a-150 to 21a-150j, inclusive, shall report the  
3311 results of such analysis to the bottler of such water.

3312 (b) Such results shall be available for inspection by the Department

3313 of Consumer Protection.

3314 (c) A bottler shall report any result which indicates that a water  
3315 sample contains contaminants in an amount exceeding any applicable  
3316 standard to the Department of Consumer Protection not later than  
3317 twenty-four hours after learning of such result.

3318 (d) A bottler shall report the results of the analysis conducted  
3319 pursuant to subsection (c) of section 21a-150b, as amended by this act,  
3320 to the Department of Public Health and the Department of Consumer  
3321 Protection not later than nine calendar days after receipt of the results  
3322 from the environmental laboratory. If such results exceed the level set  
3323 by the Commissioner of Public Health pursuant to section 22a-471 for  
3324 such perfluoroalkyl substances and other unregulated contaminants,  
3325 the Department of Public Health may require such bottler to discontinue  
3326 use of its approved source until such source no longer creates an  
3327 unacceptable risk of injury to the health or safety of persons drinking  
3328 the bottled water that comes from such source. The Department of  
3329 Public Health shall notify the Department of Consumer Protection of  
3330 any source for which the Department of Public Health has discontinued  
3331 use until such source no longer creates an unacceptable risk of injury to  
3332 the health or safety of the persons drinking the bottled water that comes  
3333 from such source. As used in this subsection, "unregulated  
3334 contaminant" means a contaminant for which the Commissioner of  
3335 Public Health, pursuant to section 22a-471, has set a level at which such  
3336 contaminant creates or can reasonably be expected to create an  
3337 unacceptable risk of injury to the health or safety of the persons drinking  
3338 such source of water.

3339 [(d)] (e) All records of any sampling or analysis conducted in  
3340 accordance with the provisions of sections 21a-150 to 21a-150j, inclusive,  
3341 shall be maintained on the premises of the bottler for not less than five  
3342 years.

3343 Sec. 88. Section 25-40a of the general statutes is repealed and the  
3344 following is substituted in lieu thereof (*Effective October 1, 2021*):



3345 (a) Not later than twenty-four hours after obtaining a public water  
3346 system test result that shows a contaminant at a level that is in violation  
3347 of the federal Environmental Protection Agency national primary  
3348 drinking water standards for a public water system that does not submit  
3349 a water supply plan pursuant to section 25-32d of the general statutes,  
3350 the environmental laboratory that performed the test shall notify any  
3351 persons who requested such test or such person's designee, in a form  
3352 and manner prescribed by the Commissioner of Public Health, of such  
3353 test result. Such person shall notify the Department of Public Health in  
3354 a form and manner prescribed by the Commissioner of Public Health  
3355 not later than twenty-four hours after obtaining such notification. As  
3356 used in this subsection, "contaminant" means e. coli, lead, nitrate and  
3357 nitrite.

3358 (b) Not later than five business days after receiving notice that a  
3359 public water system is in violation of the federal Environmental  
3360 Protection Agency national primary drinking water standards, the  
3361 Commissioner of Public Health, or the commissioner's designee, shall  
3362 give written or electronic notification of such violation to the chief  
3363 elected official of the municipality where such public water system is  
3364 located and of any municipality that is served by such public water  
3365 system.

3366 Sec. 89. (NEW) (*Effective October 1, 2021*) Each health care institution,  
3367 as defined in section 19a-490 of the general statutes, required to obtain  
3368 potable water as a temporary measure to alleviate a water supply  
3369 shortage shall obtain such potable water from (1) a bulk water hauler,  
3370 licensed pursuant to section 20-278h of the general statutes, or (2) a  
3371 bottler, as defined in section 21a-150 of the general statutes.

3372 Sec. 90. Section 19a-175 of the general statutes is repealed and the  
3373 following is substituted in lieu thereof (*Effective from passage*):

3374 As used in this chapter and section 19a-906, unless the context  
3375 otherwise requires:

3376 (1) "Emergency medical service system" means a system which

3377 provides for (A) the arrangement of personnel, facilities and equipment  
3378 for the efficient, effective and coordinated delivery of health care  
3379 services under emergency conditions, and (B) mobile integrated health  
3380 care;

3381 (2) "Patient" means an injured or ill person or a person with a physical  
3382 disability requiring assistance and transportation;

3383 (3) "Ambulance" means a motor vehicle specifically designed to carry  
3384 patients;

3385 (4) "Ambulance service" means an organization which transports  
3386 patients;

3387 (5) "Emergency medical technician" means a person who is certified  
3388 pursuant to chapter 384d;

3389 [(6) "Ambulance driver" means a person whose primary function is  
3390 driving an ambulance;]

3391 [(7)] (6) "Emergency medical services instructor" means a person who  
3392 is certified pursuant to chapter 384d;

3393 [(8)] (7) "Communications facility" means any facility housing the  
3394 personnel and equipment for handling the emergency communications  
3395 needs of a particular geographic area;

3396 [(9)] (8) "Life saving equipment" means equipment used by  
3397 emergency medical personnel for the stabilization and treatment of  
3398 patients;

3399 [(10)] (9) "Emergency medical service organization" means any  
3400 corporation or organization whether public, private or voluntary that  
3401 (A) is licensed or certified by the Department of Public Health's Office  
3402 of Emergency Medical Services, and (B) offers ambulance transportation  
3403 or treatment services to patients primarily under emergency conditions  
3404 or a mobile integrated health care program;

