



General Assembly

Amendment

February Session, 2022

LCO No. 5921



Offered by:

REP. STEINBERG, 136th Dist.

SEN. KUSHNER, 24th Dist.

REP. GILCHREST, 18th Dist.

SEN. HWANG, 28th Dist.

REP. PETIT, 22nd Dist.

SEN. SOMERS, 18th Dist.

SEN. ANWAR, 3rd Dist.

To: Subst. House Bill No. 5500

File No. 528

Cal. No. 390

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

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

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5 special session, is repealed and the following is substituted in lieu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

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

8 (a) "Institution" means a hospital, short-term hospital special hospice,
9 hospice inpatient facility, residential care home, nursing home facility,
10 home health care agency, home health aide agency, behavioral health
11 facility, assisted living services agency, substance abuse treatment

12 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,
13 an infirmary operated by an educational institution for the care of
14 students enrolled in, and faculty and employees of, such institution; a
15 facility engaged in providing services for the prevention, diagnosis,
16 treatment or care of human health conditions, including facilities
17 operated and maintained by any state agency; and a residential facility
18 for persons with intellectual disability licensed pursuant to section 17a-
19 227 and certified to participate in the Title XIX Medicaid program as an
20 intermediate care facility for individuals with intellectual disability.
21 "Institution" does not include any facility for the care and treatment of
22 persons with mental illness or substance use disorder operated or
23 maintained by any state agency, except Whiting Forensic Hospital and
24 the hospital and psychiatric residential treatment facility units of the
25 Albert J. Solnit Children's Center;

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

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

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

45 directly or through contract. An agency shall be available to enroll new
46 patients seven days a week, twenty-four hours per day;

47 (e) "Home health aide agency" means a public or private
48 organization, except a home health care agency, which provides in the
49 patient's home or a substantially equivalent environment supportive
50 services which may include, but are not limited to, assistance with
51 personal hygiene, dressing, feeding and incidental household tasks
52 essential to achieving adequate household and family management.
53 Such supportive services shall be provided under the supervision of a
54 registered nurse and, if such nurse determines appropriate, shall be
55 provided by a social worker, physical therapist, speech therapist or
56 occupational therapist. Such supervision may be provided directly or
57 through contract;

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

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

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

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

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

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

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

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

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

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

108 twenty-four hours per day, or (2) any chronic and convalescent nursing
109 home that provides skilled nursing care under medical supervision and
110 direction to carry out nonsurgical treatment and dietary procedures for
111 chronic diseases, convalescent stages, acute diseases or injuries;

112 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient
113 dialysis unit that is licensed by the department to provide (A) services
114 on an out-patient basis to persons requiring dialysis on a short-term
115 basis or for a chronic condition, or (B) training for home dialysis, or (2)
116 an in-hospital dialysis unit that is a special unit of a licensed hospital
117 designed, equipped and staffed to (A) offer dialysis therapy on an out-
118 patient basis, (B) provide training for home dialysis, and (C) perform
119 renal transplantations; [and]

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

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

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

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

132 (a) As used in this section:

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

138 other registry specified by the Department of Public Health which the
139 department deems necessary for the administration of a background
140 search program.

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

145 (3) "Disqualifying offense" means a conviction of (A) any crime
146 described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated
147 finding of neglect, abuse or misappropriation of property by a state or
148 federal agency pursuant to an investigation conducted in accordance
149 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a
150 conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c,
151 53a-61a, 53a-321, 53a-322 or 53a-323.

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

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

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

170 diseases.]

171 [(b)] A [facility] chronic disease hospital shall not transfer or
172 discharge a patient from [the facility] such hospital except for medical
173 reasons, or for the patient's welfare or the welfare of other patients, as
174 documented in the patient's medical record; or, in the case of a self pay
175 patient, for nonpayment or arrearage of more than fifteen days of the
176 per diem chronic disease hospital room rates for the patient's stay,
177 except as prohibited by the Social Security Act. In the case of an
178 involuntary transfer or discharge, the patient and, if known, the
179 patient's legally liable relative, guardian or conservator and the patient's
180 personal physician, if the discharge plan is prepared by the medical
181 director of the chronic disease hospital, shall be given at least thirty
182 days' written notice of the proposed action to ensure orderly transfer or
183 discharge.

184 Sec. 4. Subsection (a) of section 19a-537 of the general statutes is
185 repealed and the following is substituted in lieu thereof (*Effective October*
186 *1, 2022*):

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

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

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

191 (3) "Hospital" means a general short-term hospital licensed by the
192 Department of Public Health or a hospital for mental illness, as defined
193 in section 17a-495, or a chronic disease hospital. [, as defined in section
194 19-13-D1(a) of the Public Health Code.]

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

198 (a) (1) As used in this section, (A) "nursing home facility" has the same
199 meaning as provided in section 19a-521, and (B) "residential care home"

200 has the same meaning as provided in section 19a-521; [, and (C) "chronic
201 disease hospital" means a long-term hospital having facilities, medical
202 staff and all necessary personnel for the diagnosis, care and treatment
203 of chronic diseases;] and (2) for the purposes of subsections (c) and (d)
204 of this section, and subsection (b) of section 19a-537, "medically
205 contraindicated" means a comprehensive evaluation of the impact of a
206 potential room transfer on the patient's physical, mental and
207 psychosocial well-being, which determines that the transfer would
208 cause new symptoms or exacerbate present symptoms beyond a
209 reasonable adjustment period resulting in a prolonged or significant
210 negative outcome that could not be ameliorated through care plan
211 intervention, as documented by a physician, physician assistant or an
212 advanced practice registered nurse in a patient's medical record.

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

216 (a) As used in this section:

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

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

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

229 (4) "Central service department" means a department within a health
230 care facility that processes, issues and controls medical supplies, devices

231 and equipment, both sterile and nonsterile, for patient care areas of a
232 health care facility.

233 (b) Unless otherwise permitted pursuant to this section, no person
234 shall practice as a central service technician unless such person (1) (A)
235 has successfully passed a nationally accredited central service exam for
236 central service technicians and holds and maintains one of the following
237 credentials: (i) A certified registered central service technician credential
238 administered by the International Association of Healthcare Central
239 Service Materiel Management, or its successor organization, or (ii) a
240 certified sterile processing and distribution technician credential
241 administered by the Certification Board for Sterile Processing and
242 Distribution, Inc., or (B) was employed or otherwise contracted for
243 services as a central service technician [in] by a health care facility before
244 January 1, 2016, or (2) obtains a certified registered central service
245 technician credential administered by the International Association of
246 Healthcare Central Service Materiel Management, or its successor
247 organization, or a certified sterile processing and distribution technician
248 credential administered by the Certification Board for Sterile Processing
249 and Distribution, Inc., not later than two years after such person's date
250 of hire or contracting for services with the health care facility.

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

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

258 (e) Nothing in this section shall prohibit the following persons from
259 performing the tasks or functions of a central service technician: (1) A
260 health care provider; (2) a student or intern performing the functions of
261 a central service technician under the direct supervision of a health care
262 provider as part of the student's or intern's training or internship; or (3)

263 a person who does not work in a central service department in a health
264 care facility, but who has been specially trained and determined
265 competent, based on standards set by a health care facility's infection
266 prevention or control committee, acting in consultation with a central
267 service technician certified in accordance with subsection (b) of this
268 section, to decontaminate or sterilize reusable medical equipment,
269 instruments or devices, in a manner that meets applicable
270 manufacturer's instructions and standards.

271 Sec. 7. Subsection (a) of section 12-20a of the general statutes is
272 repealed and the following is substituted in lieu thereof (*Effective October*
273 *1, 2022*):

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

297 facility used primarily for the care and treatment of special types of
298 disease or physical or mental conditions; and "freestanding chronic
299 disease hospital" [means a facility that provides for the care and
300 treatment of chronic diseases] has the same meaning as "chronic disease
301 hospital" as defined in section 19a-490, as amended by this act,
302 excluding any such facility having an ownership affiliation with and
303 operated in the same location as a chronic and convalescent nursing
304 home.

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

307 On or before July 1, 2004, the Department of Social Services shall,
308 within the limits of available Medicaid funding, implement a pilot
309 project in Greater Hartford with a chronic disease hospital colocated
310 with a skilled nursing facility and with the facilities, medical staff and
311 all necessary personnel for the diagnosis, care and treatment of chronic
312 or geriatric mental conditions that require prolonged hospital or
313 restorative care. For purposes of this section, "chronic disease hospital"
314 [means a long-term hospital with facilities, medical staff and all
315 necessary personnel for the diagnosis, care and treatment of chronic
316 physical and geriatric mental health conditions that require prolonged
317 hospital or restorative care] has the same meaning as provided in section
318 19a-490, as amended by this act.

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

322 (a) No person acting individually or jointly with any other person
323 shall establish, conduct, operate or maintain an institution in this state
324 without a license as required by this chapter, except for persons issued
325 a license by the Commissioner of Children and Families pursuant to
326 section 17a-145 for the operation of (1) a substance abuse treatment
327 facility, or (2) a facility for the purpose of caring for women during
328 pregnancies and for women and their infants following such

329 pregnancies, provided such exception shall not apply to the hospital and
330 psychiatric residential treatment facility units of the Albert J. Solnit
331 Children's Center. Application for such license shall (A) be made to the
332 Department of Public Health upon forms provided by it, (B) be
333 accompanied by the fee required under subsection (c), (d) or (e) of this
334 section, (C) contain such information as the department requires, which
335 may include affirmative evidence of ability to comply with reasonable
336 standards and regulations prescribed under the provisions of this
337 chapter, and (D) not be required to be notarized. The commissioner may
338 require as a condition of licensure that an applicant sign a consent order
339 providing reasonable assurances of compliance with the Public Health
340 Code. The commissioner may issue more than one chronic disease
341 hospital license to a single institution until such time as the state offers
342 a rehabilitation hospital license.

343 Sec. 10. Subsection (a) of section 19a-497 of the general statutes is
344 repealed and the following is substituted in lieu thereof (*Effective July 1,*
345 *2022*):

346 (a) Each institution shall, upon receipt of a notice of intention to strike
347 by a labor organization representing the employees of such institution,
348 in accordance with the provisions of the National Labor Relations Act,
349 29 USC 158, file a strike contingency plan with the commissioner not
350 later than five days before the date indicated for the strike. Such strike
351 contingency plan shall include the institution's staffing plan for at least
352 the first three days of such strike. The strike contingency plan shall
353 include, but need not be limited to, the names and titles of the
354 individuals who will be providing services at the institution. An
355 institution that is a residential facility for persons with intellectual
356 disability licensed pursuant to section 17a-227 and certified to
357 participate in the Title XIX Medicaid program as an intermediate care
358 facility for individuals with intellectual disabilities shall submit a strike
359 contingency plan that contains the same information as required of
360 nursing homes.

