



General Assembly

**Substitute Bill No. 5500**

February Session, 2022



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

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

1 Section 1. Section 19a-490 of the 2022 supplement to the general  
2 statutes, as amended by sections 29 and 30 of public act 21-2 of the June  
3 special session, is repealed and the following is substituted in lieu  
4 thereof (*Effective October 1, 2022*):

5 As used in this chapter, unless the context otherwise requires:

6 (a) "Institution" means a hospital, short-term hospital special hospice,  
7 hospice inpatient facility, residential care home, nursing home facility,  
8 home health care agency, home health aide agency, behavioral health  
9 facility, assisted living services agency, substance abuse treatment  
10 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,  
11 an infirmary operated by an educational institution for the care of  
12 students enrolled in, and faculty and employees of, such institution; a  
13 facility engaged in providing services for the prevention, diagnosis,  
14 treatment or care of human health conditions, including facilities  
15 operated and maintained by any state agency; and a residential facility  
16 for persons with intellectual disability licensed pursuant to section 17a-  
17 227 and certified to participate in the Title XIX Medicaid program as an

18 intermediate care facility for individuals with intellectual disability.  
19 "Institution" does not include any facility for the care and treatment of  
20 persons with mental illness or substance use disorder operated or  
21 maintained by any state agency, except Whiting Forensic Hospital and  
22 the hospital and psychiatric residential treatment facility units of the  
23 Albert J. Solnit Children's Center;

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

28 (c) "Residential care home" or "rest home" means a community  
29 residence that furnishes, in single or multiple facilities, food and shelter  
30 to two or more persons unrelated to the proprietor and, in addition,  
31 provides services that meet a need beyond the basic provisions of food,  
32 shelter and laundry and may qualify as a setting that allows residents to  
33 receive home and community-based services funded by state and  
34 federal programs;

35 (d) "Home health care agency" means a public or private  
36 organization, or a subdivision thereof, engaged in providing  
37 professional nursing services and the following services, available  
38 twenty-four hours per day, in the patient's home or a substantially  
39 equivalent environment: Home health aide services as defined in this  
40 section, physical therapy, speech therapy, occupational therapy or  
41 medical social services. The agency shall provide professional nursing  
42 services and at least one additional service directly and all others  
43 directly or through contract. An agency shall be available to enroll new  
44 patients seven days a week, twenty-four hours per day;

45 (e) "Home health aide agency" means a public or private  
46 organization, except a home health care agency, which provides in the  
47 patient's home or a substantially equivalent environment supportive  
48 services which may include, but are not limited to, assistance with  
49 personal hygiene, dressing, feeding and incidental household tasks

50 essential to achieving adequate household and family management.  
51 Such supportive services shall be provided under the supervision of a  
52 registered nurse and, if such nurse determines appropriate, shall be  
53 provided by a social worker, physical therapist, speech therapist or  
54 occupational therapist. Such supervision may be provided directly or  
55 through contract;

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

60 (g) "Behavioral health facility" means any facility that provides  
61 mental health services to persons eighteen years of age or older or  
62 substance use disorder services to persons of any age in an outpatient  
63 treatment or residential setting to ameliorate mental, emotional,  
64 behavioral or substance use disorder issues;

65 (h) ["Alcohol or drug treatment facility" means any facility for the  
66 care or treatment of persons suffering from alcoholism or other drug  
67 addiction] "Clinical laboratory" means any facility or other area used for  
68 microbiological, serological, chemical, hematological,  
69 immuno-hematological, biophysical, cytological, pathological or other  
70 examinations of human body fluids, secretions, excretions or excised or  
71 exfoliated tissues for the purpose of providing information for the (1)  
72 diagnosis, prevention or treatment of any human disease or  
73 impairment, (2) assessment of human health, or (3) presence of drugs,  
74 poisons or other toxicological substances;

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

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

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

81 (l) "Assisted living services agency" means an agency that provides,  
82 among other things, nursing services and assistance with activities of  
83 daily living to a population that is chronic and stable and may have a  
84 dementia special care unit or program as defined in section 19a-562;

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

91 (n) "Multicare institution" means a hospital that provides outpatient  
92 behavioral health services or other health care services, psychiatric  
93 outpatient clinic for adults, free-standing facility for the care or  
94 treatment of substance abusive or dependent persons, hospital for  
95 psychiatric disabilities, as defined in section 17a-495, or a general acute  
96 care hospital that provides outpatient behavioral health services that (1)  
97 is licensed in accordance with this chapter, (2) has more than one facility  
98 or one or more satellite units owned and operated by a single licensee,  
99 and (3) offers complex patient health care services at each facility or  
100 satellite unit. For purposes of this subsection, "satellite unit" means a  
101 location where a segregated unit of services is provided by the multicare  
102 institution;

103 (o) "Nursing home" or "nursing home facility" means (1) any chronic  
104 and convalescent nursing home or any rest home with nursing  
105 supervision that provides nursing supervision under a medical director  
106 twenty-four hours per day, or (2) any chronic and convalescent nursing  
107 home that provides skilled nursing care under medical supervision and  
108 direction to carry out nonsurgical treatment and dietary procedures for  
109 chronic diseases, convalescent stages, acute diseases or injuries;

110 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient  
111 dialysis unit that is licensed by the department to provide (A) services  
112 on an out-patient basis to persons requiring dialysis on a short-term

113 basis or for a chronic condition, or (B) training for home dialysis, or (2)  
114 an in-hospital dialysis unit that is a special unit of a licensed hospital  
115 designed, equipped and staffed to (A) offer dialysis therapy on an out-  
116 patient basis, (B) provide training for home dialysis, and (C) perform  
117 renal transplantations; [and]

118 (q) "Hospice agency" means a public or private organization that  
119 provides home care and hospice services to terminally ill patients; [.]

120 (r) "Psychiatric residential treatment facility" means a nonhospital  
121 facility with a provider agreement with the Department of Social  
122 Services to provide inpatient services to Medicaid-eligible individuals  
123 under the age of twenty-one; [.] and

124 (s) "Chronic disease hospital" means a long-term hospital having  
125 facilities, medical staff and all necessary personnel for the diagnosis,  
126 care and treatment of chronic diseases.

127 Sec. 2. Subsection (a) of section 19a-491c of the 2022 supplement to  
128 the general statutes is repealed and the following is substituted in lieu  
129 thereof (*Effective October 1, 2022*):

130 (a) As used in this section:

131 (1) "Criminal history and patient abuse background search" or  
132 "background search" means (A) a review of the registry of nurse's aides  
133 maintained by the Department of Public Health pursuant to section 20-  
134 102bb, (B) checks of state and national criminal history records  
135 conducted in accordance with section 29-17a, and (C) a review of any  
136 other registry specified by the Department of Public Health which the  
137 department deems necessary for the administration of a background  
138 search program.

139 (2) "Direct access" means physical access to a patient or resident of a  
140 long-term care facility that affords an individual with the opportunity  
141 to commit abuse or neglect against or misappropriate the property of a  
142 patient or resident.

143 (3) "Disqualifying offense" means a conviction of (A) any crime  
144 described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated  
145 finding of neglect, abuse or misappropriation of property by a state or  
146 federal agency pursuant to an investigation conducted in accordance  
147 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a  
148 conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c,  
149 53a-61a, 53a-321, 53a-322 or 53a-323.

150 (4) "Long-term care facility" means any facility, agency or provider  
151 that is a nursing home, as defined in section 19a-521, a residential care  
152 home, as defined in section 19a-521, a home health care agency, hospice  
153 agency or home health aide agency, as defined in section 19a-490, as  
154 amended by this act, an assisted living services agency, as defined in  
155 section 19a-490, as amended by this act, an intermediate care facility for  
156 individuals with intellectual disabilities, as defined in 42 USC 1396d(d),  
157 except any such facility operated by a Department of Developmental  
158 Services' program subject to background checks pursuant to section 17a-  
159 227a, a chronic disease hospital, as defined in section [19a-550] 19a-490,  
160 as amended by this act, or an agency providing hospice care which is  
161 licensed to provide such care by the Department of Public Health or  
162 certified to provide such care pursuant to 42 USC 1395x.

163 Sec. 3. Section 19a-535b of the general statutes is repealed and the  
164 following is substituted in lieu thereof (*Effective October 1, 2022*):

165 [(a) As used in this section, a "facility" means a chronic disease  
166 hospital which is a long-term hospital having facilities, medical staff and  
167 all necessary personnel for the diagnosis, care and treatment of chronic  
168 diseases.]

169 [(b)] A [facility] chronic disease hospital shall not transfer or  
170 discharge a patient from [the facility] such hospital except for medical  
171 reasons, or for the patient's welfare or the welfare of other patients, as  
172 documented in the patient's medical record; or, in the case of a self pay  
173 patient, for nonpayment or arrearage of more than fifteen days of the  
174 per diem chronic disease hospital room rates for the patient's stay,

175 except as prohibited by the Social Security Act. In the case of an  
176 involuntary transfer or discharge, the patient and, if known, the  
177 patient's legally liable relative, guardian or conservator and the patient's  
178 personal physician, if the discharge plan is prepared by the medical  
179 director of the chronic disease hospital, shall be given at least thirty  
180 days' written notice of the proposed action to ensure orderly transfer or  
181 discharge.