3405 [(11)] (10) "Invalid coach" means a vehicle used exclusively for the  
3406 transportation of nonambulatory patients, who are not confined to  
3407 stretchers, to or from either a medical facility or the patient's home in  
3408 nonemergency situations or utilized in emergency situations as a  
3409 backup vehicle when insufficient emergency vehicles exist;

3410 [(12)] (11) "Rescue service" means any organization, whether for-  
3411 profit or nonprofit, whose primary purpose is to search for persons who  
3412 have become lost or to render emergency service to persons who are in  
3413 dangerous or perilous circumstances;

3414 [(13)] (12) "Commissioner" means the Commissioner of Public  
3415 Health;

3416 [(14)] (13) "Paramedic" means a person licensed pursuant to chapter  
3417 384d;

3418 [(15)] (14) "Commercial ambulance service" means an ambulance  
3419 service which primarily operates for profit;

3420 [(16)] (15) "Licensed ambulance service" means a commercial  
3421 ambulance service or a volunteer or municipal ambulance service issued  
3422 a license by the commissioner;

3423 [(17)] (16) "Certified ambulance service" means a municipal,  
3424 volunteer or nonprofit ambulance service issued a certificate by the  
3425 commissioner;

3426 [(18)] (17) "Automatic external defibrillator" means a device that: (A)  
3427 Is used to administer an electric shock through the chest wall to the  
3428 heart; (B) contains internal decision-making electronics,  
3429 microcomputers or special software that allows it to interpret  
3430 physiologic signals, make medical diagnosis and, if necessary, apply  
3431 therapy; (C) guides the user through the process of using the device by  
3432 audible or visual prompts; and (D) does not require the user to employ  
3433 any discretion or judgment in its use;

3434 [(19)] (18) "Mutual aid call" means a call for emergency medical

3435 services that, pursuant to the terms of a written agreement, is responded  
3436 to by a secondary or alternate emergency medical service organization  
3437 if the primary or designated emergency medical service organization is  
3438 unable to respond because such primary or designated emergency  
3439 medical service organization is responding to another call for  
3440 emergency medical services or the ambulance or nontransport  
3441 emergency vehicle operated by such primary or designated emergency  
3442 medical service organization is out of service. For purposes of this  
3443 subdivision, "nontransport emergency vehicle" means a vehicle used by  
3444 emergency medical technicians or paramedics in responding to  
3445 emergency calls that is not used to carry patients;

3446 [(20)] (19) "Municipality" means the legislative body of a municipality  
3447 or the board of selectmen in the case of a municipality in which the  
3448 legislative body is a town meeting;

3449 [(21)] (20) "Primary service area" means a specific geographic area to  
3450 which one designated emergency medical service organization is  
3451 assigned for each category of emergency medical response services;

3452 [(22)] (21) "Primary service area responder" means an emergency  
3453 medical service organization who is designated to respond to a victim  
3454 of sudden illness or injury in a primary service area;

3455 [(23)] (22) "Interfacility critical care transport" means the interfacility  
3456 transport of a patient between licensed health care institutions;

3457 [(24)] (23) "Advanced emergency medical technician" means an  
3458 individual who is certified as an advanced emergency medical  
3459 technician pursuant to chapter 384d;

3460 [(25)] (24) "Emergency medical responder" means an individual who  
3461 is certified pursuant to chapter 384d;

3462 [(26)] (25) "Medical oversight" means the active surveillance by  
3463 physicians of the provision of emergency medical services sufficient for  
3464 the assessment of overall emergency medical service practice levels, as

3465 defined by state-wide protocols;

3466 [(27)] (26) "Office of Emergency Medical Services" means the office  
3467 established within the Department of Public Health pursuant to section  
3468 19a-178;

3469 [(28)] (27) "Sponsor hospital" means a hospital that has agreed to  
3470 maintain staff for the provision of medical oversight, supervision and  
3471 direction to an emergency medical service organization and its  
3472 personnel and has been approved for such activity by the Department  
3473 of Public Health;

3474 [(29)] (28) "Paramedic intercept service" means paramedic treatment  
3475 services provided by an entity that does not provide the ground  
3476 ambulance transport;

3477 [(30)] (29) "Authorized emergency medical services vehicle" means an  
3478 ambulance, invalid coach or advanced emergency technician-staffed  
3479 intercept vehicle or a paramedic-staffed intercept vehicle licensed or  
3480 certified by the Department of Public Health for purposes of providing  
3481 emergency medical care to patients; [and]

3482 [(31)] (30) "Emergency medical services personnel" means an  
3483 individual certified to practice as an emergency medical responder,  
3484 emergency medical technician, advanced emergency medical  
3485 technician, emergency medical services instructor or an individual  
3486 licensed as a paramedic; [.]

3487 [(32)] (31) "Mobile integrated health care program" means a program  
3488 approved by the commissioner in which a licensed or certified  
3489 ambulance service or paramedic intercept service provides services,  
3490 including clinically appropriate medical evaluations, treatment,  
3491 transport or referrals to other health care providers under  
3492 nonemergency conditions by a paramedic acting within the scope of his  
3493 or her practice as part of an emergency medical services organization  
3494 within the emergency medical services system; and

3495 [(33)] (32) "Alternate destination" means a destination other than an  
3496 emergency department that is a medically appropriate facility.