361 Sec. 11. Subsections (a) and (b) of section 19a-515 of the general

362 statutes are repealed and the following is substituted in lieu thereof
363 (*Effective from passage*):

364 (a) Each nursing home administrator's license issued pursuant to the
365 provisions of sections 19a-511 to 19a-520, inclusive, shall be renewed
366 once every two years, in accordance with section 19a-88, except for
367 cause, by the Department of Public Health, upon forms to be furnished
368 by said department and upon the payment to said department, by each
369 applicant for license renewal, of the sum of two hundred five dollars.
370 Each such fee shall be remitted to the Department of Public Health on
371 or before the date prescribed under section 19a-88. Such renewals shall
372 be granted unless said department finds the applicant has acted or failed
373 to act in such a manner or under such circumstances as would constitute
374 grounds for suspension or revocation of such license.

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

393 Sec. 12. Subsection (a) of section 19a-492e of the 2022 supplement to
394 the general statutes is repealed and the following is substituted in lieu

395 thereof (*Effective October 1, 2022*):

396 (a) For purposes of this section "home health care agency" and
397 "hospice agency" have the same meanings as provided in section 19a-
398 490, as amended by this act. Notwithstanding the provisions of chapter
399 378, a registered nurse may delegate the administration of medications
400 that are not administered by injection to home health aides and hospice
401 aides who have obtained (1) certification and recertification every
402 [three] two years thereafter for medication administration in accordance
403 with regulations adopted pursuant to subsection (b) of this section, or
404 (2) a current certification from the Department of Children and Families
405 or the Department of Developmental Services in accordance with
406 section 19a-495a, as amended by this act, unless the prescribing
407 practitioner specifies that a medication shall only be administered by a
408 licensed nurse. [Any home health aide or hospice aide who obtained
409 certification in the administration of medications on or before June 30,
410 2015, shall obtain recertification on or before July 1, 2018.]

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

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

425 (2) Any regulations adopted pursuant to this subsection shall
426 establish criteria to be used by such homes in determining (A) the

427 appropriate number of unlicensed personnel who shall obtain such
428 certification and recertification, and (B) training requirements,
429 including ongoing training requirements for such certification and
430 recertification.

431 (3) Training requirements for initial certification and recertification
432 shall include, but shall not be limited to: Initial orientation, resident
433 rights, identification of the types of medication that may be
434 administered by unlicensed personnel, behavioral management,
435 personal care, nutrition and food safety, and health and safety in
436 general.

437 (b) Each residential care home [, as defined in section 19a-490,] shall
438 ensure that an appropriate number of unlicensed personnel, as
439 determined by the residential care home, obtain certification and
440 recertification for the administration of medication from the
441 Department of Public Health, Department of Children and Families or
442 Department of Developmental Services. Certification and recertification
443 of such personnel shall be in accordance with any regulations adopted
444 pursuant to this section. [, except any personnel who obtained
445 certification in the administration of medication on or before June 30,
446 2015, shall obtain recertification on or before July 1, 2018.] Unlicensed
447 personnel obtaining such certification and recertification may
448 administer medications that are not administered by injection to
449 residents of such homes, unless a resident's physician specifies that a
450 medication only be administered by licensed personnel.

451 Sec. 14. (*Effective from passage*) The Commissioner of Public Health
452 shall conduct a scope of practice review pursuant to sections 19a-16d to
453 19a-16f, inclusive, of the general statutes, as amended by this act, to
454 determine whether the Department of Public Health should regulate
455 midwives who are not eligible for licensure as nurse-midwives, licensed
456 pursuant to chapter 377 of the general statutes. The commissioner shall
457 report, in accordance with the provisions of section 11-4a of the general
458 statutes, the findings of such review and any recommendations to the
459 joint standing committee of the General Assembly having cognizance of

460 matters relating to public health on or before February 1, 2023.

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

463 (a) [Said board may adopt a seal. The Commissioner of Public Health,
464 with advice and assistance from the board, and in consultation with the
465 State Board of Education, shall adopt regulations, in accordance with
466 the provisions of chapter 54, permitting and setting standards for
467 courses for the training of practical nurses to be offered in high schools
468 or by the Technical Education and Career System for students who have
469 not yet acquired a high school diploma. Students who satisfactorily
470 complete courses approved by said Board of Examiners for Nursing,
471 with the consent of the Commissioner of Public Health, as meeting such
472 standards shall be given credit for each such course toward the
473 requirements for a practical nurse's license. All schools of nursing in this
474 state, except such schools accredited by the National League for Nursing
475 or other professional accrediting association approved by the United
476 States Department of Education and recognized by the Commissioner
477 of Public Health, and all schools for training licensed practical nurses
478 and all hospitals connected to such schools] The Connecticut State Board
479 of Examiners for Nursing shall have the following duties: (1) Hear and
480 decide matters concerning suspension or revocation of licensure; (2)
481 adjudicate complaints filed against practitioners licensed under this
482 chapter and impose sanctions where appropriate; (3) approve schools of
483 nursing in the state that prepare persons for examination under the
484 provisions of this chapter; and (4) consult, where possible, with national
485 recognized accrediting agencies when approving schools pursuant to
486 subdivision (3) of this subsection. The board may adopt a seal.

487 (b) All schools of nursing in the state that prepare persons for
488 examination under the provisions of this chapter, shall be (1) visited
489 periodically by a representative of the Department of Public Health who
490 shall be a registered nurse or a person experienced in the field of nursing
491 education, and (2) approved by the Connecticut State Board of
492 Examiners for Nursing pursuant to subdivisions (3) and (4) of

493 subsection (a) of this section.

494 (c) The [board shall keep] Department of Public Health shall post a
495 list of all nursing programs and all programs for training licensed
496 practical nurses that are approved by [it, with the consent of the
497 Commissioner of Public Health, as maintaining] the Connecticut State
498 Board of Examiners for Nursing and maintain the standard for the
499 education of nurses and the training of licensed practical nurses as
500 established by the [commissioner. The board shall consult, where
501 possible, with nationally recognized accrediting agencies when
502 approving schools] Commissioner of Public Health on the department's
503 Internet web site.

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

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

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

522 (d) Any person or entity, acting on behalf of a health care profession
523 that may be directly impacted by a scope of practice request submitted
524 pursuant to this section, may submit to the department a written

525 statement identifying the nature of the impact not later than [October
526 first] September fifteenth of the year preceding the next regular session
527 of the General Assembly. Any such person or entity directly impacted
528 by a scope of practice request shall indicate the nature of the impact
529 taking into consideration the criteria set forth in subsection (b) of this
530 section and shall provide a copy of the written impact statement to the
531 requestor. Not later than October [fifteenth] first of such year, the
532 requestor shall submit a written response to the department and any
533 person or entity that has provided a written impact statement. The
534 requestor's written response shall include, but not be limited to, a
535 description of areas of agreement and disagreement between the
536 respective health care professions.

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

540 (a) On or before [November first] October fifteenth of the year
541 preceding the commencement of the next regular session of the General
542 Assembly, the Commissioner of Public Health shall select from the
543 timely scope of practice requests submitted to the department pursuant
544 to section 19a-16d, as amended by this act, the requests on which the
545 department will act and, within available appropriations allocated to
546 the department, establish and appoint members to a scope of practice
547 review committee for each [timely scope of practice] such request,
548 [submitted to the department pursuant to section 19a-16d.] Committees
549 established pursuant to this section shall consist of the following
550 members: (1) Two members recommended by the requestor to represent
551 the health care profession making the scope of practice request; (2) two
552 members recommended by each person or entity that has submitted a
553 written impact statement pursuant to subsection (d) of section 19a-16d,
554 as amended by this act, to represent the health care professions directly
555 impacted by the scope of practice request; and (3) the Commissioner of
556 Public Health or the commissioner's designee, who shall serve as an ex-
557 officio, nonvoting member of the committee. The Commissioner of
558 Public Health or the commissioner's designee shall serve as the

559 chairperson of any such committee. The Commissioner of Public Health
560 may appoint additional members to any committee established
561 pursuant to this section to include representatives from health care
562 professions having a proximate relationship to the underlying request if
563 the commissioner or the commissioner's designee determines that such
564 expansion would be beneficial to a resolution of the issues presented.
565 Any member of such committee shall serve without compensation.

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

569 (c) (1) Except as provided in this section, a licensee who is actively
570 engaged in the practice of optometry shall earn a minimum of twenty
571 hours of continuing education each registration period. The subject
572 matter for continuing education shall reflect the professional needs of
573 the licensee in order to meet the health care needs of the public, and shall
574 include ~~[(1)]~~ (A) not less than six hours in any of the following areas:
575 Pathology, detection of diabetes and ocular treatment; and ~~[(2)]~~ (B) not
576 less than six hours in treatment as it applies to the use of ocular agents-
577 T.

578 (2) Coursework shall be provided in the following manner: (A) Not
579 less than ten hours shall be earned through direct, live instruction that
580 the licensee physically attends; [either individually or as part of a group
581 of participants or through a formal home study or distance learning
582 program. Not] (B) not more than ten hours shall be earned through
583 synchronous online education with opportunities for live interaction;
584 (C) not more than [six] five hours shall be earned through [a home study
585 or other distance learning program] asynchronous online education,
586 distance learning or home study; and (D) not more than six hours shall
587 be in practice management. For the purposes of this subdivision,
588 "synchronous online education" means live online classes that are
589 conducted in real time and "asynchronous online education" means a
590 program where the instructor, learner and other participants are not
591 engaged in the learning process at the same time, there is no real-time

592 interaction between participants and instructors and the educational
593 content is created and made available for later consumption.

594 (3) Qualifying continuing education activities include, but are not
595 limited to, courses offered or approved by the Council on Optometric
596 Practitioner Education of the Association of Regulatory Boards of
597 Optometry, the American Optometric Association or state or local
598 optometry associations and societies that are affiliated with the
599 American Optometric Association, a hospital or other health care
600 institution, a school or college of optometry or other institution of higher
601 education accredited or recognized by the Council on Optometric
602 Practitioner Education or the American Optometric Association, a state
603 or local health department, or a national, state or local medical
604 association.