182 Sec. 4. Subsection (a) of section 19a-537 of the general statutes is  
183 repealed and the following is substituted in lieu thereof (*Effective October*  
184 *1, 2022*):

185 (a) As used in this section and section 19a-537a:

186 (1) "Vacancy" means a bed that is available for an admission;

187 (2) "Nursing home" means any chronic and convalescent facility or  
188 any rest home with nursing supervision, as defined in section 19a-521;

189 (3) "Hospital" means a general short-term hospital licensed by the  
190 Department of Public Health or a hospital for mental illness, as defined  
191 in section 17a-495, or a chronic disease hospital. [ , as defined in section  
192 19-13-D1(a) of the Public Health Code.]

193 Sec. 5. Subsection (a) of section 19a-550 of the 2022 supplement to the  
194 general statutes is repealed and the following is substituted in lieu  
195 thereof (*Effective October 1, 2022*):

196 (a) (1) As used in this section, (A) "nursing home facility" has the same  
197 meaning as provided in section 19a-521, and (B) "residential care home"  
198 has the same meaning as provided in section 19a-521; [ , and (C) "chronic  
199 disease hospital" means a long-term hospital having facilities, medical  
200 staff and all necessary personnel for the diagnosis, care and treatment  
201 of chronic diseases;] and (2) for the purposes of subsections (c) and (d)  
202 of this section, and subsection (b) of section 19a-537, "medically  
203 contraindicated" means a comprehensive evaluation of the impact of a  
204 potential room transfer on the patient's physical, mental and

205 psychosocial well-being, which determines that the transfer would  
206 cause new symptoms or exacerbate present symptoms beyond a  
207 reasonable adjustment period resulting in a prolonged or significant  
208 negative outcome that could not be ameliorated through care plan  
209 intervention, as documented by a physician, physician assistant or an  
210 advanced practice registered nurse in a patient's medical record.

211 Sec. 6. Subsections (a) to (e), inclusive, of section 20-185r of the general  
212 statutes are repealed and the following is substituted in lieu thereof  
213 (*Effective October 1, 2022*):

214 (a) As used in this section:

215 (1) "Central service technician" means a person who decontaminates,  
216 inspects, assembles, packages and sterilizes reusable medical  
217 instruments or devices [in] for a health care facility, whether such  
218 person is employed by the health care facility or provides services  
219 pursuant to a contract with the health care facility;

220 (2) "Health care facility" means an outpatient surgical facility, as  
221 defined in section 19a-493b, or a hospital, as defined in section 19a-490,  
222 as amended by this act, but does not include a chronic disease hospital,  
223 as defined in section [19a-550] 19a-490, as amended by this act;

224 (3) "Health care provider" means a person or organization that  
225 provides health care services and is licensed in accordance with this title;  
226 and

227 (4) "Central service department" means a department within a health  
228 care facility that processes, issues and controls medical supplies, devices  
229 and equipment, both sterile and nonsterile, for patient care areas of a  
230 health care facility.

231 (b) Unless otherwise permitted pursuant to this section, no person  
232 shall practice as a central service technician unless such person (1) (A)  
233 has successfully passed a nationally accredited central service exam for  
234 central service technicians and holds and maintains one of the following



235 credentials: (i) A certified registered central service technician credential  
236 administered by the International Association of Healthcare Central  
237 Service Materiel Management, or its successor organization, or (ii) a  
238 certified sterile processing and distribution technician credential  
239 administered by the Certification Board for Sterile Processing and  
240 Distribution, Inc., or (B) was employed or otherwise contracted for  
241 services as a central service technician [in] by a health care facility before  
242 January 1, 2016, or (2) obtains a certified registered central service  
243 technician credential administered by the International Association of  
244 Healthcare Central Service Materiel Management, or its successor  
245 organization, or a certified sterile processing and distribution technician  
246 credential administered by the Certification Board for Sterile Processing  
247 and Distribution, Inc., not later than two years after such person's date  
248 of hire or contracting for services with the health care facility.

249 (c) A central service technician shall complete a minimum of ten  
250 hours of continuing education annually. The continuing education shall  
251 be in areas related to the functions of a central service technician.

252 (d) A health care facility shall, upon the written request of a central  
253 service technician, verify, in writing, the central service technician's  
254 dates of employment or the contract period during which the central  
255 service technician provided services to the health care facility.

256 (e) Nothing in this section shall prohibit the following persons from  
257 performing the tasks or functions of a central service technician: (1) A  
258 health care provider; (2) a student or intern performing the functions of  
259 a central service technician under the direct supervision of a health care  
260 provider as part of the student's or intern's training or internship; or (3)  
261 a person who does not work in a central service department in a health  
262 care facility, but who has been specially trained and determined  
263 competent, based on standards set by a health care facility's infection  
264 prevention or control committee, acting in consultation with a central  
265 service technician certified in accordance with subsection (b) of this  
266 section, to decontaminate or sterilize reusable medical equipment,  
267 instruments or devices, in a manner that meets applicable

268 manufacturer's instructions and standards.

269 Sec. 7. Subsection (a) of section 12-20a of the general statutes is  
270 repealed and the following is substituted in lieu thereof (*Effective October*  
271 *1, 2022*):

272 (a) Until the fiscal year commencing July 1, 2016, on or before January  
273 first, annually, the Secretary of the Office of Policy and Management  
274 shall determine the amount due to each municipality in the state, in  
275 accordance with this section, as a state grant in lieu of taxes with respect  
276 to real property owned by any private nonprofit institution of higher  
277 learning or any nonprofit general hospital facility or freestanding  
278 chronic disease hospital or an urgent care facility that operates for at  
279 least twelve hours a day and that had been the location of a nonprofit  
280 general hospital for at least a portion of calendar year 1996 to receive  
281 payments in lieu of taxes for such property, exclusive of any such facility  
282 operated by the federal government, except a campus of the United  
283 States Department of Veterans Affairs Connecticut Healthcare Systems,  
284 or the state of Connecticut or any subdivision thereof. As used in this  
285 section, "private nonprofit institution of higher learning" means any  
286 such institution, as defined in subsection (a) of section 10a-34, or any  
287 independent institution of higher education, as defined in subsection (a)  
288 of section 10a-173, that is engaged primarily in education beyond the  
289 high school level, and offers courses of instruction for which college or  
290 university-level credit may be given or may be received by transfer, the  
291 property of which is exempt from property tax under any of the  
292 subdivisions of section 12-81, as amended by this act; "nonprofit general  
293 hospital facility" means any such facility that is used primarily for the  
294 purpose of general medical care and treatment, exclusive of any hospital  
295 facility used primarily for the care and treatment of special types of  
296 disease or physical or mental conditions; and "freestanding chronic  
297 disease hospital" [means a facility that provides for the care and  
298 treatment of chronic diseases] has the same meaning as "chronic disease  
299 hospital" as defined in section 19a-490, as amended by this act,  
300 excluding any such facility having an ownership affiliation with and

301 operated in the same location as a chronic and convalescent nursing  
302 home.

303 Sec. 8. Section 17b-368 of the general statutes is repealed and the  
304 following is substituted in lieu thereof (*Effective October 1, 2022*):

305 On or before July 1, 2004, the Department of Social Services shall,  
306 within the limits of available Medicaid funding, implement a pilot  
307 project in Greater Hartford with a chronic disease hospital colocated  
308 with a skilled nursing facility and with the facilities, medical staff and  
309 all necessary personnel for the diagnosis, care and treatment of chronic  
310 or geriatric mental conditions that require prolonged hospital or  
311 restorative care. For purposes of this section, "chronic disease hospital"  
312 [means a long-term hospital with facilities, medical staff and all  
313 necessary personnel for the diagnosis, care and treatment of chronic  
314 physical and geriatric mental health conditions that require prolonged  
315 hospital or restorative care] has the same meaning as provided in section  
316 19a-490, as amended by this act.

317 Sec. 9. Subsection (a) of section 19a-491 of the 2022 supplement to the  
318 general statutes is repealed and the following is substituted in lieu  
319 thereof (*Effective from passage*):

320 (a) No person acting individually or jointly with any other person  
321 shall establish, conduct, operate or maintain an institution in this state  
322 without a license as required by this chapter, except for persons issued  
323 a license by the Commissioner of Children and Families pursuant to  
324 section 17a-145 for the operation of (1) a substance abuse treatment  
325 facility, or (2) a facility for the purpose of caring for women during  
326 pregnancies and for women and their infants following such  
327 pregnancies, provided such exception shall not apply to the hospital and  
328 psychiatric residential treatment facility units of the Albert J. Solnit  
329 Children's Center. Application for such license shall (A) be made to the  
330 Department of Public Health upon forms provided by it, (B) be  
331 accompanied by the fee required under subsection (c), (d) or (e) of this  
332 section, (C) contain such information as the department requires, which

333 may include affirmative evidence of ability to comply with reasonable  
334 standards and regulations prescribed under the provisions of this  
335 chapter, and (D) not be required to be notarized. The commissioner may  
336 require as a condition of licensure that an applicant sign a consent order  
337 providing reasonable assurances of compliance with the Public Health  
338 Code. The commissioner may issue more than one chronic disease  
339 hospital license to a single institution until such time as the state offers  
340 a rehabilitation hospital license.

341 Sec. 10. Subsection (a) of section 19a-497 of the general statutes is  
342 repealed and the following is substituted in lieu thereof (*Effective October*  
343 *1, 2022*):

344 (a) Each institution shall, upon receipt of a notice of intention to strike  
345 by a labor organization representing the employees of such institution,  
346 in accordance with the provisions of the National Labor Relations Act,  
347 29 USC 158, file a strike contingency plan with the commissioner not  
348 later than five days before the date indicated for the strike. Such strike  
349 contingency plan shall include the institution's staffing plan for at least  
350 the first three days of such strike. The strike contingency plan shall  
351 include, but need not be limited to, the names and titles of the  
352 individuals who will be providing services at the institution.