3497 Sec. 91. Section 19a-562 of the general statutes is repealed and the  
3498 following is substituted in lieu thereof (*Effective from passage*):

3499 (a) As used in this section and section 19a-562a, as amended by this  
3500 act, ["Alzheimer's special care unit or program"] "dementia special care  
3501 unit or program" means any nursing facility, residential care home,  
3502 assisted living facility, adult congregate living facility, adult day care  
3503 center, hospice or adult foster home that locks, secures, segregates or  
3504 provides a special program or unit for residents with a diagnosis of  
3505 probable Alzheimer's disease, dementia or other similar disorder, in  
3506 order to prevent or limit access by a resident outside the designated or  
3507 separated area, or that advertises or markets the facility as providing  
3508 specialized care or services for persons suffering from Alzheimer's  
3509 disease or dementia.

3510 (b) On and after January 1, 2007, each [Alzheimer's] dementia special  
3511 care unit or program shall provide written disclosure to any person who  
3512 will be placed in such a unit or program or to that person's legal  
3513 representative or other responsible party. Such disclosure shall be  
3514 signed by the patient or responsible party and shall explain what  
3515 additional care and treatment or specialized program will be provided  
3516 in the [Alzheimer's] dementia special care unit or program that is  
3517 distinct from the care and treatment required by applicable licensing  
3518 rules and regulations, including, but not limited to:

3519 (1) Philosophy. A written statement of the overall philosophy and  
3520 mission of the [Alzheimer's] dementia special care unit or program that  
3521 reflects the needs of residents with Alzheimer's disease, dementia or  
3522 other similar disorders.

3523 (2) Preadmission, admission and discharge. The process and criteria  
3524 for placement within or transfer or discharge from the [Alzheimer's]  
3525 dementia special care unit or program.

3526 (3) Assessment, care planning and implementation. The process used  
3527 for assessing and establishing and implementing the plan of care,  
3528 including the method by which the plan of care is modified in response  
3529 to changes in condition.

3530 (4) Staffing patterns and training ratios. The nature and extent of staff  
3531 coverage, including staff to patient ratios and staff training and  
3532 continuing education.

3533 (5) Physical environment. The physical environment and design  
3534 features appropriate to support the functioning of cognitively impaired  
3535 adult residents.

3536 (6) Residents' activities. The frequency and types of resident activities  
3537 and the ratio of residents to recreation staff.

3538 (7) Family role in care. The involvement of families and family  
3539 support programs.

3540 (8) Program costs. The cost of care and any additional fees.

3541 (c) Each [Alzheimer's] dementia special care unit or program shall  
3542 develop a standard disclosure form for compliance with subsection (b)  
3543 of this section and shall annually review and verify the accuracy of the  
3544 information provided by [Alzheimer's] dementia special care units or  
3545 programs. Each [Alzheimer's] dementia special care unit or program  
3546 shall update any significant change to the information reported  
3547 pursuant to subsection (b) of this section not later than thirty days after  
3548 such change.

3549 Sec. 92. Section 19a-562a of the general statutes is repealed and the  
3550 following is substituted in lieu thereof (*Effective from passage*):

3551 (a) Each nursing home facility that is not a residential care home or  
3552 an [Alzheimer's] dementia special care unit or program shall (1)  
3553 annually provide a minimum of two hours of training in pain  
3554 recognition and administration of pain management techniques, and (2)  
3555 provide a minimum of one hour of training in oral health and oral

3556 hygiene techniques not later than one year after the date of hire and  
3557 subsequent training in said techniques annually thereafter, to all  
3558 licensed and registered direct care staff and nurse's aides who provide  
3559 direct patient care to residents.

3560 (b) Each [Alzheimer's] dementia special care unit or program shall  
3561 annually provide Alzheimer's and dementia specific training to all  
3562 licensed and registered direct care staff and nurse's aides who provide  
3563 direct patient care to residents enrolled in the [Alzheimer's] dementia  
3564 special care unit or program. Such requirements shall include, but not  
3565 be limited to, (1) not less than eight hours of dementia-specific training,  
3566 which shall be completed not later than six months after the date of  
3567 employment or, if the date of employment is on or after October 1, 2014,  
3568 not later than one hundred twenty days after the date of employment  
3569 and not less than eight hours of such training annually thereafter, and  
3570 (2) annual training of not less than two hours in pain recognition and  
3571 administration of pain management techniques for direct care staff.

3572 (c) Each [Alzheimer's] dementia special care unit or program shall  
3573 annually provide a minimum of one hour of Alzheimer's and dementia  
3574 specific training to all unlicensed and unregistered staff, except nurse's  
3575 aides, who provide services and care to residents enrolled in the  
3576 [Alzheimer's] dementia special care unit or program. For such staff  
3577 hired on or after October 1, 2007, such training shall be completed not  
3578 later than six months after the date of employment and, for such staff  
3579 hired on or after October 1, 2014, not later than one hundred twenty  
3580 days after the date of employment.

3581 Sec. 93. Section 2 of senate bill 2 of the current session, as amended  
3582 by Senate Amendment Schedule "A", is repealed and the following is  
3583 substituted in lieu thereof (*Effective July 1, 2021*):

3584 (a) As used in this section:

3585 (1) "Contact hour" means a minimum of fifty minutes of continuing  
3586 education and activities; and



3587 (2) "Registration period" means the one-year period for which a  
3588 license has been renewed in accordance with section 19a-88 of the  
3589 general statutes, as amended by this act, and is current and valid.