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

608 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist
609 licensed pursuant to chapter 383, [an independent] a clinical social
610 worker [certified] licensed pursuant to chapter 383b or a marital and
611 family therapist licensed pursuant to chapter 383a may provide
612 outpatient mental health treatment to a minor without the consent or
613 notification of a parent or guardian at the request of the minor if (1)
614 requiring the consent or notification of a parent or guardian would
615 cause the minor to reject such treatment; (2) the provision of such
616 treatment is clinically indicated; (3) the failure to provide such treatment
617 would be seriously detrimental to the minor's well-being; (4) the minor
618 has knowingly and voluntarily sought such treatment; and (5) in the
619 opinion of the provider of treatment, the minor is mature enough to
620 participate in treatment productively. The provider of such treatment
621 shall document the reasons for any determination made to treat a minor
622 without the consent or notification of a parent or guardian and shall
623 include such documentation in the minor's clinical record, along with a
624 written statement signed by the minor stating that (A) the minor is

625 voluntarily seeking such treatment; (B) the minor has discussed with the
626 provider the possibility of involving his or her parent or guardian in the
627 decision to pursue such treatment; (C) the minor has determined it is
628 not in his or her best interest to involve his or her parent or guardian in
629 such decision; and (D) the minor has been given adequate opportunity
630 to ask the provider questions about the course of his or her treatment.

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

634 (b) Each person holding a license as a physician assistant shall,
635 annually, during the month of such person's birth, ~~[register]~~ renew such
636 license with the Department of Public Health, upon payment of a fee of
637 one hundred fifty-five dollars, on ~~[blanks]~~ a form to be ~~[furnished]~~
638 provided by the department for such purpose, giving such person's
639 name in full, such person's residence and business address and such
640 other information as the department requests. No such license shall be
641 renewed unless the department is satisfied that the practitioner (1) has
642 met the mandatory continuing medical education requirements of the
643 National Commission on Certification of Physician Assistants or a
644 successor organization for the certification or recertification of physician
645 assistants that may be approved by the department; (2) has passed any
646 examination or continued competency assessment the passage of which
647 may be required by said commission for maintenance of current
648 certification by said commission; (3) has completed not less than one
649 contact hour of training or education in prescribing controlled
650 substances and pain management in the preceding two-year period; and
651 (4) for registration periods beginning on ~~[or before]~~ and after January 1,
652 2022, during the first renewal period and not less than once every six
653 years thereafter, earn not less than two contact hours of training or
654 education screening for post-traumatic stress disorder, risk of suicide,
655 depression and grief and suicide prevention training administered by
656 the American ~~[Association]~~ Academy of Physician Assistants, or the
657 American Academy of Physician Assistants' successor organization, a
658 hospital or other licensed health care institution or a regionally

659 accredited institution of higher education.

660 Sec. 21. Subparagraph (B) of subdivision (8) of section 19a-177 of the
661 2022 supplement to the general statutes is repealed and the following is
662 substituted in lieu thereof (*Effective from passage*):

663 (B) On or before [December 31, 2018] June 1, 2023, and annually
664 thereafter, the commissioner shall prepare a report to the Emergency
665 Medical Services Advisory Board, established pursuant to section 19a-
666 178a, that shall include, but not be limited to, the following data: (i) The
667 total number of calls for emergency medical services received during
668 the reporting year by each licensed ambulance service, certified
669 ambulance service or paramedic intercept service; (ii) the level of
670 emergency medical services required for each such call; (iii) the name of
671 the emergency medical service organization that provided each such
672 level of emergency medical services furnished during the reporting
673 year; (iv) the response time, by time ranges or fractile response times,
674 for each licensed ambulance service, certified ambulance service or
675 paramedic intercept service, using a common definition of response
676 time, as provided in regulations adopted pursuant to section 19a-179;
677 and (v) the number of passed calls, cancelled calls and mutual aid calls
678 during the reporting year. The commissioner shall prepare such report
679 in a format that categorizes such data for each municipality in which the
680 emergency medical services were provided, with each such
681 municipality grouped according to urban, suburban and rural
682 classifications.

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

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

689 Sec. 23. Subsection (a) of section 19a-30 of the 2022 supplement to the
690 general statutes is repealed and the following is substituted in lieu

691 thereof (*Effective October 1, 2022*):

692 (a) As used in this section, "clinical laboratory" [means any facility or
693 other area used for microbiological, serological, chemical,
694 hematological, immunohematological, biophysical, cytological,
695 pathological or other examinations of human body fluids, secretions,
696 excretions or excised or exfoliated tissues, for the purpose of providing
697 information for the diagnosis, prevention or treatment of any human
698 disease or impairment, for the assessment of human health or for the
699 presence of drugs, poisons or other toxicological substances] has the
700 same meaning as provided in section 19a-490, as amended by this act.

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

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

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

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

721 (2) "Hospital" [means an establishment for the lodging, care and

722 treatment of persons suffering from disease or other abnormal physical
723 or mental conditions and includes inpatient psychiatric services in
724 general hospitals] has the same meaning as provided in section 19a-490,
725 as amended by this act;

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

729 (1) "Clinical laboratory" [means any facility or other area used for
730 microbiological, serological, chemical, hematological,
731 immunohematological, biophysical, cytological, pathological or other
732 examinations of human body fluids, secretions, excretions or excised or
733 exfoliated tissues, for the purpose of providing information for the
734 diagnosis, prevention or treatment of any human disease or
735 impairment, for the assessment of human health or for the presence of
736 drugs, poisons or other toxicological substances] has the same meaning
737 as provided in section 19a-490, as amended by this act.

738 Sec. 27. Subsection (a) of section 19a-269b of the general statutes is
739 repealed and the following is substituted in lieu thereof (*Effective October*
740 *1, 2022*):

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

743 Sec. 28. Subsection (d) of section 20-7a of the general statutes is
744 repealed and the following is substituted in lieu thereof (*Effective October*
745 *1, 2022*):

746 (d) No person or entity, other than a physician licensed under chapter
747 370, a clinical laboratory, as defined in section [19a-30] 19a-490, as
748 amended by this act, or a referring clinical laboratory, shall directly or
749 indirectly charge, bill or otherwise solicit payment for the provision of
750 anatomic pathology services, unless such services were personally
751 rendered by or under the direct supervision of such physician, clinical
752 laboratory or referring laboratory in accordance with section 353 of the

753 Public Health Service Act, (42 USC 263a). A clinical laboratory or
754 referring laboratory may only solicit payment for anatomic pathology
755 services from the patient, a hospital, the responsible insurer of a third
756 party payor, or a governmental agency or such agency's public or
757 private agent that is acting on behalf of the recipient of such services.
758 Nothing in this subsection shall be construed to prohibit a clinical
759 laboratory from billing a referring clinical laboratory when specimens
760 are transferred between such laboratories for histologic or cytologic
761 processing or consultation. No patient or other third party payor, as
762 described in this subsection, shall be required to reimburse any provider
763 for charges or claims submitted in violation of this section. For purposes
764 of this subsection, (1) "referring clinical laboratory" means a clinical
765 laboratory that refers a patient specimen for consultation or anatomic
766 pathology services, excluding the laboratory of a physician's office or
767 group practice that takes a patient specimen and does not perform the
768 professional diagnostic component of the anatomic pathology services
769 involved, and (2) "anatomic pathology services" means the gross and
770 microscopic examination and histologic or cytologic processing of
771 human specimens, including histopathology or surgical pathology,
772 cytopathology, hematology, subcellular pathology or molecular
773 pathology or blood banking service performed by a pathologist.

774 Sec. 29. Subsection (a) of section 20-7c of the general statutes is
775 repealed and the following is substituted in lieu thereof (*Effective October*
776 *1, 2022*):

777 (a) For purposes of this section, "clinical laboratory" has the same
778 meaning as provided in section [19a-30] 19a-490, as amended by this act.
779 "Clinical laboratory" does not include any state laboratory established
780 by the Department of Public Health pursuant to section 19a-26 or 19a-
781 29.

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

785 (6) (A) "Surprise bill" means a bill for health care services, other than
786 emergency services, received by an insured for services rendered by an
787 out-of-network health care provider, where such services were rendered
788 by (i) such out-of-network provider at an in-network facility, during a
789 service or procedure performed by an in-network provider or during a
790 service or procedure previously approved or authorized by the health
791 carrier and the insured did not knowingly elect to obtain such services
792 from such out-of-network provider, or (ii) a clinical laboratory, as
793 defined in section [19a-30] 19a-490, as amended by this act, that is an
794 out-of-network provider, upon the referral of an in-network provider.

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

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

819 containing Social Security numbers that are protected from disclosure
820 pursuant to federal law, the Social Security numbers contained on such
821 records shall be redacted from any certified copy of such records issued
822 to a genealogist by a registrar of vital statistics.

823 (b) For marriage and civil union licenses, the Social Security numbers
824 of the parties to the marriage or civil union shall be recorded in the
825 "administrative purposes" section of the marriage or civil union license
826 and the application for such license. All persons specified on the license,
827 including the parties to the marriage or civil union, officiator and local
828 registrar shall have access to the Social Security numbers specified on
829 the marriage or civil union license and the application for such license
830 for the purpose of processing the license. Only the parties to a marriage
831 or civil union, or entities authorized by state or federal law, may receive
832 a certified copy of a marriage or civil union license with the Social
833 Security numbers included on the license. Any other individual,
834 researcher or state or federal agency requesting a certified or uncertified
835 copy of any marriage or civil union license in accordance with the
836 provisions of this section shall be provided such copy with such Social
837 Security numbers removed or redacted, or with the "administrative
838 purposes" section omitted.

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

853 information. The decedent's Social Security number shall be removed or
854 redacted from such certificate or information or the administrative
855 purposes section shall be omitted from such certificate.

856 (d) The registrar of vital statistics of any town or city in this state that
857 has access to an electronic vital records system, as authorized by the
858 department, may use such system to issue certified copies of birth,
859 death, fetal death or marriage certificates that are electronically filed in
860 such system.

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

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

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

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

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

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

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

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

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

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

916 that will inhibit the growth of infectious or toxigenic microorganisms.
917 For the purposes of this subsection, "noncommercial function" means a
918 function where food is sold or distributed by a person not regularly
919 engaged in the business of selling such food for profit.]

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

949 Sec. 34. Subparagraph (A) of subdivision (2) of subsection (c) of

950 section 16-245n of the 2022 supplement to the general statutes is
951 repealed and the following is substituted in lieu thereof (*Effective from*
952 *passage*):

953 (2) (A) There is hereby created an Environmental Infrastructure Fund
954 which shall be within the Connecticut Green Bank. The fund may
955 receive any amount required by law to be deposited into the fund and
956 may receive any federal funds as may become available to the state for
957 environmental infrastructure investments, except that the fund shall not
958 receive: (i) Ratepayer or Regional Greenhouse Gas Initiative funds, (ii)
959 funds that have been deposited in, or are required to be deposited in, an
960 account of the Clean Water Fund pursuant to sections 22a-475 to [22a-
961 438f] 22a-483f, inclusive, or (iii) funds collected from a water company,
962 as defined in section 25-32a.