353 Sec. 11. Subsections (a) and (b) of section 19a-515 of the general  
354 statutes are repealed and the following is substituted in lieu thereof  
355 (*Effective from passage*):

356 (a) Each nursing home administrator's license issued pursuant to the  
357 provisions of sections 19a-511 to 19a-520, inclusive, shall be renewed  
358 once every two years, in accordance with section 19a-88, except for  
359 cause, by the Department of Public Health, upon forms to be furnished  
360 by said department and upon the payment to said department, by each  
361 applicant for license renewal, of the sum of two hundred five dollars.  
362 Each such fee shall be remitted to the Department of Public Health on  
363 or before the date prescribed under section 19a-88. Such renewals shall  
364 be granted unless said department finds the applicant has acted or failed

365 to act in such a manner or under such circumstances as would constitute  
366 grounds for suspension or revocation of such license.

367 (b) Each licensee shall complete a minimum of forty hours of  
368 continuing education every two years, including, but not limited to,  
369 training in (1) Alzheimer's disease and dementia symptoms and care,  
370 and (2) infection prevention and control. Such two-year period shall  
371 commence on the first date of renewal of the licensee's license after  
372 January 1, 2004. The continuing education shall be in areas related to the  
373 licensee's practice. Qualifying continuing education activities are  
374 courses offered or approved by the Connecticut Association of  
375 Healthcare Facilities, LeadingAge Connecticut, Inc., the Connecticut  
376 Assisted Living Association, the Connecticut Alliance for Subacute  
377 Care, Inc., the Connecticut Chapter of the American College of Health  
378 Care Administrators, the Association For Long Term Care Financial  
379 Managers, the Alzheimer's Association or any accredited college or  
380 university, or programs presented or approved by the National  
381 Continuing Education Review Service of the National Association of  
382 Boards of Examiners of Long Term Care Administrators, the  
383 Association for Professionals in Infection Control and Epidemiology or  
384 by federal or state departments or agencies.

385 Sec. 12. Subsection (a) of section 19a-492e of the 2022 supplement to  
386 the general statutes is repealed and the following is substituted in lieu  
387 thereof (*Effective October 1, 2022*):

388 (a) For purposes of this section "home health care agency" and  
389 "hospice agency" have the same meanings as provided in section 19a-  
390 490, as amended by this act. Notwithstanding the provisions of chapter  
391 378, a registered nurse may delegate the administration of medications  
392 that are not administered by injection to home health aides and hospice  
393 aides who have obtained (1) certification and recertification every three  
394 years thereafter for medication administration in accordance with  
395 regulations adopted pursuant to subsection (b) of this section, or (2) a  
396 current certification from the Department of Children and Families or  
397 the Department of Developmental Services in accordance with section

398 19a-495a, as amended by this act, unless the prescribing practitioner  
399 specifies that a medication shall only be administered by a licensed  
400 nurse. [Any home health aide or hospice aide who obtained certification  
401 in the administration of medications on or before June 30, 2015, shall  
402 obtain recertification on or before July 1, 2018.]

403 Sec. 13. Subsections (a) and (b) of section 19a-495a of the general  
404 statutes are repealed and the following is substituted in lieu thereof  
405 (*Effective October 1, 2022*):

406 (a) (1) The Commissioner of Public Health may adopt regulations, as  
407 provided in subsection (d) of this section, to require each residential care  
408 home [, as defined in section 19a-490,] that admits residents requiring  
409 assistance with medication administration, to (A) designate unlicensed  
410 personnel to obtain certification for the administration of medication  
411 from the Department of Public Health, Department of Children and  
412 Families or Department of Developmental Services, and (B) ensure that  
413 such unlicensed personnel receive such certification and recertification  
414 every three years thereafter from the Department of Public Health,  
415 Department of Children and Families or Department of Developmental  
416 Services.

417 (2) Any regulations adopted pursuant to this subsection shall  
418 establish criteria to be used by such homes in determining (A) the  
419 appropriate number of unlicensed personnel who shall obtain such  
420 certification and recertification, and (B) training requirements,  
421 including ongoing training requirements for such certification and  
422 recertification.

423 (3) Training requirements for initial certification and recertification  
424 shall include, but shall not be limited to: Initial orientation, resident  
425 rights, identification of the types of medication that may be  
426 administered by unlicensed personnel, behavioral management,  
427 personal care, nutrition and food safety, and health and safety in  
428 general.

429 (b) Each residential care home [, as defined in section 19a-490,] shall  
430 ensure that an appropriate number of unlicensed personnel, as  
431 determined by the residential care home, obtain certification and  
432 recertification for the administration of medication from the  
433 Department of Public Health, Department of Children and Families or  
434 Department of Developmental Services. Certification and recertification  
435 of such personnel shall be in accordance with any regulations adopted  
436 pursuant to this section. [, except any personnel who obtained  
437 certification in the administration of medication on or before June 30,  
438 2015, shall obtain recertification on or before July 1, 2018.] Unlicensed  
439 personnel obtaining such certification and recertification may  
440 administer medications that are not administered by injection to  
441 residents of such homes, unless a resident's physician specifies that a  
442 medication only be administered by licensed personnel.

443 Sec. 14. (*Effective from passage*) The Commissioner of Public Health  
444 shall conduct a scope of practice review pursuant to sections 19a-16d to  
445 19a-16f, inclusive, of the general statutes, as amended by this act, to  
446 determine whether the Department of Public Health should regulate  
447 midwives who are not eligible for licensure as nurse-midwives, licensed  
448 pursuant to chapter 377 of the general statutes. The commissioner shall  
449 report, in accordance with the provisions of section 11-4a of the general  
450 statutes, the findings of such review and any recommendations to the  
451 joint standing committee of the General Assembly having cognizance of  
452 matters relating to public health on or before February 1, 2023.

453 Sec. 15. Section 20-90 of the general statutes is repealed and the  
454 following is substituted in lieu thereof (*Effective from passage*):

455 (a) [Said board may adopt a seal. The Commissioner of Public Health,  
456 with advice and assistance from the board, and in consultation with the  
457 State Board of Education, shall adopt regulations, in accordance with  
458 the provisions of chapter 54, permitting and setting standards for  
459 courses for the training of practical nurses to be offered in high schools  
460 or by the Technical Education and Career System for students who have  
461 not yet acquired a high school diploma. Students who satisfactorily

462 complete courses approved by said Board of Examiners for Nursing,  
463 with the consent of the Commissioner of Public Health, as meeting such  
464 standards shall be given credit for each such course toward the  
465 requirements for a practical nurse's license. All schools of nursing in this  
466 state, except such schools accredited by the National League for Nursing  
467 or other professional accrediting association approved by the United  
468 States Department of Education and recognized by the Commissioner  
469 of Public Health, and all schools for training licensed practical nurses  
470 and all hospitals connected to such schools] The Connecticut State Board  
471 of Examiners for Nursing shall have the following duties: (1) Hear and  
472 decide matters concerning suspension or revocation of licensure; (2)  
473 adjudicate complaints filed against practitioners licensed under this  
474 chapter and impose sanctions where appropriate; (3) approve schools of  
475 nursing in the state that prepare persons for examination under the  
476 provisions of this chapter; and (4) consult, where possible, with national  
477 recognized accrediting agencies when approving schools pursuant to  
478 subdivision (3) of this subsection. The board may adopt a seal.

479 (b) All schools of nursing in the state that prepare persons for  
480 examination under the provisions of this chapter, shall be (1) visited  
481 periodically by a representative of the Department of Public Health who  
482 shall be a registered nurse or a person experienced in the field of nursing  
483 education, and (2) approved by the Connecticut State Board of  
484 Examiners for Nursing pursuant to subdivisions (3) and (4) of  
485 subsection (a) of this section.

486 (c) The [board shall keep] Department of Public Health shall post a  
487 list of all nursing programs and all programs for training licensed  
488 practical nurses that are approved by [it, with the consent of the  
489 Commissioner of Public Health, as maintaining] the Connecticut State  
490 Board of Examiners for Nursing and maintain the standard for the  
491 education of nurses and the training of licensed practical nurses as  
492 established by the [commissioner. The board shall consult, where  
493 possible, with nationally recognized accrediting agencies when  
494 approving schools] Commissioner of Public Health on the department's



495 Internet web site.

496 [(b) Said board shall (1) hear and decide matters concerning  
497 suspension or revocation of licensure, (2) adjudicate complaints filed  
498 against practitioners licensed under this chapter and impose sanctions  
499 where appropriate.]

500 Sec. 16. Subsections (c) and (d) of section 19a-16d of the general  
501 statutes are repealed and the following is substituted in lieu thereof  
502 (*Effective from passage*):

503 (c) In any year in which a scope of practice request is received  
504 pursuant to this section, not later than September [fifteenth] first of the  
505 year preceding the commencement of the next regular session of the  
506 General Assembly, the Department of Public Health, within available  
507 appropriations, shall: (1) Provide written notification to the joint  
508 standing committee of the General Assembly having cognizance of  
509 matters relating to public health of any health care profession that has  
510 submitted a scope of practice request, including any request for  
511 exemption, to the department pursuant to this section; and (2) post any  
512 such request, including any request for exemption, and the name and  
513 address of the requestor on the department's Internet web site.