3590 (b) [For registration periods beginning on and after January 1, 2022, a  
3591 physician assistant licensed pursuant to chapter 370 of the general  
3592 statutes applying for license renewal shall, during the first renewal  
3593 period and not less than once every six years thereafter, earn not less  
3594 than two contact hours of training or education administered by the  
3595 American Association of Physician Assistants, a hospital or other  
3596 licensed health care institution or a regionally accredited institution of  
3597 higher education, on (1) screening for post-traumatic stress disorder,  
3598 risk of suicide, depression and grief, and (2) suicide prevention  
3599 training.] Each person holding a license as a physician assistant shall,  
3600 annually, during the month of such person's birth, register with the  
3601 Department of Public Health, upon payment of a fee of one hundred  
3602 fifty dollars, on blanks to be furnished by the department for such  
3603 purpose, giving such person's name in full, such person's residence and  
3604 business address and such other information as the department  
3605 requests. No such license shall be renewed unless the department is  
3606 satisfied that the practitioner (1) has met the mandatory continuing  
3607 medical education requirements of the National Commission on  
3608 Certification of Physician Assistants or a successor organization for the  
3609 certification or recertification of physician assistants that may be  
3610 approved by the department; (2) has passed any examination or  
3611 continued competency assessment the passage of which may be  
3612 required by said commission for maintenance of current certification by  
3613 said commission; (3) has completed not less than one contact hour of  
3614 training or education in prescribing controlled substances and pain  
3615 management in the preceding two-year period; and (4) for registration  
3616 periods beginning on or before January 1, 2022, during the first renewal  
3617 period and not less than once every six years thereafter, earn not less  
3618 than two contact hours of training or education screening for post-  
3619 traumatic stress disorder, risk of suicide, depression and grief and  
3620 suicide prevention training administered by the American Association

3621 of Physician Assistants, a hospital or other licensed health care  
3622 institution or a regionally accredited institution of higher education.

3623 (c) Each physician assistant applying for license renewal pursuant to  
3624 section 19a-88 of the general statutes, as amended by this act, shall sign  
3625 a statement attesting that he or she has satisfied the continuing  
3626 education requirements of subsection (b) of this section on a form  
3627 prescribed by the Department of Health. Each licensee shall retain  
3628 records of attendance or certificates of completion that demonstrate  
3629 compliance with the continuing education requirements of subsection  
3630 (b) of this section for a minimum of three years following the year in  
3631 which the continuing education was completed and shall submit such  
3632 records or certificates to the department for inspection not later than  
3633 forty-five days after a request by the department for such records or  
3634 certificates.

3635 Sec. 94. Subsection (c) of section 19a-88 of the general statutes is  
3636 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
3637 *2021*):

3638 (c) (1) Each person holding a license to practice as a registered nurse,  
3639 shall, annually, during the month of such person's birth, register with  
3640 the Department of Public Health, upon payment of one hundred ten  
3641 dollars, on blanks to be furnished by the department for such purpose,  
3642 giving such person's name in full, such person's residence and business  
3643 address and such other information as the department requests. Each  
3644 person holding a license to practice as a registered nurse who has retired  
3645 from the profession may renew such license, but the fee shall be ten per  
3646 cent of the professional services fee for class B, as defined in section 33-  
3647 182l, plus five dollars. Any license provided by the department at a  
3648 reduced fee shall indicate that the registered nurse is retired.

3649 (2) Each person holding a license as an advanced practice registered  
3650 nurse shall, annually, during the month of such person's birth, register  
3651 with the Department of Public Health, upon payment of one hundred  
3652 thirty dollars, on blanks to be furnished by the department for such

3653 purpose, giving such person's name in full, such person's residence and  
3654 business address and such other information as the department  
3655 requests. No such license shall be renewed unless the department is  
3656 satisfied that the person maintains current certification as either a nurse  
3657 practitioner, a clinical nurse specialist or a nurse anesthetist from one of  
3658 the following national certifying bodies which certify nurses in  
3659 advanced practice: The American Nurses' Association, the Nurses'  
3660 Association of the American College of Obstetricians and Gynecologists  
3661 Certification Corporation, the National Board of Pediatric Nurse  
3662 Practitioners and Associates or the American Association of Nurse  
3663 Anesthetists. Each person holding a license to practice as an advanced  
3664 practice registered nurse who has retired from the profession may  
3665 renew such license, but the fee shall be ten per cent of the professional  
3666 services fee for class C, as defined in section 33-182l, plus five dollars.  
3667 Any license provided by the department at a reduced fee shall indicate  
3668 that the advanced practice registered nurse is retired.

3669 (3) Each person holding a license as a licensed practical nurse shall,  
3670 annually, during the month of such person's birth, register with the  
3671 Department of Public Health, upon payment of seventy dollars, on  
3672 blanks to be furnished by the department for such purpose, giving such  
3673 person's name in full, such person's residence and business address and  
3674 such other information as the department requests. Each person holding  
3675 a license to practice as a licensed practical nurse who has retired from  
3676 the profession may renew such license, but the fee shall be ten per cent  
3677 of the professional services fee for class A, as defined in section 33-182l,  
3678 plus five dollars. Any license provided by the department at a reduced  
3679 fee shall indicate that the licensed practical nurse is retired.

3680 (4) Each person holding a license as a nurse-midwife shall, annually,  
3681 during the month of such person's birth, register with the Department  
3682 of Public Health, upon payment of one hundred thirty dollars, on blanks  
3683 to be furnished by the department for such purpose, giving such  
3684 person's name in full, such person's residence and business address and  
3685 such other information as the department requests. No such license shall  
3686 be renewed unless the department is satisfied that the person maintains

3687 current certification from the Accreditation Midwifery Certification  
3688 Board.