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

966 (b) Qualifying continuing education activities shall be related to the
967 practice of psychology and shall include courses, seminars, workshops,
968 conferences and postdoctoral institutes offered or approved by: (1) The
969 American Psychological Association; (2) a regionally accredited
970 institution of higher education graduate program; (3) a nationally
971 recognized provider of continuing education seminars; (4) the
972 Department of Mental Health and Addiction Services; or (5) a
973 behavioral science organization that is professionally or scientifically
974 recognized. Not more than five continuing education units during each
975 registration period shall be completed via [the Internet] asynchronous
976 online education, distance learning or home study. Not less than five
977 continuing education units shall be earned through synchronous online
978 education. On and after January 1, 2016, qualifying continuing
979 education activities shall include not less than two contact hours of
980 training or education during the first renewal period in which
981 continuing education is required and not less than once every six years
982 thereafter on the topic of mental health conditions common to veterans

983 and family members of veterans, including (A) determining whether a
984 patient is a veteran or family member of a veteran, (B) screening for
985 conditions such as post-traumatic stress disorder, risk of suicide,
986 depression and grief, and (C) suicide prevention training. Qualifying
987 continuing education activities may include a licensee's research-based
988 presentation at a professional conference, provided not more than five
989 continuing education units during each registration period shall be
990 completed by such activities. A licensee who has earned a diploma from
991 the American Board of Professional Psychology during the registration
992 period may substitute the diploma for continuing education
993 requirements for such registration period. For purposes of this section,
994 "continuing education unit" means fifty to sixty minutes of participation
995 in accredited continuing professional education. For the purposes of this
996 subsection, "synchronous online education" means live online classes
997 that are conducted in real time and "asynchronous online education"
998 means a program where the instructor, learner and other participants
999 are not engaged in the learning process at the same time, there is no real-
1000 time interaction between participants and instructors and the
1001 educational content is created and made available for later
1002 consumption.

1003 Sec. 36. Section 19a-563h of the 2022 supplement to the general
1004 statutes is repealed and the following is substituted in lieu thereof
1005 (*Effective from passage*):

1006 (a) On or before January 1, 2022, the Department of Public Health
1007 shall (1) establish minimum staffing level requirements for nursing
1008 homes of three hours of direct care per resident per day, and (2) modify
1009 staffing level requirements for social work and recreational staff of
1010 nursing homes such that the requirements (A) for social work, [are] a
1011 number of hours that is based on one full-time social worker per sixty
1012 residents and that shall vary proportionally based on the number of
1013 residents in the nursing home, and (B) for recreational staff are lower
1014 than the current requirements, as deemed appropriate by the
1015 Commissioner of Public Health.

1016 (b) The commissioner shall adopt regulations in accordance with the
1017 provisions of chapter 54 that set forth nursing home staffing level
1018 requirements to implement the provisions of this section. The
1019 Commissioner of Public Health may implement policies and procedures
1020 necessary to administer the provisions of this section while in the
1021 process of adopting such policies and procedures as regulations,
1022 provided notice of intent to adopt regulations is published on the
1023 eRegulations System not later than twenty days after the date of
1024 implementation. Policies and procedures implemented pursuant to this
1025 section shall be valid until the time final regulations are adopted.

1026 Sec. 37. Section 17b-59d of the general statutes is repealed and the
1027 following is substituted in lieu thereof (*Effective from passage*):

1028 (a) There shall be established a State-wide Health Information
1029 Exchange to empower consumers to make effective health care
1030 decisions, promote patient-centered care, improve the quality, safety
1031 and value of health care, reduce waste and duplication of services,
1032 support clinical decision-making, keep confidential health information
1033 secure and make progress toward the state's public health goals.

1034 (b) It shall be the goal of the State-wide Health Information Exchange
1035 to: (1) Allow real-time, secure access to patient health information and
1036 complete medical records across all health care provider settings; (2)
1037 provide patients with secure electronic access to their health
1038 information; (3) allow voluntary participation by patients to access their
1039 health information at no cost; (4) support care coordination through
1040 real-time alerts and timely access to clinical information; (5) reduce costs
1041 associated with preventable readmissions, duplicative testing and
1042 medical errors; (6) promote the highest level of interoperability; (7) meet
1043 all state and federal privacy and security requirements; (8) support
1044 public health reporting, quality improvement, academic research and
1045 health care delivery and payment reform through data aggregation and
1046 analytics; (9) support population health analytics; (10) be standards-
1047 based; and (11) provide for broad local governance that (A) includes
1048 stakeholders, including, but not limited to, representatives of the

1049 Department of Social Services, hospitals, physicians, behavioral health
1050 care providers, long-term care providers, health insurers, employers,
1051 patients and academic or medical research institutions, and (B) is
1052 committed to the successful development and implementation of the
1053 State-wide Health Information Exchange.

1054 (c) All contracts or agreements entered into by or on behalf of the state
1055 relating to health information technology or the exchange of health
1056 information shall be consistent with the goals articulated in subsection
1057 (b) of this section and shall utilize contractors, vendors and other
1058 partners with a demonstrated commitment to such goals.

1059 (d) (1) The executive director of the Office of Health Strategy, in
1060 consultation with the Secretary of the Office of Policy and Management
1061 and the State Health Information Technology Advisory Council,
1062 established pursuant to section 17b-59f, shall, upon the approval by the
1063 State Bond Commission of bond funds authorized by the General
1064 Assembly for the purposes of establishing a State-wide Health
1065 Information Exchange, develop and issue a request for proposals for the
1066 development, management and operation of the State-wide Health
1067 Information Exchange. Such request shall promote the reuse of any and
1068 all enterprise health information technology assets, such as the existing
1069 Provider Directory, Enterprise Master Person Index, Direct Secure
1070 Messaging Health Information Service provider infrastructure, analytic
1071 capabilities and tools that exist in the state or are in the process of being
1072 deployed. Any enterprise health information exchange technology
1073 assets purchased after June 2, 2016, and prior to the implementation of
1074 the State-wide Health Information Exchange shall be capable of
1075 interoperability with a State-wide Health Information Exchange.

1076 (2) Such request for proposals may require an eligible organization
1077 responding to the request to: (A) Have not less than three years of
1078 experience operating either a state-wide health information exchange in
1079 any state or a regional exchange serving a population of not less than
1080 one million that (i) enables the exchange of patient health information
1081 among health care providers, patients and other authorized users

1082 without regard to location, source of payment or technology, (ii)
1083 includes, with proper consent, behavioral health and substance abuse
1084 treatment information, (iii) supports transitions of care and care
1085 coordination through real-time health care provider alerts and access to
1086 clinical information, (iv) allows health information to follow each
1087 patient, (v) allows patients to access and manage their health data, and
1088 (vi) has demonstrated success in reducing costs associated with
1089 preventable readmissions, duplicative testing or medical errors; (B) be
1090 committed to, and demonstrate, a high level of transparency in its
1091 governance, decision-making and operations; (C) be capable of
1092 providing consulting to ensure effective governance; (D) be regulated or
1093 administratively overseen by a state government agency; and (E) have
1094 sufficient staff and appropriate expertise and experience to carry out the
1095 administrative, operational and financial responsibilities of the State-
1096 wide Health Information Exchange.

1097 (e) Notwithstanding the provisions of subsection (d) of this section,
1098 if, on or before January 1, 2016, the Commissioner of Social Services, in
1099 consultation with the State Health Information Technology Advisory
1100 Council, established pursuant to section 17b-59f, submits a plan to the
1101 Secretary of the Office of Policy and Management for the establishment
1102 of a State-wide Health Information Exchange consistent with
1103 subsections (a), (b) and (c) of this section, and such plan is approved by
1104 the secretary, the commissioner may implement such plan and enter
1105 into any contracts or agreements to implement such plan.

1106 (f) The executive director of the Office of Health Strategy shall have
1107 administrative authority over the State-wide Health Information
1108 Exchange. The executive director shall be responsible for designating,
1109 and posting on its Internet web site, the list of systems, technologies,
1110 entities and programs that shall constitute the State-wide Health
1111 Information Exchange. Systems, technologies, entities, and programs
1112 that have not been so designated shall not be considered part of said
1113 exchange.

1114 (g) The executive director of the Office of Health Strategy shall adopt

1115 regulations in accordance with the provisions of chapter 54 that set forth
1116 requirements necessary to implement the provisions of this section. The
1117 executive director may implement policies and procedures necessary to
1118 administer the provisions of this section while in the process of adopting
1119 such policies and procedures in regulation form, provided the executive
1120 director holds a public hearing at least thirty days prior to implementing
1121 such policies and procedures and publishes notice of intention to adopt
1122 the regulations on the Office of Health Strategy's Internet web site and
1123 the eRegulations System not later than twenty days after implementing
1124 such policies and procedures. Policies and procedures implemented
1125 pursuant to this subsection shall be valid until the time such regulations
1126 are effective.

1127 Sec. 38. Section 17b-59e of the general statutes is repealed and the
1128 following is substituted in lieu thereof (*Effective from passage*):

1129 (a) For purposes of this section:

1130 (1) "Health care provider" means any individual, corporation, facility
1131 or institution licensed by the state to provide health care services; and

1132 (2) "Electronic health record system" means a computer-based
1133 information system that is used to create, collect, store, manipulate,
1134 share, exchange or make available electronic health records for the
1135 purposes of the delivery of patient care.

1136 (b) Not later than one year after commencement of the operation of
1137 the State-wide Health Information Exchange, each hospital licensed
1138 under chapter 368v and clinical laboratory licensed under section 19a-
1139 30, as amended by this act, shall maintain an electronic health record
1140 system capable of connecting to and participating in the State-wide
1141 Health Information Exchange and shall apply to begin the process of
1142 connecting to, and participating in, the State-wide Health Information
1143 Exchange.

1144 (c) Not later than two years after commencement of the operation of
1145 the State-wide Health Information Exchange, (1) each health care

1146 provider with an electronic health record system capable of connecting
1147 to, and participating in, the State-wide Health Information Exchange
1148 shall apply to begin the process of connecting to, and participating in,
1149 the State-wide Health Information Exchange, and (2) each health care
1150 provider without an electronic health record system capable of
1151 connecting to, and participating in, the State-wide Health Information
1152 Exchange shall be capable of sending and receiving secure messages
1153 that comply with the Direct Project specifications published by the
1154 federal Office of the National Coordinator for Health Information
1155 Technology.

1156 (d) The executive director of the Office of Health Strategy shall adopt
1157 regulations in accordance with the provisions of chapter 54 that set forth
1158 requirements necessary to implement the provisions of this section. The
1159 executive director may implement policies and procedures necessary to
1160 administer the provisions of this section while in the process of adopting
1161 such policies and procedures in regulation form, provided the executive
1162 director holds a public hearing at least thirty days prior to implementing
1163 such policies and procedures and publishes notice of intention to adopt
1164 the regulations on the Office of Health Strategy's Internet web site and
1165 the eRegulations System not later than twenty days after implementing
1166 such policies and procedures. Policies and procedures implemented
1167 pursuant to this subsection shall be valid until the time such regulations
1168 are effective.