514 (d) Any person or entity, acting on behalf of a health care profession  
515 that may be directly impacted by a scope of practice request submitted  
516 pursuant to this section, may submit to the department a written  
517 statement identifying the nature of the impact not later than [October  
518 first] September fifteenth of the year preceding the next regular session  
519 of the General Assembly. Any such person or entity directly impacted  
520 by a scope of practice request shall indicate the nature of the impact  
521 taking into consideration the criteria set forth in subsection (b) of this  
522 section and shall provide a copy of the written impact statement to the  
523 requestor. Not later than October [fifteenth] first of such year, the  
524 requestor shall submit a written response to the department and any  
525 person or entity that has provided a written impact statement. The  
526 requestor's written response shall include, but not be limited to, a

527 description of areas of agreement and disagreement between the  
528 respective health care professions.

529 Sec. 17. Subsection (a) of section 19a-16e of the general statutes is  
530 repealed and the following is substituted in lieu thereof (*Effective from*  
531 *passage*):

532 (a) On or before [November first] October fifteenth of the year  
533 preceding the commencement of the next regular session of the General  
534 Assembly, the Commissioner of Public Health shall, within available  
535 appropriations allocated to the department, establish and appoint  
536 members to a scope of practice review committee for each timely scope  
537 of practice request submitted to the department pursuant to section 19a-  
538 16d, as amended by this act. Committees established pursuant to this  
539 section shall consist of the following members: (1) Two members  
540 recommended by the requestor to represent the health care profession  
541 making the scope of practice request; (2) two members recommended  
542 by each person or entity that has submitted a written impact statement  
543 pursuant to subsection (d) of section 19a-16d, as amended by this act, to  
544 represent the health care professions directly impacted by the scope of  
545 practice request; and (3) the Commissioner of Public Health or the  
546 commissioner's designee, who shall serve as an ex-officio, nonvoting  
547 member of the committee. The Commissioner of Public Health or the  
548 commissioner's designee shall serve as the chairperson of any such  
549 committee. The Commissioner of Public Health may appoint additional  
550 members to any committee established pursuant to this section to  
551 include representatives from health care professions having a proximate  
552 relationship to the underlying request if the commissioner or the  
553 commissioner's designee determines that such expansion would be  
554 beneficial to a resolution of the issues presented. Any member of such  
555 committee shall serve without compensation.

556 Sec. 18. Subsection (c) of section 20-132a of the 2022 supplement to  
557 the general statutes is repealed and the following is substituted in lieu  
558 thereof (*Effective from passage*):

559 (c) (1) Except as provided in this section, a licensee who is actively  
560 engaged in the practice of optometry shall earn a minimum of twenty  
561 hours of continuing education each registration period. The subject  
562 matter for continuing education shall reflect the professional needs of  
563 the licensee in order to meet the health care needs of the public, and shall  
564 include [(1)] (A) not less than six hours in any of the following areas:  
565 Pathology, detection of diabetes and ocular treatment; and [(2)] (B) not  
566 less than six hours in treatment as it applies to the use of ocular agents-  
567 T.

568 (2) Coursework shall be provided in the following manner: (A) Not  
569 less than ten hours shall be earned through direct, live instruction that  
570 the licensee physically attends; [either individually or as part of a group  
571 of participants or through a formal home study or distance learning  
572 program. Not] (B) not more than ten hours shall be earned through  
573 synchronous online education with opportunities for live interaction;  
574 (C) not more than [six] five hours shall be earned through [a home study  
575 or other distance learning program] asynchronous online education,  
576 distance learning or home study; and (D) not more than six hours shall  
577 be in practice management. For the purposes of this subdivision,  
578 "synchronous online education" means live online classes that are  
579 conducted in real time and "asynchronous online education" means a  
580 program where the instructor, learner and other participants are not  
581 engaged in the learning process at the same time, there is no real-time  
582 interaction between participants and instructors and the educational  
583 content is created and made available for later consumption.

584 (3) Qualifying continuing education activities include, but are not  
585 limited to, courses offered or approved by the Council on Optometric  
586 Practitioner Education of the Association of Regulatory Boards of  
587 Optometry, the American Optometric Association or state or local  
588 optometry associations and societies that are affiliated with the  
589 American Optometric Association, a hospital or other health care  
590 institution, a school or college of optometry or other institution of higher  
591 education accredited or recognized by the Council on Optometric

592 Practitioner Education or the American Optometric Association, a state  
593 or local health department, or a national, state or local medical  
594 association.

595 Sec. 19. Subsection (b) of section 19a-14c of the 2022 supplement to  
596 the general statutes is repealed and the following is substituted in lieu  
597 thereof (*Effective from passage*):

598 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist  
599 licensed pursuant to chapter 383, [an independent] a clinical social  
600 worker [certified] licensed pursuant to chapter 383b or a marital and  
601 family therapist licensed pursuant to chapter 383a may provide  
602 outpatient mental health treatment to a minor without the consent or  
603 notification of a parent or guardian at the request of the minor if (1)  
604 requiring the consent or notification of a parent or guardian would  
605 cause the minor to reject such treatment; (2) the provision of such  
606 treatment is clinically indicated; (3) the failure to provide such treatment  
607 would be seriously detrimental to the minor's well-being; (4) the minor  
608 has knowingly and voluntarily sought such treatment; and (5) in the  
609 opinion of the provider of treatment, the minor is mature enough to  
610 participate in treatment productively. The provider of such treatment  
611 shall document the reasons for any determination made to treat a minor  
612 without the consent or notification of a parent or guardian and shall  
613 include such documentation in the minor's clinical record, along with a  
614 written statement signed by the minor stating that (A) the minor is  
615 voluntarily seeking such treatment; (B) the minor has discussed with the  
616 provider the possibility of involving his or her parent or guardian in the  
617 decision to pursue such treatment; (C) the minor has determined it is  
618 not in his or her best interest to involve his or her parent or guardian in  
619 such decision; and (D) the minor has been given adequate opportunity  
620 to ask the provider questions about the course of his or her treatment.

621 Sec. 20. Subsection (b) of section 20-12j of the 2022 supplement to the  
622 general statutes is repealed and the following is substituted in lieu  
623 thereof (*Effective from passage*):

624 (b) Each person holding a license as a physician assistant shall,  
625 annually, during the month of such person's birth, [register] renew such  
626 license with the Department of Public Health, upon payment of a fee of  
627 one hundred fifty-five dollars, on [blanks] a form to be [furnished]  
628 provided by the department for such purpose, giving such person's  
629 name in full, such person's residence and business address and such  
630 other information as the department requests. No such license shall be  
631 renewed unless the department is satisfied that the practitioner (1) has  
632 met the mandatory continuing medical education requirements of the  
633 National Commission on Certification of Physician Assistants or a  
634 successor organization for the certification or recertification of physician  
635 assistants that may be approved by the department; (2) has passed any  
636 examination or continued competency assessment the passage of which  
637 may be required by said commission for maintenance of current  
638 certification by said commission; (3) has completed not less than one  
639 contact hour of training or education in prescribing controlled  
640 substances and pain management in the preceding two-year period; and  
641 (4) for registration periods beginning on [or before] and after January 1,  
642 2022, during the first renewal period and not less than once every six  
643 years thereafter, earn not less than two contact hours of training or  
644 education screening for post-traumatic stress disorder, risk of suicide,  
645 depression and grief and suicide prevention training administered by  
646 the American [Association] Academy of Physician Assistants, or the  
647 American Academy of Physician Assistants' successor organization, a  
648 hospital or other licensed health care institution or a regionally  
649 accredited institution of higher education.

650 Sec. 21. Subparagraph (B) of subdivision (8) of section 19a-177 of the  
651 2022 supplement to the general statutes is repealed and the following is  
652 substituted in lieu thereof (*Effective from passage*):

653 (B) On or before [December 31, 2018] April 1, 2023, and annually  
654 thereafter, the commissioner shall prepare a report to the Emergency  
655 Medical Services Advisory Board, established pursuant to section 19a-  
656 178a, that shall include, but not be limited to, the following data: (i) The

657 total number of calls for emergency medical services received during  
658 the reporting year by each licensed ambulance service, certified  
659 ambulance service or paramedic intercept service; (ii) the level of  
660 emergency medical services required for each such call; (iii) the name of  
661 the emergency medical service organization that provided each such  
662 level of emergency medical services furnished during the reporting  
663 year; (iv) the response time, by time ranges or fractile response times,  
664 for each licensed ambulance service, certified ambulance service or  
665 paramedic intercept service, using a common definition of response  
666 time, as provided in regulations adopted pursuant to section 19a-179;  
667 and (v) the number of passed calls, cancelled calls and mutual aid calls  
668 during the reporting year. The commissioner shall prepare such report  
669 in a format that categorizes such data for each municipality in which the  
670 emergency medical services were provided, with each such  
671 municipality grouped according to urban, suburban and rural  
672 classifications.

673       Sec. 22. Subdivision (5) of section 14-1 of the 2022 supplement to the  
674 general statutes is repealed and the following is substituted in lieu  
675 thereof (*Effective from passage*):

676       (5) "Authorized emergency vehicle" means (A) a fire department  
677 vehicle, (B) a police vehicle, or (C) an [ambulance] authorized  
678 emergency medical services vehicle, as defined in section 19a-175;

679       Sec. 23. Subsection (a) of section 19a-30 of the 2022 supplement to the  
680 general statutes is repealed and the following is substituted in lieu  
681 thereof (*Effective October 1, 2022*):

682       (a) As used in this section, "clinical laboratory" [means any facility or  
683 other area used for microbiological, serological, chemical,  
684 hematological, immunohematological, biophysical, cytological,  
685 pathological or other examinations of human body fluids, secretions,  
686 excretions or excised or exfoliated tissues, for the purpose of providing  
687 information for the diagnosis, prevention or treatment of any human  
688 disease or impairment, for the assessment of human health or for the

689 presence of drugs, poisons or other toxicological substances] has the  
690 same meaning as provided in section 19a-490, as amended by this act.