3689 (5) (A) Each person holding a license to practice physical therapy  
3690 shall, annually, during the month of such person's birth, register with  
3691 the Department of Public Health, upon payment of the professional  
3692 services fee for class B, as defined in section 33-182l, plus five dollars, on  
3693 blanks to be furnished by the department for such purpose, giving such  
3694 person's name in full, such person's residence and business address and  
3695 such other information as the department requests.

3696 (B) Each person holding a physical therapist assistant license shall,  
3697 annually, during the month of such person's birth, register with the  
3698 Department of Public Health, upon payment of the professional services  
3699 fee for class A, as defined in section 33-182l, plus five dollars, on blanks  
3700 to be furnished by the department for such purpose, giving such  
3701 person's name in full, such person's residence and business address and  
3702 such other information as the department requests.

3703 [(6) Each person holding a license as a physician assistant shall,  
3704 annually, during the month of such person's birth, register with the  
3705 Department of Public Health, upon payment of a fee of one hundred  
3706 fifty-five dollars, on blanks to be furnished by the department for such  
3707 purpose, giving such person's name in full, such person's residence and  
3708 business address and such other information as the department  
3709 requests. No such license shall be renewed unless the department is  
3710 satisfied that the practitioner (A) has met the mandatory continuing  
3711 medical education requirements of the National Commission on  
3712 Certification of Physician Assistants or a successor organization for the  
3713 certification or recertification of physician assistants that may be  
3714 approved by the department, (B) has passed any examination or  
3715 continued competency assessment the passage of which may be  
3716 required by said commission for maintenance of current certification by  
3717 said commission, and (C) has completed not less than one contact hour  
3718 of training or education in prescribing controlled substances and pain  
3719 management in the preceding two-year period.]

3720 Sec. 95. Section 20-206mm of the general statutes, as amended by  
3721 section 9 of senate bill 2 of the current session, as amended by Senate  
3722 Amendment Schedule "A", is repealed and the following is substituted  
3723 in lieu thereof (*Effective July 1, 2021*):

3724 (a) Except as provided in subsections (b) and (c) of this section, an  
3725 applicant for a license as a paramedic shall submit evidence satisfactory  
3726 to the Commissioner of Public Health that the applicant has successfully  
3727 (1) completed a paramedic training program approved by the  
3728 commissioner, (2) for applicants applying on and after January 1, 2020,  
3729 completed mental health first aid training as part of a program provided  
3730 by an instructor certified by the National Council for Behavioral Health,  
3731 and (3) passed an examination prescribed by the commissioner.

3732 (b) An applicant for licensure by endorsement shall present evidence  
3733 satisfactory to the commissioner that the applicant (1) is licensed or  
3734 certified as a paramedic in another state or jurisdiction whose  
3735 requirements for practicing in such capacity are substantially similar to  
3736 or higher than those of this state and that the applicant has no pending  
3737 disciplinary action or unresolved complaint against him or her, or (2)  
3738 (A) is currently licensed or certified as a paramedic in good standing in  
3739 any New England state, New York or New Jersey, (B) has completed an  
3740 initial training program consistent with the National Emergency  
3741 Medical Services Education Standards, as promulgated by the National  
3742 Highway Traffic Safety Administration for the paramedic scope of  
3743 practice model conducted by an organization offering a program that is  
3744 recognized by the national emergency medical services program  
3745 accrediting organization, (C) for applicants applying on or after January  
3746 1, 2020, has completed mental health first aid training as part of a  
3747 program provided by an instructor certified by the National Council for  
3748 Behavioral Health, and (D) has no pending disciplinary action or  
3749 unresolved complaint against him or her.

3750 (c) Any person who is certified as an emergency medical technician-  
3751 paramedic by the Department of Public Health on October 1, 1997, shall  
3752 be deemed a licensed paramedic. Any person so deemed shall renew his

3753 license pursuant to section 19a-88, as amended by this act, for a fee of  
3754 one hundred fifty-five dollars.

3755 (d) On or after January 1, 2020, each person seeking certification as an  
3756 emergency medical responder, emergency medical technician or  
3757 advanced emergency medical technician shall apply to the department  
3758 on forms prescribed by the commissioner. Applicants for certification  
3759 shall comply with the following requirements: (1) For initial  
3760 certification, an applicant shall present evidence satisfactory to the  
3761 commissioner that the applicant (A) has completed an initial training  
3762 program consistent with the National Emergency Medical Services  
3763 Education Standards, as promulgated by the National Highway Traffic  
3764 Safety Administration for the emergency medical responder, emergency  
3765 medical technician or advanced emergency medical technician  
3766 curriculum, (B) has passed the examination administered by the  
3767 national organization for emergency medical certification for an  
3768 emergency medical responder, emergency medical technician or  
3769 advanced emergency medical technician as necessary for the type of  
3770 certification sought by the applicant or an examination approved by the  
3771 department, and (C) has no pending disciplinary action or unresolved  
3772 complaints against such applicant, (2) a certificate issued under this  
3773 subsection shall be renewed once every two years in accordance with  
3774 the provisions of section 19a-88, as amended by this act, upon  
3775 presentation of evidence satisfactory to the commissioner that the  
3776 applicant (A) has successfully completed continuing education for an  
3777 emergency medical responder, emergency medical technician or  
3778 advanced emergency medical technician as required by the national  
3779 organization for emergency medical certification or as approved by the  
3780 department, or (B) presents a current certification as an emergency  
3781 medical responder, emergency medical technician or advanced  
3782 emergency medical technician from the national organization for  
3783 emergency medical certification, or (3) for certification by endorsement  
3784 from another state, an applicant shall present evidence satisfactory to  
3785 the commissioner that the applicant (A) is currently certified as an  
3786 emergency medical responder, emergency medical technician or

3787 advanced emergency medical technician in good standing by a state that  
3788 maintains certification or licensing requirements that the commissioner  
3789 determines are equal to or greater than those in this state, or (B) holds a  
3790 current certification as an emergency medical responder, emergency  
3791 medical technician or advanced emergency medical technician from the  
3792 national organization for emergency medical certification.