1169 Sec. 39. Subsection (c) of section 19a-495 of the general statutes is
1170 repealed and the following is substituted in lieu thereof (*Effective from*
1171 *passage*):

1172 (c) The commissioner may waive any provisions of the regulations
1173 affecting an institution [, as defined in section 19a-490] or a clinical
1174 laboratory, licensed pursuant to section 19a-30, as amended by this act,
1175 if the commissioner determines that such waiver would not endanger
1176 the health, safety or welfare of any patient or resident. The
1177 commissioner may impose conditions, upon granting the waiver, that
1178 assure the health, safety and welfare of patients or residents, and may

1179 revoke the waiver upon a finding that the health, safety or welfare of
1180 any patient or resident has been jeopardized. The commissioner shall
1181 not grant a waiver that would result in a violation of the Fire Safety
1182 Code or State Building Code. The commissioner may adopt regulations,
1183 in accordance with chapter 54, establishing procedures for an
1184 application for a waiver pursuant to this subsection.

1185 Sec. 40. (*Effective from passage*) (a) As used in this section:

1186 (1) "Certified doula" means a doula that is certified by the Department
1187 of Public Health; and

1188 (2) "Doula" means a trained, nonmedical professional who provides
1189 physical, emotional and informational support, virtually or in person,
1190 to a pregnant person before, during and after birth.

1191 (b) The Commissioner of Public Health shall, within available
1192 resources, establish a Doula Advisory Committee within the
1193 Department of Public Health. The Doula Advisory Committee shall
1194 develop recommendations for (1) requirements for certification and
1195 certification renewal of doulas, including, but not limited to, training,
1196 experience or continuing education requirements; and (2) standards for
1197 recognizing doula training program curricula that are sufficient to
1198 satisfy the requirements for doula certification.

1199 (c) The Commissioner of Public Health, or the commissioner's
1200 designee, shall be the chairperson of the Doula Advisory Committee.

1201 (d) The Doula Advisory Committee shall consist of the following
1202 members:

1203 (1) Seven appointed by the Commissioner of Public Health, or the
1204 commissioner's designee, who are actively practicing as doulas in the
1205 state;

1206 (2) One appointed by the Commissioner of Public Health, or the
1207 commissioner's designee, who is a nurse-midwife, licensed pursuant to
1208 chapter 377 of the general statutes, who has experience working with a

1209 doula;

1210 (3) One appointed by the Commissioner of Public Health, or the
1211 commissioner's designee, in consultation with the Connecticut Hospital
1212 Association, who shall represent an acute care hospital;

1213 (4) One appointed by the Commissioner of Public Health, or the
1214 commissioner's designee, who shall represent an association that
1215 represents hospitals and health-related organizations in the state;

1216 (5) One appointed by the Commissioner of Public Health, or the
1217 commissioner's designee, who shall be a licensed health care provider
1218 who specializes in obstetrics and has experience working with a doula;

1219 (6) One appointed by the Commissioner of Public Health, or the
1220 commissioner's designee, who shall represent a community-based
1221 doula training organization;

1222 (7) One appointed by the Commissioner of Public Health, or the
1223 commissioner's designee, who shall represent a community-based
1224 maternal and child health organization;

1225 (8) One appointed by the Commissioner of Public Health, or the
1226 commissioner's designee, who shall have expertise in health equity;

1227 (9) The Commissioner of Social Services, or the commissioner's
1228 designee;

1229 (10) The Commissioner of Mental Health and Addiction Services, or
1230 the commissioner's designee; and

1231 (11) The Commissioner of Early Childhood, or the commissioner's
1232 designee.

1233 (e) Not later than January 15, 2023, the Doula Advisory Committee
1234 shall establish a Doula Training Program Review Committee. Such
1235 committee shall (1) conduct a continuous review of doula training
1236 programs; and (2) provide a list of approved doula training programs

1237 in the state that meet the requirements established by the Doula
1238 Advisory Committee.

1239 Sec. 41. (*Effective from passage*) The Commissioner of Public Health
1240 shall study whether the state should adopt safe harbor legislation that
1241 permits alternative health care practitioners who are not licensed,
1242 certified or registered in the state to provide traditional health care
1243 services, to provide certain alternative health care services, including,
1244 but not limited to, aromatherapy, energetic healing, healing touch,
1245 herbology or herbalism, meditation and mind body practices, polarity
1246 therapy, reflexology and Reiki, without violating any provision of the
1247 general statutes relating to the unlicensed practice of medicine. Not later
1248 than January 1, 2023, the commissioner shall report, in accordance with
1249 the provisions of section 11-4a of the general statutes, regarding such
1250 study to the joint standing committee of the General Assembly having
1251 cognizance of matters relating to public health.

1252 Sec. 42. Subsection (c) of section 19a-498 of the general statutes is
1253 repealed and the following is substituted in lieu thereof (*Effective October*
1254 *1, 2022*):

1255 (c) The Department of Mental Health and Addiction Services, with
1256 respect to any behavioral health facility, [or alcohol or drug treatment
1257 facility,] shall be authorized, either upon the request of the
1258 Commissioner of Public Health or at such other times as they deem
1259 necessary, to enter such facility for the purpose of inspecting programs
1260 conducted at such facility. A written report of the findings of any such
1261 inspection shall be forwarded to the Commissioner of Public Health and
1262 a copy shall be maintained in such facility's licensure file.

1263 Sec. 43. Section 19a-509g of the general statutes is repealed and the
1264 following is substituted in lieu thereof (*Effective October 1, 2022*):

1265 [An alcohol or drug treatment facility, as defined in section 19a-490,]
1266 A behavioral health facility shall use the criteria for admission
1267 developed by the American Society of Addiction Medicine for purposes
1268 of assessing a person for admission to such facility in consideration of

1269 (1) the services for which the facility is licensed, and (2) the appropriate
1270 services required for treatment of such person.

1271 Sec. 44. Subdivision (1) of subsection (b) of section 38a-493 of the 2022
1272 supplement to the general statutes is repealed and the following is
1273 substituted in lieu thereof (*Effective October 1, 2022*):

1274 (1) "Hospital" means an institution that is primarily engaged in
1275 providing, by or under the supervision of physicians, to inpatients (A)
1276 diagnostic, surgical and therapeutic services for medical diagnosis,
1277 treatment and care of persons who have an injury, sickness or disability,
1278 or (B) medical rehabilitation services for the rehabilitation of persons
1279 who have an injury, sickness or disability. "Hospital" does not include a
1280 residential care home, nursing home, rest home or [alcohol or drug
1281 treatment facility] behavioral health facility, as defined in section 19a-
1282 490, as amended by this act;

1283 Sec. 45. Subdivision (1) of subsection (b) of section 38a-520 of the 2022
1284 supplement to the general statutes is repealed and the following is
1285 substituted in lieu thereof (*Effective October 1, 2022*):

1286 (1) "Hospital" means an institution that is primarily engaged in
1287 providing, by or under the supervision of physicians, to inpatients (A)
1288 diagnostic, surgical and therapeutic services for medical diagnosis,
1289 treatment and care of persons who have an injury, sickness or disability,
1290 or (B) medical rehabilitation services for the rehabilitation of persons
1291 who have an injury, sickness or disability. "Hospital" does not include a
1292 residential care home, nursing home, rest home or [alcohol or drug
1293 treatment facility] behavioral health facility, as defined in section 19a-
1294 490, as amended by this act;

1295 Sec. 46. Section 19a-535a of the general statutes is repealed and the
1296 following is substituted in lieu thereof (*Effective October 1, 2022*):

1297 (a) As used in this section: [a "facility"]

1298 (1) "Facility" means a residential care home, as defined in section 19a-

1299 490, as amended by this act; [.]

1300 (2) "Emergency" means a situation in which a resident of a facility
1301 presents an imminent danger to the resident's own health or safety, the
1302 health or safety of another resident or the health or safety of an
1303 employee or the owner of the facility;

1304 (3) "Department" means the Department of Public Health; and

1305 (4) "Commissioner" means the Commissioner of Public Health, or the
1306 commissioner's designee.

1307 (b) A facility shall not transfer or discharge a resident from the facility
1308 unless (1) the transfer or discharge is necessary to meet the resident's
1309 welfare and the resident's welfare cannot be met in the facility, (2) the
1310 transfer or discharge is appropriate because the resident's health has
1311 improved sufficiently so the resident no longer needs the services
1312 provided by the facility, (3) the health or safety of individuals in the
1313 facility is endangered, (4) the resident has failed, after reasonable and
1314 appropriate notice, to pay for a stay or a requested service [.] at the
1315 facility, or (5) the facility ceases to operate. In the case of an involuntary
1316 transfer or discharge, the facility shall provide written notice to the
1317 resident and, if known, [his] the resident's legally liable relative,
1318 guardian or conservator [shall be given a thirty-day written notification
1319 which includes] not less than thirty days prior to the proposed transfer
1320 or discharge date, except when the facility has requested an immediate
1321 transfer or discharge in accordance with subsection (e) of this section.
1322 Such notice shall include the reason for the transfer or discharge, [and
1323 notice of] the effective date of the transfer or discharge, the right of the
1324 resident to appeal a transfer or discharge by the facility pursuant to
1325 subsection (d) of this section and the resident's right to represent himself
1326 or herself or be represented by legal counsel. Such notice shall be in a
1327 form and manner prescribed by the commissioner, as modified from
1328 time to time, and shall include the name, mailing address and telephone
1329 number of the State Long-Term Care Ombudsman and be sent by
1330 facsimile or electronic communication to the Office of the Long-Term

1331 Care Ombudsman on the same day as the notice is given to the resident.
1332 If the facility knows the resident has, or the facility alleges that the
1333 resident has, a mental illness or an intellectual disability, the notice shall
1334 also include the name, mailing address and telephone number of the
1335 entity designated by the Governor in accordance with section 46a-10b to
1336 serve as the Connecticut protection and advocacy system. No resident
1337 shall be involuntarily transferred or discharged from a facility if such
1338 transfer or discharge presents imminent danger of death to the resident.

1339 (c) The facility shall be responsible for assisting the resident in finding
1340 [appropriate placement] an alternative residence. A discharge plan,
1341 prepared by the facility, [which indicates] in a form and manner
1342 prescribed by the commissioner, as modified from time to time, shall
1343 include the resident's individual needs and shall [accompany the
1344 patient] be submitted to the resident not later than seven days after the
1345 notice of transfer or discharge is issued to the resident. The facility shall
1346 submit the discharge plan to the commissioner at or before the hearing
1347 held pursuant to subsection (d) of this section.