691 Sec. 24. Section 19a-31b of the general statutes is repealed and the  
692 following is substituted in lieu thereof (*Effective October 1, 2022*):

693 No clinical laboratory, as defined in section [19a-30] 19a-490, as  
694 amended by this act, that offers hair follicle drug testing as part of its  
695 array of diagnostic testing services shall refuse to administer a hair  
696 follicle drug test that has been ordered by a physician or physician  
697 assistant, licensed under chapter 370, or an advanced practice registered  
698 nurse, licensed under chapter 378.

699 Sec. 25. Subdivisions (1) and (2) of subsection (a) of section 19a-72 of  
700 the 2022 supplement to the general statutes are repealed and the  
701 following is substituted in lieu thereof (*Effective October 1, 2022*):

702 (1) "Clinical laboratory" [means any facility or other area used for  
703 microbiological, serological, chemical, hematological,  
704 immunohematological, biophysical, cytological, pathological or other  
705 examinations of human body fluids, secretions, excretions or excised or  
706 exfoliated tissues, for the purpose of providing information for the  
707 diagnosis, prevention or treatment of any human disease or  
708 impairment, for the assessment of human health or for the presence of  
709 drugs, poisons or other toxicological substances] has the same meaning  
710 as provided in section 19a-490, as amended by this act;

711 (2) "Hospital" [means an establishment for the lodging, care and  
712 treatment of persons suffering from disease or other abnormal physical  
713 or mental conditions and includes inpatient psychiatric services in  
714 general hospitals] has the same meaning as provided in section 19a-490,  
715 as amended by this act;

716 Sec. 26. Subdivision (1) of subsection (a) of section 19a-215 of the 2022  
717 supplement to the general statutes is repealed and the following is  
718 substituted in lieu thereof (*Effective October 1, 2022*):

719 (1) "Clinical laboratory" [means any facility or other area used for  
720 microbiological, serological, chemical, hematological,  
721 immunohematological, biophysical, cytological, pathological or other  
722 examinations of human body fluids, secretions, excretions or excised or  
723 exfoliated tissues, for the purpose of providing information for the  
724 diagnosis, prevention or treatment of any human disease or  
725 impairment, for the assessment of human health or for the presence of  
726 drugs, poisons or other toxicological substances] has the same meaning  
727 as provided in section 19a-490, as amended by this act.

728 Sec. 27. Subsection (a) of section 19a-269b of the general statutes is  
729 repealed and the following is substituted in lieu thereof (*Effective October*  
730 *1, 2022*):

731 (a) As used in this section, "clinical laboratory" has the same meaning  
732 as provided in section [19a-30] 19a-490, as amended by this act.

733 Sec. 28. Subsection (d) of section 20-7a of the general statutes is  
734 repealed and the following is substituted in lieu thereof (*Effective October*  
735 *1, 2022*):

736 (d) No person or entity, other than a physician licensed under chapter  
737 370, a clinical laboratory, as defined in section [19a-30] 19a-490, as  
738 amended by this act, or a referring clinical laboratory, shall directly or  
739 indirectly charge, bill or otherwise solicit payment for the provision of  
740 anatomic pathology services, unless such services were personally  
741 rendered by or under the direct supervision of such physician, clinical  
742 laboratory or referring laboratory in accordance with section 353 of the  
743 Public Health Service Act, (42 USC 263a). A clinical laboratory or  
744 referring laboratory may only solicit payment for anatomic pathology  
745 services from the patient, a hospital, the responsible insurer of a third  
746 party payor, or a governmental agency or such agency's public or  
747 private agent that is acting on behalf of the recipient of such services.  
748 Nothing in this subsection shall be construed to prohibit a clinical  
749 laboratory from billing a referring clinical laboratory when specimens  
750 are transferred between such laboratories for histologic or cytologic



751 processing or consultation. No patient or other third party payor, as  
752 described in this subsection, shall be required to reimburse any provider  
753 for charges or claims submitted in violation of this section. For purposes  
754 of this subsection, (1) "referring clinical laboratory" means a clinical  
755 laboratory that refers a patient specimen for consultation or anatomic  
756 pathology services, excluding the laboratory of a physician's office or  
757 group practice that takes a patient specimen and does not perform the  
758 professional diagnostic component of the anatomic pathology services  
759 involved, and (2) "anatomic pathology services" means the gross and  
760 microscopic examination and histologic or cytologic processing of  
761 human specimens, including histopathology or surgical pathology,  
762 cytopathology, hematology, subcellular pathology or molecular  
763 pathology or blood banking service performed by a pathologist.

764 Sec. 29. Subsection (a) of section 20-7c of the general statutes is  
765 repealed and the following is substituted in lieu thereof (*Effective October*  
766 *1, 2022*):

767 (a) For purposes of this section, "clinical laboratory" has the same  
768 meaning as provided in section [19a-30] 19a-490, as amended by this act.  
769 "Clinical laboratory" does not include any state laboratory established  
770 by the Department of Public Health pursuant to section 19a-26 or 19a-  
771 29.

772 Sec. 30. Subparagraph (A) of subdivision (6) of subsection (a) of  
773 section 38a-477aa of the general statutes is repealed and the following is  
774 substituted in lieu thereof (*Effective October 1, 2022*):

775 (6) (A) "Surprise bill" means a bill for health care services, other than  
776 emergency services, received by an insured for services rendered by an  
777 out-of-network health care provider, where such services were rendered  
778 by (i) such out-of-network provider at an in-network facility, during a  
779 service or procedure performed by an in-network provider or during a  
780 service or procedure previously approved or authorized by the health  
781 carrier and the insured did not knowingly elect to obtain such services  
782 from such out-of-network provider, or (ii) a clinical laboratory, as

783 defined in section [19a-30] 19a-490, as amended by this act, that is an  
784 out-of-network provider, upon the referral of an in-network provider.

785 Sec. 31. Section 7-51a of the 2022 supplement to the general statutes  
786 is repealed and the following is substituted in lieu thereof (*Effective from*  
787 *passage*):

788 (a) Any person eighteen years of age or older may purchase certified  
789 copies of marriage and death records, and certified copies of records of  
790 births or fetal deaths which are at least one hundred years old, in the  
791 custody of any registrar of vital statistics. The department may issue  
792 uncertified copies of death certificates for deaths occurring less than one  
793 hundred years ago, and uncertified copies of birth, marriage, death and  
794 fetal death certificates for births, marriages, deaths and fetal deaths that  
795 occurred at least one hundred years ago, to researchers approved by the  
796 department pursuant to section 19a-25, and to state and federal agencies  
797 approved by the department. During all normal business hours,  
798 members of genealogical societies incorporated or authorized by the  
799 Secretary of the State to do business or conduct affairs in this state shall  
800 (1) have full access to all vital records in the custody of any registrar of  
801 vital statistics, including certificates, ledgers, record books, card files,  
802 indexes and database printouts, except for those records containing  
803 Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and  
804 confidential files on adoptions, gender change, surrogacy agreements,  
805 and parentage, (2) be permitted to make notes from such records, (3) be  
806 permitted to purchase certified copies of such records, and (4) be  
807 permitted to incorporate statistics derived from such records in the  
808 publications of such genealogical societies. For all vital records  
809 containing Social Security numbers that are protected from disclosure  
810 pursuant to federal law, the Social Security numbers contained on such  
811 records shall be redacted from any certified copy of such records issued  
812 to a genealogist by a registrar of vital statistics.

813 (b) For marriage and civil union licenses, the Social Security numbers  
814 of the parties to the marriage or civil union shall be recorded in the  
815 "administrative purposes" section of the marriage or civil union license

816 and the application for such license. All persons specified on the license,  
817 including the parties to the marriage or civil union, officiator and local  
818 registrar shall have access to the Social Security numbers specified on  
819 the marriage or civil union license and the application for such license  
820 for the purpose of processing the license. Only the parties to a marriage  
821 or civil union, or entities authorized by state or federal law, may receive  
822 a certified copy of a marriage or civil union license with the Social  
823 Security numbers included on the license. Any other individual,  
824 researcher or state or federal agency requesting a certified or uncertified  
825 copy of any marriage or civil union license in accordance with the  
826 provisions of this section shall be provided such copy with such Social  
827 Security numbers removed or redacted, or with the "administrative  
828 purposes" section omitted.

829 (c) For deaths occurring on or after July 1, 1997, the Social Security  
830 number of the deceased person shall be recorded in the "administrative  
831 purposes" section of the death certificate. Such administrative purposes  
832 section, and the Social Security number contained therein, shall be  
833 restricted and disclosed only to the following eligible parties: (1) All  
834 parties specified on the death certificate, including the informant,  
835 licensed funeral director, licensed embalmer, conservator, surviving  
836 spouse, physician or advanced practice registered nurse and town clerk,  
837 for the purpose of processing the certificate, (2) the surviving spouse, (3)  
838 the next of kin, or (4) any state and federal agencies authorized by  
839 federal law. The department shall provide any other individual,  
840 researcher or state or federal agency requesting a certified or uncertified  
841 death certificate, or the information contained within such certificate,  
842 for a death occurring on or after July 1, 1997, such certificate or  
843 information. The decedent's Social Security number shall be removed or  
844 redacted from such certificate or information or the administrative  
845 purposes section shall be omitted from such certificate.