3793 (e) On or after January 1, 2022, each person seeking renewal of a  
3794 certification as an emergency medical responder, [or] emergency  
3795 medical technician or advanced emergency medical technician under  
3796 subdivision (2) of subsection (d) of this section, shall present evidence  
3797 satisfactory to the commissioner that such person has, in the previous  
3798 six year period, completed (1) the evidence-based youth suicide  
3799 prevention training program administered pursuant to section 1 of  
3800 substitute senate bill 2 of the current session, as amended by Senate  
3801 Amendment Schedule "A", or (2) not less than two hours of training or  
3802 education, approved by the Commissioner of Public Health, on (A)  
3803 screening for post-traumatic stress disorder, risk of suicide, depression  
3804 and grief, and (B) suicide prevention.

3805 (f) On or after January 1, 2020, each person seeking certification as an  
3806 emergency medical services instructor shall apply to the department on  
3807 forms prescribed by the commissioner. Applicants for certification shall  
3808 comply with the following requirements: (1) For initial certification, an  
3809 applicant shall present evidence satisfactory to the commissioner that  
3810 the applicant (A) is currently certified by the department as an  
3811 emergency medical technician or advanced emergency medical  
3812 technician or licensed by the department as a paramedic, (B) has  
3813 completed a program of training as an emergency medical instructor  
3814 based on current national education standards within the prior two  
3815 years, (C) has completed twenty-five hours of teaching activity under  
3816 the supervision of a currently certified emergency medical services  
3817 instructor, (D) has completed written and practical examinations as  
3818 prescribed by the commissioner, (E) has no pending disciplinary action  
3819 or unresolved complaints against the applicant, and (F) effective on a  
3820 date prescribed by the commissioner, presents documentation

3821 satisfactory to the commissioner that the applicant is currently certified  
3822 as an emergency medical technician, advanced emergency medical  
3823 technician or paramedic by the national organization for emergency  
3824 medical certification, or (2) for renewal certification, an applicant shall  
3825 present evidence satisfactory to the commissioner that the applicant (A)  
3826 has successfully completed continuing education and teaching activity  
3827 as required by the department, [which, on and after January 1, 2022,  
3828 shall include not less than two hours of training or education, approved  
3829 by the Commissioner of Public Health, on (i) screening for post-  
3830 traumatic stress disorder, risk of suicide, depression and grief, and (ii)  
3831 suicide prevention training, during the first renewal period and not less  
3832 than once every six years thereafter,] (B) maintains current certification  
3833 by the department as an emergency medical technician, advanced  
3834 emergency medical technician or licensure by the department as a  
3835 paramedic, and (C) effective on a date as prescribed by the  
3836 commissioner, presents documentation satisfactory to the  
3837 commissioner that the applicant is currently certified as an emergency  
3838 medical technician, advanced emergency medical technician or  
3839 paramedic by the national organization for emergency medical  
3840 certification.

3841 (g) A certified emergency medical responder, emergency medical  
3842 technician, advanced emergency medical technician or emergency  
3843 medical services instructor shall document the completion of his or her  
3844 continuing educational requirements [through the continuing education  
3845 platform Internet web site] in a form and manner prescribed by the  
3846 commissioner. A certified emergency medical responder, emergency  
3847 medical technician, advanced emergency medical technician or  
3848 emergency medical services instructor who is not engaged in active  
3849 professional practice in any form during a certification period shall be  
3850 exempt from the continuing education requirements of this section,  
3851 provided the emergency medical responder, emergency medical  
3852 technician, advanced emergency medical technician or emergency  
3853 medical services instructor submits to the department, prior to the  
3854 expiration of the certification period, an application for inactive status



3855 on a form prescribed by the department and such other documentation  
3856 as may be required by the department. The application for inactive  
3857 status pursuant to this subsection shall contain a statement that the  
3858 emergency medical responder, emergency medical technician,  
3859 advanced emergency medical technician or emergency medical services  
3860 instructor may not engage in professional practice until the continuing  
3861 education requirements of this section have been met.

3862 (h) The commissioner may issue a temporary emergency medical  
3863 technician certificate to an applicant who presents evidence satisfactory  
3864 to the commissioner that (1) the applicant was certified by the  
3865 department as an emergency medical technician prior to becoming  
3866 licensed as a paramedic pursuant to section 20-206ll, or (2) the  
3867 applicant's certification as an emergency medical technician has expired  
3868 and the applicant's license as a paramedic has become void pursuant to  
3869 section 19a-88, as amended by this act. Such temporary certificate shall  
3870 be valid for a period not to exceed one year and shall not be renewable.