1348 (d) (1) [For transfers or discharges effected on or after October 1, 1989,
1349 a] A resident or [his] the resident's legally liable relative, guardian or
1350 conservator who has been notified by a facility, pursuant to subsection
1351 (b) of this section, that [he] the resident will be transferred or discharged
1352 from the facility may appeal such transfer or discharge to the
1353 Commissioner of Public Health by filing a request for a hearing with the
1354 commissioner [within] not later than ten days [of] after the receipt of
1355 such notice. Upon receipt of any such request, the commissioner [or his
1356 designee] shall hold a hearing to determine whether the transfer or
1357 discharge is being effected in accordance with this section. Such a
1358 hearing shall be held [within] not later than seven business days [of]
1359 after the receipt of such request. [and a determination made by the] The
1360 commissioner [or his designee within] shall issue a decision not later
1361 than twenty days [of the termination of] after the closing of the hearing
1362 record. The hearing shall be conducted in accordance with chapter 54.

1363 [(2) In an emergency the facility may request that the commissioner

1364 make a determination as to the need for an immediate transfer or
1365 discharge of a resident. Before making such a determination, the
1366 commissioner shall notify the resident and, if known, his legally liable
1367 relative, guardian or conservator. The commissioner shall issue such a
1368 determination no later than seven days after receipt of the request for
1369 such determination. If, as a result of such a request, the commissioner or
1370 his designee determines that a failure to effect an immediate transfer or
1371 discharge would endanger the health, safety or welfare of the resident
1372 or other residents, the commissioner or his designee shall order the
1373 immediate transfer or discharge of the resident from the facility. A
1374 hearing shall be held in accordance with the requirements of
1375 subdivision (1) of this subsection within seven business days of the
1376 issuance of any determination issued pursuant to this subdivision.

1377 (3) Any involuntary transfer or discharge shall be stayed pending a
1378 determination by the commissioner or his designee. Notwithstanding
1379 any provision of the general statutes, the determination of the
1380 commissioner or his designee after a hearing shall be final and binding
1381 upon all parties and not subject to any further appeal.]

1382 (2) Any involuntary transfer or discharge that is appealed under this
1383 subsection shall be stayed pending a final determination by the
1384 commissioner.

1385 (3) The commissioner shall send a copy of the decision regarding a
1386 transfer or discharge to the facility, the resident and the resident's legal
1387 guardian, conservator or other authorized representative, if known, or
1388 the resident's legally liable relative or other responsible party, and the
1389 State Long-Term Care Ombudsman.

1390 (e) (1) In the case of an emergency, the facility may request that the
1391 commissioner make a determination as to the need for an immediate
1392 transfer or discharge of a resident by submitting a sworn affidavit
1393 attesting to the basis for the emergency transfer or discharge. The facility
1394 shall provide a copy of the request for an immediate transfer or
1395 discharge and the notice described in subsection (b) of this section to the

1396 resident. After receipt of such request, the commissioner may issue an
1397 order for the immediate temporary transfer or discharge of the resident
1398 from the facility. The temporary order shall remain in place until a final
1399 decision is issued by the commissioner, unless earlier rescinded. The
1400 commissioner shall issue the determination as to the need for an
1401 immediate transfer or discharge of a resident not later than seven days
1402 after receipt of the request from the facility. A hearing shall be held not
1403 later than seven business days after the date on which a determination
1404 is issued pursuant to this section. The commissioner shall issue a
1405 decision not later than twenty days after the date on which the hearing
1406 record is closed. The hearing shall be conducted in accordance with the
1407 provisions of chapter 54.

1408 (2) The commissioner shall send a copy of the decision regarding an
1409 emergency transfer or discharge to the facility, the resident and the
1410 resident's legal guardian, conservator or other authorized
1411 representative, if known, or the resident's legally liable relative or other
1412 responsible party and the State Long-Term Care Ombudsman.

1413 (3) If the commissioner determines, based upon the request, that an
1414 emergency does not exist, the commissioner shall proceed with a
1415 hearing in accordance with the provisions of subsection (d) of this
1416 section.

1417 (f) A facility or resident who is aggrieved by a final decision of the
1418 commissioner may appeal to the Superior Court in accordance with the
1419 provisions of chapter 54. Pursuant to subsection (f) of section 4-183, the
1420 filing of an appeal to the Superior Court shall not, of itself, stay
1421 enforcement of an agency decision. The Superior Court shall consider
1422 an appeal from a decision of the commissioner pursuant to this section
1423 as a privileged case in order to dispose of the case with the least possible
1424 delay.

1425 Sec. 47. (NEW) (Effective October 1, 2022) (a) For purposes of this
1426 section, "medical assistant" means a person who (1) (A) is certified by
1427 the American Association of Medical Assistants, the National

1428 Healthcareer Association, the National Center for Competency Testing
1429 or the American Medical Technologists, and (B) has graduated from a
1430 postsecondary medical assisting program (i) accredited by the
1431 Commission on Accreditation of Allied Health Education Programs, the
1432 Accrediting Bureau of Health Education Schools or another accrediting
1433 organization recognized by the United States Department of Education,
1434 or (ii) offered by an institution of higher education accredited by an
1435 accrediting organization recognized by the United States Department of
1436 Education, or (2) has completed relevant medical assistant training
1437 provided by any branch of the armed forces of the United States.

1438 (b) A medical assistant may administer a vaccine under the
1439 supervision, control and responsibility of a physician licensed pursuant
1440 to chapter 370 of the general statutes, a physician assistant licensed
1441 pursuant to chapter 370 of the general statutes or an advanced practice
1442 registered nurse licensed pursuant to chapter 378 of the general statutes
1443 to any person in any setting other than a hospital setting. Prior to
1444 administering a vaccine, a medical assistant shall complete not less than
1445 twenty-four hours of classroom training and not less than eight hours of
1446 training in a clinical setting regarding the administration of vaccines.
1447 Nothing in this section shall be construed to permit an employer of a
1448 physician, a physician assistant or an advanced practice registered nurse
1449 to require the physician, physician assistant or advanced practice
1450 registered nurse to oversee a medical assistant in the administration of
1451 a vaccine without the consent of the physician, physician assistant or
1452 advanced practice registered nurse.

1453 (c) On or before January first annually, the Commissioner of Public
1454 Health shall obtain from the American Association of Medical
1455 Assistants, the National Healthcareer Association, the National Center
1456 for Competency Testing and the American Medical Technologists a
1457 listing of all state residents maintained on said organizations' registries
1458 of certified medical assistants. The commissioner shall make such
1459 listings available for public inspection.

1460 Sec. 48. (NEW) (*Effective July 1, 2022*) (a) On and after July 1, 2023,

1461 there is established a Connecticut Rare Disease Advisory Council. The
1462 council shall advise and make recommendations to the Department of
1463 Public Health and other state agencies, as appropriate, regarding the
1464 needs of persons in the state living with a rare disease and such persons'
1465 caregivers. The council may perform the following functions:

1466 (1) Hold public hearings and otherwise make inquiries of and solicit
1467 comments from the general public to assist with a study or survey of
1468 persons living with a rare disease and such persons' caregivers and
1469 health care providers;

1470 (2) Consult with experts on rare diseases to develop policy
1471 recommendations for improving patient access to quality medical care
1472 in the state, affordable and comprehensive insurance coverage,
1473 medications, medically necessary diagnostics, timely treatment and
1474 other necessary services and therapies;

1475 (3) Research and make recommendations to the department, other
1476 state agencies, as necessary, and health carriers that provide services to
1477 persons living with a rare disease regarding the adverse impact that
1478 changes to health insurance coverage, drug formularies and utilization
1479 review, as defined in section 38a-591a of the general statutes, may have
1480 on the provision of treatment or care to persons living with a rare
1481 disease;

1482 (4) Research and identify priorities related to treatments and services
1483 provided to persons living with a rare disease and develop policy
1484 recommendations regarding (A) safeguards and legal protections
1485 against discrimination and other practices that limit access to
1486 appropriate health care, services or therapies, and (B) planning for
1487 natural disasters and other public health emergencies;

1488 (5) Research and make recommendations regarding improving the
1489 quality and continuity of care for persons living with a rare disease who
1490 are transitioning from pediatric to adult health care services;

1491 (6) Research and make recommendations regarding the development

1492 of educational materials on rare diseases, including, but not limited to,
1493 online educational materials and a list of reliable resources for the
1494 department, other state agencies, as necessary, the public, persons living
1495 with a rare disease, such persons' families and caregivers, medical
1496 school students and health care providers; and

1497 (7) Research and make recommendations for support and training
1498 resources for caregivers and health care providers of persons living with
1499 a rare disease.

1500 (b) The council shall consist of the following members:

1501 (1) The Commissioner of Public Health, or the commissioner's
1502 designee;

1503 (2) The Commissioner of Social Services, or the commissioner's
1504 designee;

1505 (3) The Insurance Commissioner, or the commissioner's designee,
1506 who may be the representative of a health carrier;

1507 (4) Two appointed by the Governor, one of whom shall be a
1508 representative of an association of hospitals in the state or an
1509 administrator of a hospital that provides health care to persons living
1510 with a rare disease, and one of whom shall be a physician licensed under
1511 chapter 370 of the general statutes who has expertise in the field of
1512 medical genetics;

1513 (5) Two appointed by the Senate chairperson of the joint standing
1514 committee of the General Assembly having cognizance of matters
1515 relating to public health, one of whom shall be a representative of a
1516 patient advocacy group in the state representing all rare diseases, and
1517 one of whom shall be the family member or caregiver of a pediatric
1518 patient living with a rare disease;

1519 (6) Two appointed by the House chairperson of the joint standing
1520 committee of the General Assembly having cognizance of matters
1521 relating to public health, one of whom shall be a representative of the

1522 biopharmaceutical industry who is involved in rare disease research
1523 and therapy development, and one of whom shall be an adult living
1524 with a rare disease;

1525 (7) Two appointed by the Senate ranking member of the joint
1526 standing committee of the General Assembly having cognizance of
1527 matters relating to public health, one of whom shall be a member of the
1528 scientific community in the state who is engaged in rare disease
1529 research, and one of whom shall be the caregiver of a child or adult
1530 living with a rare disease; and

1531 (8) Two appointed by the House ranking member of the joint
1532 standing committee of the General Assembly having cognizance of
1533 matters relating to public health, one of whom shall be a physician
1534 licensed to practice under chapter 370 of the general statutes who treats
1535 persons living with a rare disease, and one of whom shall be a
1536 representative, family member or caregiver of a person living with a rare
1537 disease.