846 (d) The registrar of vital statistics of any town or city in this state that  
847 has access to an electronic vital records system, as authorized by the  
848 department, may use such system to issue certified copies of birth,

849 death, fetal death or marriage certificates that are electronically filed in  
850 such system.

851 [(e) Any registrar of vital statistics who receives payment pursuant to  
852 this section may permit such payment to be made on an Internet web  
853 site designated by the registrar, in a manner prescribed by the registrar.]

854 Sec. 32. Section 7-74 of the general statutes is repealed and the  
855 following is substituted in lieu thereof (*Effective from passage*):

856 (a) The fee for a certification of birth registration, short form, shall be  
857 fifteen dollars. The fee for a certified copy of a certificate of birth, long  
858 form, shall be twenty dollars, except that the fee for such certifications  
859 and copies when issued by the department shall be thirty dollars.

860 (b) (1) The fee for a certified copy of a certificate of marriage or death  
861 shall be twenty dollars. Such fees shall not be required of the  
862 department.

863 (2) Any fee received by the Department of Public Health for a  
864 certificate of death shall be deposited in the neglected cemetery account,  
865 established in accordance with section 19a-308b.

866 (c) The fee for one certified copy of a certificate of death for any  
867 deceased person who was a veteran, as defined in subsection (a) of  
868 section 27-103, shall be waived when such copy is requested by a  
869 spouse, child or parent of such deceased veteran.

870 (d) The fee for an uncertified copy of an original certificate of birth  
871 issued pursuant to section 7-53 shall be sixty-five dollars.

872 (e) Any registrar of vital statistics who receives payment pursuant to  
873 this section may permit such payment to be made on an Internet web  
874 site designated by the registrar, in a manner prescribed by the registrar,  
875 as approved by the Commissioner of Public Health, or the  
876 commissioner's designee.

877 Sec. 33. Subsections (c) and (d) of section 19a-36m of the general  
878 statutes are repealed and the following is substituted in lieu thereof  
879 (*Effective from passage*):

880 (c) The provisions of the food code that concern the employment of a  
881 certified food protection manager and any reporting requirements  
882 relative to such certified food protection manager [(1)] shall not apply  
883 to [(A)] (1) an owner or operator of a soup kitchen that relies exclusively  
884 on services provided by volunteers, [(B)] (2) any volunteer who serves  
885 meals from a nonprofit organization, including a temporary food  
886 service establishment and a special event sponsored by a nonprofit civic  
887 organization, including, but not limited to, school sporting events, little  
888 league food booths, church suppers and fairs, or [(C)] (3) any person  
889 who serves meals to individuals at a registered congregate meal site  
890 funded under Title III of the Older Americans Act of 1965, as amended  
891 from time to time, that were prepared under the supervision of a  
892 certified food protection manager. [, and (2) shall not prohibit the sale  
893 or distribution of food at (A) a bed and breakfast establishment that  
894 prepares and offers food to guests, provided the operation is owner-  
895 occupied and the total building occupant load is not more than sixteen  
896 persons, including the owner and occupants, has no provisions for  
897 cooking or warming food in the guest rooms, breakfast is the only meal  
898 offered and the consumer of such operation is informed by statements  
899 contained in published advertisements, mailed brochures and placards  
900 posted in the registration area that the food is prepared in a kitchen that  
901 is not regulated and inspected by the local health director, and (B) a  
902 noncommercial function, including, but not limited to, an educational,  
903 religious, political or charitable organization's bake sale or potluck  
904 supper, provided the seller or person distributing the food maintains  
905 the food at the temperature, pH level and water activity level conditions  
906 that will inhibit the growth of infectious or toxigenic microorganisms.  
907 For the purposes of this subsection, "noncommercial function" means a  
908 function where food is sold or distributed by a person not regularly  
909 engaged in the business of selling such food for profit.]

910 (d) The provisions of the food code shall not (1) apply to a residential  
911 care home with thirty beds or less that is licensed pursuant to chapter  
912 368v, provided the administrator of the residential care home or the  
913 administrator's designee has satisfactorily passed a test as part of a food  
914 protection manager certification program that is evaluated and  
915 approved by an accrediting agency recognized by the Conference for  
916 Food Protection as conforming to its standard for accreditation of food  
917 protection manager certification programs, unless such residential care  
918 home enters into a service contract with a food establishment or lends,  
919 rents or leases any area of its facility to any person or entity for the  
920 purpose of preparing or selling food, at which time the provisions of the  
921 food code shall apply to such residential care home, and (2) shall not  
922 prohibit the sale or distribution of food at (A) a bed and breakfast  
923 establishment that prepares and offers food to guests, provided the  
924 operation is owner-occupied and the total building occupant load is not  
925 more than sixteen persons, including the owner and occupants, has no  
926 provisions for cooking or warming food in the guest rooms, breakfast is  
927 the only meal offered and the consumer of such operation is informed  
928 by statements contained in published advertisements, mailed brochures  
929 and placards posted in the registration area that the food is prepared in  
930 a kitchen that is not regulated and inspected by the local health director,  
931 and (B) a noncommercial function, including, but not limited to, an  
932 educational, religious, political or charitable organization's bake sale or  
933 potluck supper, provided the seller or person distributing the food  
934 maintains the food at the temperature, pH level and water activity level  
935 conditions that will inhibit the growth of infectious or toxigenic  
936 microorganisms. For the purposes of this subsection, "noncommercial  
937 function" means a function where food is sold or distributed by a person  
938 not regularly engaged in the business of selling such food for profit.

939 Sec. 34. Subparagraph (A) of subdivision (2) of subsection (c) of  
940 section 16-245n of the 2022 supplement to the general statutes is  
941 repealed and the following is substituted in lieu thereof (*Effective from*  
942 *passage*):

943 (2) (A) There is hereby created an Environmental Infrastructure Fund  
944 which shall be within the Connecticut Green Bank. The fund may  
945 receive any amount required by law to be deposited into the fund and  
946 may receive any federal funds as may become available to the state for  
947 environmental infrastructure investments, except that the fund shall not  
948 receive: (i) Ratepayer or Regional Greenhouse Gas Initiative funds, (ii)  
949 funds that have been deposited in, or are required to be deposited in, an  
950 account of the Clean Water Fund pursuant to sections 22a-475 to [22a-  
951 438f] 22a-483f, inclusive, or (iii) funds collected from a water company,  
952 as defined in section 25-32a.

953 Sec. 35. Subsection (b) of section 20-191c of the 2022 supplement to  
954 the general statutes is repealed and the following is substituted in lieu  
955 thereof (*Effective July 1, 2022*):

956 (b) Qualifying continuing education activities shall be related to the  
957 practice of psychology and shall include courses, seminars, workshops,  
958 conferences and postdoctoral institutes offered or approved by: (1) The  
959 American Psychological Association; (2) a regionally accredited  
960 institution of higher education graduate program; (3) a nationally  
961 recognized provider of continuing education seminars; (4) the  
962 Department of Mental Health and Addiction Services; or (5) a  
963 behavioral science organization that is professionally or scientifically  
964 recognized. Not more than five continuing education units during each  
965 registration period shall be completed via [the Internet] asynchronous  
966 online education, distance learning or home study. Not less than five  
967 continuing education units shall be earned through synchronous online  
968 education. On and after January 1, 2016, qualifying continuing  
969 education activities shall include not less than two contact hours of  
970 training or education during the first renewal period in which  
971 continuing education is required and not less than once every six years  
972 thereafter on the topic of mental health conditions common to veterans  
973 and family members of veterans, including (A) determining whether a  
974 patient is a veteran or family member of a veteran, (B) screening for  
975 conditions such as post-traumatic stress disorder, risk of suicide,

976 depression and grief, and (C) suicide prevention training. Qualifying  
977 continuing education activities may include a licensee's research-based  
978 presentation at a professional conference, provided not more than five  
979 continuing education units during each registration period shall be  
980 completed by such activities. A licensee who has earned a diploma from  
981 the American Board of Professional Psychology during the registration  
982 period may substitute the diploma for continuing education  
983 requirements for such registration period. For purposes of this section,  
984 "continuing education unit" means fifty to sixty minutes of participation  
985 in accredited continuing professional education. For the purposes of this  
986 subsection, "synchronous online education" means live online classes  
987 that are conducted in real time and "asynchronous online education"  
988 means a program where the instructor, learner and other participants  
989 are not engaged in the learning process at the same time, there is no real-  
990 time interaction between participants and instructors and the  
991 educational content is created and made available for later  
992 consumption.

993 Sec. 36. Section 19a-563h of the 2022 supplement to the general  
994 statutes is repealed and the following is substituted in lieu thereof  
995 (*Effective from passage*):

996 (a) On or before January 1, 2022, the Department of Public Health  
997 shall (1) establish minimum staffing level requirements for nursing  
998 homes of three hours of direct care per resident per day, and (2) modify  
999 staffing level requirements for social work and recreational staff of  
1000 nursing homes such that the requirements (A) for social work, [are] a  
1001 number of hours that is based on one full-time social worker per sixty  
1002 residents and that shall vary proportionally based on the number of  
1003 residents in the nursing home, and (B) for recreational staff are lower  
1004 than the current requirements, as deemed appropriate by the  
1005 Commissioner of Public Health.