3871 (i) An applicant who is issued a temporary emergency medical  
3872 technician certificate pursuant to subsection (h) of this section may,  
3873 prior to the expiration of such temporary certificate, apply to the  
3874 department for: (1) Renewal of such person's paramedic license, giving  
3875 such person's name in full, such person's residence and business address  
3876 and such other information as the department requests, provided the  
3877 application for license renewal is accompanied by evidence satisfactory  
3878 to the commissioner that the applicant was under the medical oversight  
3879 of a sponsor hospital, as those terms are defined in section 19a-175, as  
3880 amended by this act, on the date the applicant's paramedic license  
3881 became void for nonrenewal; or (2) recertification as an emergency  
3882 medical technician, provided the application for recertification is  
3883 accompanied by evidence satisfactory to the commissioner that the  
3884 applicant completed emergency medical technician refresher training  
3885 approved by the commissioner not later than one year after issuance of  
3886 the temporary emergency medical technician certificate. The  
3887 department shall recertify such person as an emergency medical  
3888 technician without the examination required for initial certification

3889 specified in regulations adopted by the commissioner pursuant to  
3890 section 20-20600.

3891 (j) Any person certified as an emergency medical responder,  
3892 emergency medical technician, advanced emergency medical technician  
3893 or emergency medical services instructor pursuant to this chapter and  
3894 the regulations adopted pursuant to section 20-20600 whose  
3895 certification has expired may apply to the Department of Public Health  
3896 for reinstatement of such certification, provided such person completes  
3897 the requirements for renewal certification specified in this section. Any  
3898 certificate issued pursuant to this section shall remain valid for ninety  
3899 days after the expiration date of such certificate and become void upon  
3900 the expiration of such ninety-day period.

3901 (k) The Commissioner of Public Health shall issue an emergency  
3902 medical technician certification to an applicant who is a member of the  
3903 armed forces or the National Guard or a veteran and who (1) presents  
3904 evidence satisfactory to the commissioner that such applicant holds a  
3905 current certification as a person entitled to perform similar services  
3906 under a different designation by the National Registry of Emergency  
3907 Medical Technicians, or (2) satisfies the regulations promulgated  
3908 pursuant to subdivision (3) of subsection (a) of section 19a-179. Such  
3909 applicant shall be exempt from any written or practical examination  
3910 requirement for certification.

3911 (l) For the purposes of this section, "veteran" means any person who  
3912 was discharged or released under conditions other than dishonorable  
3913 from active service in the armed forces and "armed forces" has the same  
3914 meaning as provided in section 27-103.

3915 Sec. 96. Subdivision (2) of subsection (e) of section 14-100a of the  
3916 general statutes is repealed and the following is substituted in lieu  
3917 thereof (*Effective from passage*):

3918 (2) The following motor vehicles registered in this state for the first  
3919 time on or after October 1, 2007, that transport individuals who remain  
3920 in wheelchairs while being transported, shall, in addition to the

3921 requirements of subdivision (1) of this subsection, install or provide and  
3922 require the use of a device that secures the wheelchair to the motor  
3923 vehicle's mechanical lift or otherwise prevents or seeks to prevent an  
3924 individual in a wheelchair from falling from such mechanical lift or  
3925 motor vehicle: (A) Motor vehicles in livery service, as defined in section  
3926 13b-101, (B) service buses, as defined in section 14-1, (C) invalid coaches,  
3927 as defined in [subdivision (11) of] section 19a-175, as amended by this  
3928 act, (D) vanpool vehicles, as defined in section 14-1, (E) school buses, as  
3929 defined in section 14-1, (F) motor buses, as defined in section 14-1, (G)  
3930 student transportation vehicles, as defined in section 14-212, and (H)  
3931 camp vehicles, as defined in section 14-1. The provisions of this  
3932 subsection shall also apply to all motor vehicles used by municipal,  
3933 volunteer and commercial ambulance services and rescue services, as  
3934 defined in section 19a-175, as amended by this act.

3935 Sec. 97. Subdivision (14) of subsection (b) of section 20-9 of the general  
3936 statutes is repealed and the following is substituted in lieu thereof  
3937 (*Effective from passage*):

3938 (14) Any person rendering service as a physician assistant licensed  
3939 pursuant to section 20-12b, a registered nurse, a licensed practical nurse  
3940 or a paramedic, as defined in [subdivision (14) of] section 19a-175, as  
3941 amended by this act, acting within the scope of regulations adopted  
3942 pursuant to section 19a-179, if such service is rendered under the  
3943 supervision, control and responsibility of a licensed physician;

3944 Sec. 98. Section 20-195ff of the general statutes is repealed and the  
3945 following is substituted in lieu thereof (*Effective from passage*):

3946 The Commissioner of Public Health may adopt regulations, in  
3947 accordance with the provisions of chapter 54, to further the purposes of  
3948 subdivision (18) of subsection (c) of section 19a-14, subsection (e) of  
3949 section 19a-88, subdivision [(14)] (13) of section 19a-175, as amended by  
3950 this act, subsection (b) of section 20-9, as amended by this act, sections  
3951 20-195aa to 20-195ee, inclusive, and section 20-195gg.