1538 (c) All initial appointments to the council shall be made not later than
1539 October 31, 2023. Any vacancy shall be filled by the appointing
1540 authority. Except for members of the council who represent state
1541 agencies, five of the members first appointed shall serve for a term of
1542 two years, five of such members shall serve for a term of three years and,
1543 thereafter, members shall serve for a term of two years. The
1544 Commissioner of Public Health shall determine which of the members
1545 first appointed shall serve for a term of two years and which of such
1546 members shall serve for a term of three years. The members of the
1547 council shall receive no compensation for their services but may be
1548 reimbursed for any necessary expenses incurred in the performance of
1549 their duties. The commissioner shall select an acting chairperson of the
1550 council from its members for the purpose of organizing the first council
1551 meeting. Such chairperson shall schedule and convene the first meeting,
1552 which shall be held not later than November 30, 2023. The members of
1553 the council shall appoint, by majority vote, a permanent chairperson
1554 and vice-chairperson during the first meeting of the council. Nothing in

1555 this subsection shall prohibit the reappointment of the chairperson,
1556 vice-chairperson or any member of the council to their position on the
1557 council.

1558 (d) The council shall meet in person or on a remote platform not less
1559 than six times between November 30, 2023, and October 31, 2024, as
1560 determined by the chairperson. Thereafter, the council shall meet
1561 quarterly in person or on a remote platform, as determined by the
1562 chairperson.

1563 (e) The council shall provide opportunities at council meetings for the
1564 general public to make comments, hear updates from the council and
1565 provide input on council activities. The council shall create an Internet
1566 web site where meeting minutes, notices of upcoming meetings and
1567 feedback may be posted.

1568 (f) The council shall be within the Department of Public Health for
1569 administrative purposes only.

1570 (g) Not later than one year after the date of its first meeting, and
1571 annually thereafter, the council shall report to the Governor and, in
1572 accordance with the provisions of section 11-4a of the general statutes,
1573 to the joint standing committee of the General Assembly having
1574 cognizance of matters relating to public health regarding its findings
1575 and recommendations, including, but not limited to, (1) the council's
1576 activities, research findings and any recommendations for proposed
1577 legislative changes, and (2) any potential sources of funding for the
1578 council's activities, including, but not limited to, grants, donations,
1579 sponsorships or in-kind donations.

1580 Sec. 49. Section 2-119 of the 2022 supplement to the general statutes
1581 is repealed and the following is substituted in lieu thereof (*Effective from*
1582 *passage*):

1583 (a) There is established a chronic kidney disease advisory committee.
1584 The advisory committee shall:

-
- 1585 (1) Work directly with policymakers, public health organizations and
1586 educational institutions to:
- 1587 (A) Increase awareness of chronic kidney disease in this state; and
- 1588 (B) Develop health education programs that:
- 1589 (i) Are intended to reduce the burden of kidney disease throughout
1590 this state;
- 1591 (ii) Include an ongoing health and wellness campaign that is based
1592 on relevant research;
- 1593 (iii) Promote preventive screenings; and
- 1594 (iv) Are promoted through social media and public relations
1595 campaigns;
- 1596 (2) Examine chronic kidney disease, kidney transplantation,
1597 including, but not limited to, kidney transplantation as a preferred
1598 treatment for chronic kidney disease, living and deceased kidney
1599 donation and racial disparities in the rates of individuals afflicted with
1600 chronic kidney disease;
- 1601 (3) Examine methods to reduce the occurrence of chronic kidney
1602 disease by controlling the most common risk factors, diabetes and
1603 hypertension, through early detection and preventive efforts at the
1604 community level and disease management efforts in the primary care
1605 setting;
- 1606 (4) Identify the barriers to the adoption of best practices and the
1607 policies available to address such barriers;
- 1608 (5) Develop an equitable, sustainable, cost-effective plan to raise
1609 awareness about the importance of early detection, screening, diagnosis
1610 and treatment of chronic kidney disease and prevention; and
- 1611 (6) Examine the potential for an opt-out organ or kidney donor
1612 registry.

1613 (b) The advisory committee shall consist of the following members:

1614 [(1) The chairpersons and ranking members of the joint standing
1615 committee of the General Assembly having cognizance of matters
1616 relating to public health, or their designees;

1617 (2) One appointed by the Senate chairperson of the joint standing
1618 committee of the General Assembly having cognizance of matters
1619 relating to public health;

1620 (3) One appointed by the House chairperson of the joint standing
1621 committee of the General Assembly having cognizance of matters
1622 relating to public health;

1623 (4) One appointed by the Senate ranking member of the joint standing
1624 committee of the General Assembly having cognizance of matters
1625 relating to public health;

1626 (5) One appointed by the House ranking member of the joint standing
1627 committee of the General Assembly having cognizance of matters
1628 relating to public health;]

1629 [(6)] (1) One appointed by the speaker of the House of
1630 Representatives, who shall represent the renal provider community;

1631 [(7)] (2) One appointed by the president pro tempore of the Senate,
1632 who shall represent a medical center with a kidney-related program;

1633 [(8)] (3) One appointed by the majority leader of the House of
1634 Representatives;

1635 [(9)] (4) One appointed by the majority leader of the Senate;

1636 [(10)] (5) One appointed by the minority leader of the House of
1637 Representatives;

1638 [(11)] (6) One appointed by the minority leader of the Senate;

1639 [(12)] (7) One appointed by the Governor;

1640 ~~[(13)]~~ (8) The Commissioner of Public Health, or the commissioner's
1641 designee;

1642 ~~[(14)]~~ (9) One appointed by the chief executive officer of the National
1643 Kidney Foundation;

1644 ~~[(15)]~~ (10) One appointed by the chief executive officer of the
1645 American Kidney Fund; and

1646 ~~[(16)]~~ (11) At least three additional members appointed by the
1647 chairpersons of the joint standing committee of the General Assembly
1648 having cognizance of matters relating to public health, one of whom
1649 shall represent the kidney physician community, one of whom shall
1650 represent a nonprofit organ procurement organization, one of whom
1651 shall represent the kidney patient community in this state and such
1652 other members that such chairpersons, in their discretion, agree are
1653 necessary to represent public health clinics, community health centers,
1654 minority health organizations and health insurers.

1655 (c) Any member of the advisory committee appointed under
1656 subdivision (1), (2), (3), (4), (5), (6) [~~(7), (8), (9), (10),~~] or (11) [~~or (16)~~] of
1657 subsection (b) of this section may be a member of the General Assembly.

1658 (d) All initial appointments to the advisory committee shall be made
1659 not later than thirty days after ~~[July 12, 2021]~~ the effective date of this
1660 section. Any vacancy shall be filled by the appointing authority.

1661 (e) The speaker of the House of Representatives and the president pro
1662 tempore of the Senate shall select the chairpersons of the advisory
1663 committee from among the members of the advisory committee. Such
1664 chairpersons shall schedule the first meeting of the advisory committee,
1665 which shall be held not later than sixty days after ~~[July 12, 2021]~~ the
1666 effective date of this section. Meetings of the advisory committee may,
1667 at the discretion of the chairpersons of the advisory committee, be
1668 conducted on a virtual platform.

1669 (f) The administrative staff of the advisory committee shall be

1670 selected by the Office of Legislative Management in consultation with
1671 the chairpersons of the advisory committee.

1672 (g) Not later than January 1, [2022] 2024, and annually thereafter, the
1673 advisory committee shall submit a report on its findings and
1674 recommendations to the joint standing committee of the General
1675 Assembly having cognizance of matters relating to public health in
1676 accordance with the provisions of section 11-4a.

1677 Sec. 50. Section 19a-127k of the general statutes is repealed and the
1678 following is substituted in lieu thereof (*Effective January 1, 2023*):

1679 (a) As used in this section:

1680 (1) "Community benefit partners" means federal, state and municipal
1681 government entities and private sector entities, including, but not
1682 limited to, faith-based organizations, businesses, educational and
1683 academic organizations, health care organizations, health departments,
1684 philanthropic organizations, organizations specializing in housing
1685 justice, planning and land use organizations, public safety
1686 organizations, transportation organizations and tribal organizations,
1687 that, in partnership with hospitals, play an essential role with respect to
1688 the policy, system, program and financing solutions necessary to
1689 achieve community benefit program goals;

1690 [(1)] (2) "Community [benefits] benefit program" means any
1691 voluntary program or activity to promote preventive health care,
1692 protect health and safety, improve health equity and reduce health
1693 disparities, reduce the cost and economic burden of poor health and [to]
1694 improve the health status for [working families and] all populations [at
1695 risk in the communities] within the geographic service areas of a
1696 [managed care organization or a] hospital, [in accordance with
1697 guidelines established pursuant to subsection (c) of this section;

1698 (2) "Managed care organization" has the same meaning as provided
1699 in section 38a-478;] regardless of whether a member of any such
1700 population is a patient of such hospital;

1701 (3) "Community benefit program reporting" means the community
1702 health needs assessment, implementation strategy and annual report
1703 submitted by a hospital to the Office of Health Strategy pursuant to the
1704 provisions of this section;

1705 (4) "Community health needs assessment" means a written
1706 assessment, as described in 26 CFR 1.501(r)-(3);

1707 (5) "Health disparities" means health differences that are closely
1708 linked with social or economic disadvantages that adversely affect one
1709 or more groups of people who have experienced greater systemic social
1710 or economic obstacles to health or a safe environment based on race or
1711 ethnicity, religion, socioeconomic status, gender, age, mental health,
1712 cognitive, sensory or physical disability, sexual orientation, gender
1713 identity, geographic location or other characteristics historically linked
1714 to discrimination or exclusion;

1715 (6) "Health equity" means that every person has a fair and just
1716 opportunity to be as healthy as possible, which encompasses removing
1717 obstacles to health, such as poverty, racism and the adverse
1718 consequences of poverty and racism, including, but not limited to, a lack
1719 of equitable opportunities, access to good jobs with fair pay, quality
1720 education and housing, safe environments and health care;

1721 [(3)] (7) "Hospital" [has the same meaning as provided in section 19a-
1722 490.] means a nonprofit entity licensed as a hospital pursuant to chapter
1723 368v that is required to annually file Internal Revenue Service form 990.
1724 "Hospital" includes a for-profit entity licensed as an acute care general
1725 hospital;

1726 (8) "Implementation strategy" means a written plan, as described in
1727 26 CFR 1.501(r)-(3), that is adopted by an authorized body of a hospital
1728 and documents how such hospital intends to address the needs
1729 identified in the community health needs assessment; and

1730 (9) "Meaningful participation" means that (A) residents of a hospital's
1731 community, including, but not limited to, residents of such community

1732 that experience the greatest health disparities, have an appropriate
1733 opportunity to participate in such hospital's planning and decisions, (B)
1734 community participation influences a hospital's planning, and (C)
1735 participants receive information from a hospital summarizing how their
1736 input was or was not used by such hospital.