1006 (b) The commissioner shall adopt regulations in accordance with the  
1007 provisions of chapter 54 that set forth nursing home staffing level  
1008 requirements to implement the provisions of this section. The



1009 Commissioner of Public Health may implement policies and procedures  
1010 necessary to administer the provisions of this section while in the  
1011 process of adopting such policies and procedures as regulations,  
1012 provided notice of intent to adopt regulations is published on the  
1013 eRegulations System not later than twenty days after the date of  
1014 implementation. Policies and procedures implemented pursuant to this  
1015 section shall be valid until the time final regulations are adopted.

1016 Sec. 37. Section 17b-59d of the general statutes is repealed and the  
1017 following is substituted in lieu thereof (*Effective from passage*):

1018 (a) There shall be established a State-wide Health Information  
1019 Exchange to empower consumers to make effective health care  
1020 decisions, promote patient-centered care, improve the quality, safety  
1021 and value of health care, reduce waste and duplication of services,  
1022 support clinical decision-making, keep confidential health information  
1023 secure and make progress toward the state's public health goals.

1024 (b) It shall be the goal of the State-wide Health Information Exchange  
1025 to: (1) Allow real-time, secure access to patient health information and  
1026 complete medical records across all health care provider settings; (2)  
1027 provide patients with secure electronic access to their health  
1028 information; (3) allow voluntary participation by patients to access their  
1029 health information at no cost; (4) support care coordination through  
1030 real-time alerts and timely access to clinical information; (5) reduce costs  
1031 associated with preventable readmissions, duplicative testing and  
1032 medical errors; (6) promote the highest level of interoperability; (7) meet  
1033 all state and federal privacy and security requirements; (8) support  
1034 public health reporting, quality improvement, academic research and  
1035 health care delivery and payment reform through data aggregation and  
1036 analytics; (9) support population health analytics; (10) be standards-  
1037 based; and (11) provide for broad local governance that (A) includes  
1038 stakeholders, including, but not limited to, representatives of the  
1039 Department of Social Services, hospitals, physicians, behavioral health  
1040 care providers, long-term care providers, health insurers, employers,  
1041 patients and academic or medical research institutions, and (B) is

1042 committed to the successful development and implementation of the  
1043 State-wide Health Information Exchange.

1044 (c) All contracts or agreements entered into by or on behalf of the state  
1045 relating to health information technology or the exchange of health  
1046 information shall be consistent with the goals articulated in subsection  
1047 (b) of this section and shall utilize contractors, vendors and other  
1048 partners with a demonstrated commitment to such goals.

1049 (d) (1) The executive director of the Office of Health Strategy, in  
1050 consultation with the Secretary of the Office of Policy and Management  
1051 and the State Health Information Technology Advisory Council,  
1052 established pursuant to section 17b-59f, shall, upon the approval by the  
1053 State Bond Commission of bond funds authorized by the General  
1054 Assembly for the purposes of establishing a State-wide Health  
1055 Information Exchange, develop and issue a request for proposals for the  
1056 development, management and operation of the State-wide Health  
1057 Information Exchange. Such request shall promote the reuse of any and  
1058 all enterprise health information technology assets, such as the existing  
1059 Provider Directory, Enterprise Master Person Index, Direct Secure  
1060 Messaging Health Information Service provider infrastructure, analytic  
1061 capabilities and tools that exist in the state or are in the process of being  
1062 deployed. Any enterprise health information exchange technology  
1063 assets purchased after June 2, 2016, and prior to the implementation of  
1064 the State-wide Health Information Exchange shall be capable of  
1065 interoperability with a State-wide Health Information Exchange.

1066 (2) Such request for proposals may require an eligible organization  
1067 responding to the request to: (A) Have not less than three years of  
1068 experience operating either a state-wide health information exchange in  
1069 any state or a regional exchange serving a population of not less than  
1070 one million that (i) enables the exchange of patient health information  
1071 among health care providers, patients and other authorized users  
1072 without regard to location, source of payment or technology, (ii)  
1073 includes, with proper consent, behavioral health and substance abuse  
1074 treatment information, (iii) supports transitions of care and care

1075 coordination through real-time health care provider alerts and access to  
1076 clinical information, (iv) allows health information to follow each  
1077 patient, (v) allows patients to access and manage their health data, and  
1078 (vi) has demonstrated success in reducing costs associated with  
1079 preventable readmissions, duplicative testing or medical errors; (B) be  
1080 committed to, and demonstrate, a high level of transparency in its  
1081 governance, decision-making and operations; (C) be capable of  
1082 providing consulting to ensure effective governance; (D) be regulated or  
1083 administratively overseen by a state government agency; and (E) have  
1084 sufficient staff and appropriate expertise and experience to carry out the  
1085 administrative, operational and financial responsibilities of the State-  
1086 wide Health Information Exchange.

1087 (e) Notwithstanding the provisions of subsection (d) of this section,  
1088 if, on or before January 1, 2016, the Commissioner of Social Services, in  
1089 consultation with the State Health Information Technology Advisory  
1090 Council, established pursuant to section 17b-59f, submits a plan to the  
1091 Secretary of the Office of Policy and Management for the establishment  
1092 of a State-wide Health Information Exchange consistent with  
1093 subsections (a), (b) and (c) of this section, and such plan is approved by  
1094 the secretary, the commissioner may implement such plan and enter  
1095 into any contracts or agreements to implement such plan.

1096 (f) The executive director of the Office of Health Strategy shall have  
1097 administrative authority over the State-wide Health Information  
1098 Exchange. The executive director shall be responsible for designating,  
1099 and posting on its Internet web site, the list of systems, technologies,  
1100 entities and programs that shall constitute the State-wide Health  
1101 Information Exchange. Systems, technologies, entities, and programs  
1102 that have not been so designated shall not be considered part of said  
1103 exchange.

1104 (g) The executive director of the Office of Health Strategy may  
1105 implement policies and procedures necessary to administer the  
1106 provisions of this section while in the process of adopting such policies  
1107 and procedures in regulation form, provided the executive director

1108 publishes notice of intention to adopt the regulations on the Office of  
1109 Health Strategy's Internet web site and the eRegulations System not  
1110 later than twenty days after implementing such policies and procedures.  
1111 Policies and procedures implemented pursuant to this subsection shall  
1112 be valid until the time such regulations are effective.

1113 Sec. 38. Section 17b-59e of the general statutes is repealed and the  
1114 following is substituted in lieu thereof (*Effective from passage*):

1115 (a) For purposes of this section:

1116 (1) "Health care provider" means any individual, corporation, facility  
1117 or institution licensed by the state to provide health care services; and

1118 (2) "Electronic health record system" means a computer-based  
1119 information system that is used to create, collect, store, manipulate,  
1120 share, exchange or make available electronic health records for the  
1121 purposes of the delivery of patient care.

1122 (b) Not later than one year after commencement of the operation of  
1123 the State-wide Health Information Exchange, each hospital licensed  
1124 under chapter 368v and clinical laboratory licensed under section 19a-  
1125 30, as amended by this act, shall maintain an electronic health record  
1126 system capable of connecting to and participating in the State-wide  
1127 Health Information Exchange and shall apply to begin the process of  
1128 connecting to, and participating in, the State-wide Health Information  
1129 Exchange.

1130 (c) Not later than two years after commencement of the operation of  
1131 the State-wide Health Information Exchange, (1) each health care  
1132 provider with an electronic health record system capable of connecting  
1133 to, and participating in, the State-wide Health Information Exchange  
1134 shall apply to begin the process of connecting to, and participating in,  
1135 the State-wide Health Information Exchange, and (2) each health care  
1136 provider without an electronic health record system capable of  
1137 connecting to, and participating in, the State-wide Health Information  
1138 Exchange shall be capable of sending and receiving secure messages

1139 that comply with the Direct Project specifications published by the  
1140 federal Office of the National Coordinator for Health Information  
1141 Technology.

1142 (d) The executive director of the Office of Health Strategy may  
1143 implement policies and procedures necessary to administer the  
1144 provisions of this section while in the process of adopting such policies  
1145 and procedures in regulation form, provided the executive director  
1146 publishes notice of intention to adopt the regulations on the Office of  
1147 Health Strategy's Internet web site and the eRegulations System not  
1148 later than twenty days after implementing such policies and procedures.  
1149 Policies and procedures implemented pursuant to this subsection shall  
1150 be valid until the time such regulations are effective.

1151 Sec. 39. Subsection (c) of section 19a-495 of the general statutes is  
1152 repealed and the following is substituted in lieu thereof (*Effective from*  
1153 *passage*):

1154 (c) The commissioner may waive any provisions of the regulations  
1155 affecting an institution [, as defined in section 19a-490] or a clinical  
1156 laboratory, licensed pursuant to section 19a-30, as amended by this act,  
1157 if the commissioner determines that such waiver would not endanger  
1158 the health, safety or welfare of any patient or resident. The  
1159 commissioner may impose conditions, upon granting the waiver, that  
1160 assure the health, safety and welfare of patients or residents, and may  
1161 revoke the waiver upon a finding that the health, safety or welfare of  
1162 any patient or resident has been jeopardized. The commissioner shall  
1163 not grant a waiver that would result in a violation of the Fire Safety  
1164 Code or State Building Code. The commissioner may adopt regulations,  
1165 in accordance with chapter 54, establishing procedures for an  
1166 application for a waiver pursuant to this subsection.

1167 Sec. 40. (*Effective from passage*) (a) As used in this section:

1168 (1) "Certified doula" means a doula that is certified by the Department  
1169 of Public Health; and

1170 (2) "Doula" means a trained, nonmedical professional who provides  
1171 physical, emotional and informational support, virtually or in person,  
1172 to a pregnant person before, during and after birth.