3952 Sec. 99. Section 20-226 of the general statutes is repealed. (*Effective*

3953 *from passage)*"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2021</i>	PA 19-117, Sec. 73
Sec. 2	<i>October 1, 2021</i>	25-33(b)
Sec. 3	<i>October 1, 2021</i>	8-3i
Sec. 4	<i>October 1, 2021</i>	22a-42f
Sec. 5	<i>October 1, 2021</i>	19a-111
Sec. 6	<i>October 1, 2021</i>	19a-37
Sec. 7	<i>October 1, 2021</i>	New section
Sec. 8	<i>October 1, 2021</i>	19a-524
Sec. 9	<i>July 1, 2021</i>	19a-491c(c)(2)
Sec. 10	<i>October 1, 2021</i>	19a-177
Sec. 11	<i>July 1, 2021</i>	New section
Sec. 12	<i>October 1, 2021</i>	20-207
Sec. 13	<i>October 1, 2021</i>	20-212
Sec. 14	<i>October 1, 2021</i>	20-213(a) and (b)
Sec. 15	<i>October 1, 2021</i>	20-215
Sec. 16	<i>October 1, 2021</i>	20-217(a)
Sec. 17	<i>October 1, 2021</i>	20-224
Sec. 18	<i>from passage</i>	20-195dd
Sec. 19	<i>from passage</i>	20-195c(a)
Sec. 20	<i>October 1, 2021</i>	19a-14(a)(12)
Sec. 21	<i>October 1, 2021</i>	20-204a(a) to (c)
Sec. 22	<i>January 1, 2022</i>	7-62b(b) and (c)
Sec. 23	<i>July 1, 2021</i>	19a-200
Sec. 24	<i>July 1, 2021</i>	19a-202a
Sec. 25	<i>July 1, 2021</i>	19a-244
Sec. 26	<i>July 1, 2021</i>	19a-12a(a)(3)
Sec. 27	<i>July 1, 2021</i>	19a-12d
Sec. 28	<i>October 1, 2021</i>	19a-12e(a)
Sec. 29	<i>from passage</i>	20-185k(b)
Sec. 30	<i>October 1, 2021</i>	17a-412(a)
Sec. 31	<i>October 1, 2021</i>	17b-451(a)
Sec. 32	<i>October 1, 2021</i>	17b-451(g)
Sec. 33	<i>July 1, 2021</i>	19a-6o
Sec. 34	<i>from passage</i>	19a-6q
Sec. 35	<i>July 1, 2021</i>	19a-493(b)
Sec. 36	<i>July 1, 2021</i>	New section

Sec. 37	October 1, 2021	19a-343(c)
Sec. 38	from passage	19a-131g
Sec. 39	July 1, 2021	19a-30(d)
Sec. 40	July 1, 2021	20-365(b)
Sec. 41	from passage	20-195u(b)
Sec. 42	from passage	20-265h(a)
Sec. 43	from passage	19a-131j(a)
Sec. 44	July 1, 2021	19a-512(a)
Sec. 45	July 1, 2021	19a-490
Sec. 46	July 1, 2021	19a-491(b) to (i)
Sec. 47	July 1, 2021	19a-491c(a)(4)
Sec. 48	July 1, 2021	19a-492b
Sec. 49	July 1, 2021	19a-492c(b)
Sec. 50	July 1, 2021	19a-492d
Sec. 51	July 1, 2021	19a-492e
Sec. 52	July 1, 2021	19a-496a
Sec. 53	July 1, 2021	19a-504d
Sec. 54	July 1, 2021	New section
Sec. 55	July 1, 2021	19a-522f
Sec. 56	July 1, 2021	New section
Sec. 57	July 1, 2021	19a-521b
Sec. 58	October 1, 2021	19a-195
Sec. 59	from passage	20-206jj
Sec. 60	from passage	19a-178a(b)
Sec. 61	from passage	19a-36h(a)
Sec. 62	from passage	19a-36j(a)
Sec. 63	from passage	19a-36o
Sec. 64	October 1, 2021	19a-332(5)
Sec. 65	from passage	20-250(4)
Sec. 66	July 1, 2021	20-265b(b)
Sec. 67	July 1, 2021	10-206(f)
Sec. 68	October 1, 2021	19a-490w
Sec. 69	from passage	19a-180(k)
Sec. 70	July 1, 2021	7-36
Sec. 71	July 1, 2021	7-51(c)
Sec. 72	July 1, 2021	1-1h(a)
Sec. 73	July 1, 2021	20-265d(b)
Sec. 74	July 1, 2021	20-265c(b)
Sec. 75	from passage	19a-55
Sec. 76	October 1, 2021	7-36(10)

Sec. 77	<i>October 1, 2021</i>	19a-42
Sec. 78	<i>October 1, 2021</i>	19a-215
Sec. 79	<i>October 1, 2021</i>	19a-72(c)
Sec. 80	<i>October 1, 2021</i>	New section
Sec. 81	<i>October 1, 2021</i>	19a-59h
Sec. 82	<i>October 1, 2021</i>	New section
Sec. 83	<i>October 1, 2021</i>	New section
Sec. 84	<i>October 1, 2021</i>	New section
Sec. 85	<i>October 1, 2021</i>	New section
Sec. 86	<i>October 1, 2021</i>	21a-150b
Sec. 87	<i>October 1, 2021</i>	21a-150d
Sec. 88	<i>October 1, 2021</i>	25-40a
Sec. 89	<i>October 1, 2021</i>	New section
Sec. 90	<i>from passage</i>	19a-175
Sec. 91	<i>from passage</i>	19a-562
Sec. 92	<i>from passage</i>	19a-562a
Sec. 93	<i>July 1, 2021</i>	SB 2 (current session), Sec. 2
Sec. 94	<i>July 1, 2021</i>	19a-88(c)
Sec. 95	<i>July 1, 2021</i>	20-206mm
Sec. 96	<i>from passage</i>	14-100a(e)(2)
Sec. 97	<i>from passage</i>	20-9(b)(14)
Sec. 98	<i>from passage</i>	20-195ff
Sec. 99	<i>from passage</i>	Repealer section