1173 (b) The Commissioner of Public Health shall, within available  
1174 resources, establish a Doula Advisory Committee within the  
1175 Department of Public Health. The Doula Advisory Committee shall  
1176 develop recommendations for (1) requirements for certification and  
1177 certification renewal of doulas, including, but not limited to, training,  
1178 experience or continuing education requirements; and (2) standards for  
1179 recognizing doula training program curricula that are sufficient to  
1180 satisfy the requirements for doula certification.

1181 (c) The Commissioner of Public Health, or the commissioner's  
1182 designee, shall be the chairperson of the Doula Advisory Committee.

1183 (d) The Doula Advisory Committee shall consist of the following  
1184 members:

1185 (1) Seven appointed by the Commissioner of Public Health, or the  
1186 commissioner's designee, who are actively practicing as doulas in the  
1187 state;

1188 (2) One appointed by the Commissioner of Public Health, or the  
1189 commissioner's designee, who is a nurse-midwife, licensed pursuant to  
1190 chapter 377 of the general statutes, who has experience working with a  
1191 doula;

1192 (3) One appointed by the Commissioner of Public Health, or the  
1193 commissioner's designee, in consultation with the Connecticut Hospital  
1194 Association, who shall represent an acute care hospital;

1195 (4) One appointed by the Commissioner of Public Health, or the  
1196 commissioner's designee, who shall represent an association that  
1197 represents hospitals and health-related organizations in the state;

1198 (5) One appointed by the Commissioner of Public Health, or the

1199 commissioner's designee, who shall be a licensed health care provider  
1200 who specializes in obstetrics and has experience working with a doula;

1201 (6) One appointed by the Commissioner of Public Health, or the  
1202 commissioner's designee, who shall represent a community-based  
1203 doula training organization;

1204 (7) One appointed by the Commissioner of Public Health, or the  
1205 commissioner's designee, who shall represent a community-based  
1206 maternal and child health organization;

1207 (8) One appointed by the Commissioner of Public Health, or the  
1208 commissioner's designee, who shall have expertise in health equity;

1209 (9) The Commissioner of Social Services, or the commissioner's  
1210 designee;

1211 (10) The Commissioner of Mental Health and Addiction Services, or  
1212 the commissioner's designee; and

1213 (11) The Commissioner of Early Childhood, or the commissioner's  
1214 designee.

1215 (e) Not later than January 15, 2023, the Doula Advisory Committee  
1216 shall establish a Doula Training Program Review Committee. Such  
1217 committee shall (1) conduct a continuous review of doula training  
1218 programs; and (2) provide a list of approved doula training programs  
1219 in the state that meet the requirements established by the Doula  
1220 Advisory Committee.

1221 Sec. 41. (*Effective from passage*) The Commissioner of Public Health  
1222 shall study whether the state should adopt safe harbor legislation that  
1223 permits alternative health care practitioners who are not licensed,  
1224 certified or registered in the state to provide traditional health care  
1225 services, to provide certain alternative health care services, including,  
1226 but not limited to, aromatherapy, energetic healing, healing touch,  
1227 herbology or herbalism, meditation and mind body practices, polarity

1228 therapy, reflexology and Reiki, without violating any provision of the  
1229 general statutes relating to the unlicensed practice of medicine. Not later  
1230 than January 1, 2023, the commissioner shall report, in accordance with  
1231 the provisions of section 11-4a of the general statutes, regarding such  
1232 study to the joint standing committee of the General Assembly having  
1233 cognizance of matters relating to public health.

1234 Sec. 42. Subsection (c) of section 19a-498 of the general statutes is  
1235 repealed and the following is substituted in lieu thereof (*Effective October*  
1236 *1, 2022*):

1237 (c) The Department of Mental Health and Addiction Services, with  
1238 respect to any behavioral health facility, [or alcohol or drug treatment  
1239 facility,] shall be authorized, either upon the request of the  
1240 Commissioner of Public Health or at such other times as they deem  
1241 necessary, to enter such facility for the purpose of inspecting programs  
1242 conducted at such facility. A written report of the findings of any such  
1243 inspection shall be forwarded to the Commissioner of Public Health and  
1244 a copy shall be maintained in such facility's licensure file.

1245 Sec. 43. Section 19a-509g of the general statutes is repealed and the  
1246 following is substituted in lieu thereof (*Effective October 1, 2022*):

1247 [An alcohol or drug treatment facility, as defined in section 19a-490,]  
1248 A behavioral health facility shall use the criteria for admission  
1249 developed by the American Society of Addiction Medicine for purposes  
1250 of assessing a person for admission to such facility in consideration of  
1251 (1) the services for which the facility is licensed, and (2) the appropriate  
1252 services required for treatment of such person.

1253 Sec. 44. Subdivision (1) of subsection (b) of section 38a-493 of the 2022  
1254 supplement to the general statutes is repealed and the following is  
1255 substituted in lieu thereof (*Effective October 1, 2022*):

1256 (1) "Hospital" means an institution that is primarily engaged in  
1257 providing, by or under the supervision of physicians, to inpatients (A)  
1258 diagnostic, surgical and therapeutic services for medical diagnosis,



1259 treatment and care of persons who have an injury, sickness or disability,  
 1260 or (B) medical rehabilitation services for the rehabilitation of persons  
 1261 who have an injury, sickness or disability. "Hospital" does not include a  
 1262 residential care home, nursing home, rest home or [alcohol or drug  
 1263 treatment facility] behavioral health facility, as defined in section 19a-  
 1264 490, as amended by this act;

1265       Sec. 45. Subdivision (1) of subsection (b) of section 38a-520 of the 2022  
 1266 supplement to the general statutes is repealed and the following is  
 1267 substituted in lieu thereof (*Effective October 1, 2022*):

1268       (1) "Hospital" means an institution that is primarily engaged in  
 1269 providing, by or under the supervision of physicians, to inpatients (A)  
 1270 diagnostic, surgical and therapeutic services for medical diagnosis,  
 1271 treatment and care of persons who have an injury, sickness or disability,  
 1272 or (B) medical rehabilitation services for the rehabilitation of persons  
 1273 who have an injury, sickness or disability. "Hospital" does not include a  
 1274 residential care home, nursing home, rest home or [alcohol or drug  
 1275 treatment facility] behavioral health facility, as defined in section 19a-  
 1276 490, as amended by this act;

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	19a-490
Sec. 2	<i>October 1, 2022</i>	19a-491c(a)
Sec. 3	<i>October 1, 2022</i>	19a-535b
Sec. 4	<i>October 1, 2022</i>	19a-537(a)
Sec. 5	<i>October 1, 2022</i>	19a-550(a)
Sec. 6	<i>October 1, 2022</i>	20-185r(a) to (e)
Sec. 7	<i>October 1, 2022</i>	12-20a(a)
Sec. 8	<i>October 1, 2022</i>	17b-368
Sec. 9	<i>from passage</i>	19a-491(a)
Sec. 10	<i>October 1, 2022</i>	19a-497(a)
Sec. 11	<i>from passage</i>	19a-515(a) and (b)
Sec. 12	<i>October 1, 2022</i>	19a-492e(a)
Sec. 13	<i>October 1, 2022</i>	19a-495a(a) and (b)
Sec. 14	<i>from passage</i>	New section

Sec. 15	<i>from passage</i>	20-90
Sec. 16	<i>from passage</i>	19a-16d(c) and (d)
Sec. 17	<i>from passage</i>	19a-16e(a)
Sec. 18	<i>from passage</i>	20-132a(c)
Sec. 19	<i>from passage</i>	19a-14c(b)
Sec. 20	<i>from passage</i>	20-12j(b)
Sec. 21	<i>from passage</i>	19a-177(8)(B)
Sec. 22	<i>from passage</i>	14-1(5)
Sec. 23	<i>October 1, 2022</i>	19a-30(a)
Sec. 24	<i>October 1, 2022</i>	19a-31b
Sec. 25	<i>October 1, 2022</i>	19a-72(a)(1) and (2)
Sec. 26	<i>October 1, 2022</i>	19a-215(a)(1)
Sec. 27	<i>October 1, 2022</i>	19a-269b(a)
Sec. 28	<i>October 1, 2022</i>	20-7a(d)
Sec. 29	<i>October 1, 2022</i>	20-7c(a)
Sec. 30	<i>October 1, 2022</i>	38a-477aa(a)(6)(A)
Sec. 31	<i>from passage</i>	7-51a
Sec. 32	<i>from passage</i>	7-74
Sec. 33	<i>from passage</i>	19a-36m(c) and (d)
Sec. 34	<i>from passage</i>	16-245n(c)(2)(A)
Sec. 35	<i>July 1, 2022</i>	20-191c(b)
Sec. 36	<i>from passage</i>	19a-563h
Sec. 37	<i>from passage</i>	17b-59d
Sec. 38	<i>from passage</i>	17b-59e
Sec. 39	<i>from passage</i>	19a-495(c)
Sec. 40	<i>from passage</i>	New section
Sec. 41	<i>from passage</i>	New section
Sec. 42	<i>October 1, 2022</i>	19a-498(c)
Sec. 43	<i>October 1, 2022</i>	19a-509g
Sec. 44	<i>October 1, 2022</i>	38a-493(b)(1)
Sec. 45	<i>October 1, 2022</i>	38a-520(b)(1)

**Statement of Legislative Commissioners:**

In Section 15, former Subsec. (b), which had been redesignated as Subsec. (d), has been bracketed to avoid repetition.

**PH**            *Joint Favorable Subst.*