1737 (b) [On or before January 1, 2005, and biennially thereafter, each
1738 managed care organization and] On and after January 1, 2023, each
1739 hospital shall submit community benefit program reporting to the
1740 [Healthcare Advocate, or the Healthcare Advocate's designee, a report
1741 on whether the managed care organization or hospital has in place a
1742 community benefits program. If a managed care organization or
1743 hospital elects to develop a community benefits program, the report
1744 required by this subsection shall comply with the reporting
1745 requirements of subsection (d) of this section] Office of Health Strategy,
1746 or to a designee selected by the executive director of the Office of Health
1747 Strategy, in the form and manner described in subsections (c) to (e),
1748 inclusive, of this section.

1749 [(c) A managed care organization or hospital may develop
1750 community benefit guidelines intended to promote preventive care and
1751 to improve the health status for working families and populations at
1752 risk, whether or not those individuals are enrollees of the managed care
1753 plan or patients of the hospital. The guidelines shall focus on the
1754 following principles:

1755 (1) Adoption and publication of a community benefits policy
1756 statement setting forth the organization's or hospital's commitment to a
1757 formal community benefits program;

1758 (2) The responsibility for overseeing the development and
1759 implementation of the community benefits program, the resources to be
1760 allocated and the administrative mechanisms for the regular evaluation
1761 of the program;

1762 (3) Seeking assistance and meaningful participation from the
1763 communities within the organization's or hospital's geographic service

1764 areas in developing and implementing the program and in defining the
1765 targeted populations and the specific health care needs it should
1766 address. In doing so, the governing body or management of the
1767 organization or hospital shall give priority to the public health needs
1768 outlined in the most recent version of the state health plan prepared by
1769 the Department of Public Health pursuant to section 19a-7; and

1770 (4) Developing its program based upon an assessment of the health
1771 care needs and resources of the targeted populations, particularly low
1772 and middle-income, medically underserved populations and barriers to
1773 accessing health care, including, but not limited to, cultural, linguistic
1774 and physical barriers to accessible health care, lack of information on
1775 available sources of health care coverage and services, and the benefits
1776 of preventive health care. The program shall consider the health care
1777 needs of a broad spectrum of age groups and health conditions.]

1778 (c) Each hospital shall submit its community health needs assessment
1779 to the Office of Health Strategy not later than thirty days after the date
1780 on which such assessment is made available to the public pursuant to
1781 26 CFR 1.501(r)-(3)(b), provided the executive director of the Office of
1782 Health Strategy, or the executive director's designee, may grant an
1783 extension of time to a hospital for the filing of such assessment. Such
1784 submission shall contain the following:

1785 (1) Consistent with the requirements set forth in 26 CFR 1.501(r)-
1786 (3)(b)(6)(i), and as included in a hospital's federal filing submitted to the
1787 Internal Revenue Service:

1788 (A) A definition of the community served by the hospital and a
1789 description of how the community was determined;

1790 (B) A description of the process and methods used to conduct the
1791 community health needs assessment;

1792 (C) A description of how the hospital solicited and took into account
1793 input received from persons who represent the broad interests of the
1794 community it serves;

1795 (D) A prioritized description of the significant health needs of the
1796 community identified through the community health needs assessment,
1797 and a description of the process and criteria used in identifying certain
1798 health needs as significant and prioritizing those significant health
1799 needs;

1800 (E) A description of the resources potentially available to address the
1801 significant health needs identified through the community health needs
1802 assessment;

1803 (F) An evaluation of the impact of any actions that were taken, since
1804 the hospital finished conducting its immediately preceding community
1805 health needs assessment, to address the significant health needs
1806 identified in the hospital's prior community health needs assessment;
1807 and

1808 (2) Additional documentation of the following:

1809 (A) The names of the individuals responsible for developing the
1810 community health needs assessment;

1811 (B) The demographics of the population within the geographic
1812 service area of the hospital and, to the extent feasible, a detailed
1813 description of the health disparities, health risks, insurance status,
1814 service utilization patterns and health care costs within such geographic
1815 service area;

1816 (C) A description of the health status and health disparities affecting
1817 the population within the geographic service area of the hospital,
1818 including, but not limited to, the health status and health disparities
1819 affecting a representative spectrum of age, racial and ethnic groups,
1820 incomes and medically underserved populations;

1821 (D) A description of the meaningful participation afforded to
1822 community benefit partners and diverse community members in
1823 assessing community health needs, priorities and target populations;

1824 (E) A description of the barriers to achieving or maintaining health

1825 and to accessing health care, including, but not limited to, social,
1826 economic and environmental barriers, lack of access to or availability of
1827 sources of health care coverage and services and a lack of access to and
1828 availability of prevention and health promotion services and support;

1829 (F) Recommendations regarding the role that the state and other
1830 community benefit partners could play in removing the barriers
1831 described in subparagraph (E) of this subdivision and enabling effective
1832 solutions; and

1833 (G) Any additional information, data or disclosures that the hospital
1834 voluntarily chooses to include as may be relevant to its community
1835 benefit program.

1836 (d) Each hospital shall submit its implementation strategy to the
1837 Office of Health Strategy not later than thirty days after the date on
1838 which such implementation strategy is adopted pursuant to 26 CFR
1839 1.501(r)-(3)(c), provided the executive director of the Office of Health
1840 Strategy, or the executive director's designee, may grant an extension to
1841 a hospital for the filing of such implementation strategy. Such
1842 submission shall contain the following:

1843 (1) Consistent with the requirements set forth in 26 CFR 1.501(r)-
1844 (3)(b)(6)(i), and as included in a hospital's federal filing submitted to the
1845 Internal Revenue Service:

1846 (A) With respect to each significant health need identified through
1847 the community health needs assessment, either (i) a description of how
1848 the hospital plans to address the health need, or (ii) identification of the
1849 health need as one which the hospital does not intend to address;

1850 (B) For significant health needs described in subparagraph (A)(i) of
1851 this subdivision, (i) a description of the actions that the hospital intends
1852 to take to address the health need and the anticipated impact of such
1853 actions, (ii) identification of the resources that the hospital plans to
1854 commit to address the health need, and (iii) a description of any planned
1855 collaboration between the hospital and other facilities or organizations

1856 to address the health need;

1857 (C) For significant health needs identified in subparagraph (A)(ii) of
1858 this subdivision, an explanation of why the hospital does not intend to
1859 address such health need; and

1860 (2) Additional documentation of the following:

1861 (A) The names of the individuals responsible for developing the
1862 implementation strategy;

1863 (B) A description of the meaningful participation afforded to
1864 community benefit partners and diverse community members;

1865 (C) A description of the community health needs and health
1866 disparities that were prioritized in developing the implementation
1867 strategy with consideration given to the most recent version of the state
1868 health plan prepared by the Department of Public Health pursuant to
1869 section 19a-7;

1870 (D) Reference-citing evidence, if available, that shows how the
1871 implementation strategy is intended to address the corresponding
1872 health need or reduction in health disparity;

1873 (E) A description of the planned methods for the ongoing evaluation
1874 of proposed actions and corresponding process or outcome measures
1875 intended for use in assessing progress or impact;

1876 (F) A description of how the hospital solicited commentary on the
1877 implementation strategy from the communities within such hospital's
1878 geographic service area and revisions to such strategy based on such
1879 commentary; and

1880 (G) Any other information that the hospital voluntarily chooses to
1881 include as may be relevant to its implementation strategy, including, but
1882 not limited to, data, disclosures, expected or planned resource outlay,
1883 investments or commitments, including, but not limited to, staff,
1884 financial or in-kind commitments.

1885 [(d) Each managed care organization and each hospital that chooses
1886 to participate in developing a community benefits program shall
1887 include in the biennial report required by subsection (b) of this section
1888 the status of the program, if any, that the organization or hospital
1889 established. If the managed care organization or hospital has chosen to
1890 participate in a community benefits program, the report shall include
1891 the following components: (1) The community benefits policy statement
1892 of the managed care organization or hospital; (2) the mechanism by
1893 which community participation is solicited and incorporated in the
1894 community benefits program; (3) identification of community health
1895 needs that were considered in developing and implementing the
1896 community benefits program; (4) a narrative description of the
1897 community benefits, community services, and preventive health
1898 education provided or proposed, which may include measurements
1899 related to the number of people served and health status outcomes; (5)
1900 measures taken to evaluate the results of the community benefits
1901 program and proposed revisions to the program; (6) to the extent
1902 feasible, a community benefits budget and a good faith effort to measure
1903 expenditures and administrative costs associated with the community
1904 benefits program, including both cash and in-kind commitments; and
1905 (7) a summary of the extent to which the managed care organization or
1906 hospital has developed and met the guidelines listed in subsection (c) of
1907 this section. Each managed care organization and each hospital shall
1908 make a copy of the report available, upon request, to any member of the
1909 public.]

1910 (e) On or before October 1, 2023, and annually thereafter, each
1911 hospital shall submit to the Office of Health Strategy a status report on
1912 such hospital's community benefit program, provided the executive
1913 director of the Office of Health Strategy, or the executive director's
1914 designee, may grant an extension to a hospital for the filing of such
1915 report. Such report shall include the following:

1916 (1) A description of major updates regarding community health
1917 needs, priorities and target populations, if any;

1918 (2) A description of progress made regarding the hospital's actions in
1919 support of its implementation strategy;

1920 (3) A description of any major changes to the proposed
1921 implementation strategy and associated hospital actions; and

1922 (4) A description of financial resources and other resources allocated
1923 or expended that supported the actions taken in support of the hospital's
1924 implementation strategy.

1925 (f) Notwithstanding the provisions of section 19a-755a, and to the full
1926 extent permitted by 45 CFR 164.514(e), the Office of Health Strategy
1927 shall make data in the all-payer claims database available to hospitals
1928 for use in their community benefit programs and activities solely for the
1929 purposes of (1) preparing the hospital's community health needs
1930 assessment, (2) preparing and executing the hospital's implementation
1931 strategy, and (3) fulfilling community benefit program reporting, as
1932 described in subsections (c) to (e), inclusive, of this section. Any
1933 disclosure made by said office pursuant to this subsection of
1934 information other than health information shall be made in a manner to
1935 protect the confidentiality of such information as may be required by
1936 state or federal law.

1937 (g) A hospital shall not be responsible for limitations in its ability to
1938 fulfill community benefit program reporting requirements, as described
1939 in subsections (c) to (e), inclusive, of this section, if the all-payer claims
1940 database data is not provided to such hospital, as required by subsection
1941 (f) of this section.

1942 [(e)] (h) [The Healthcare Advocate, or the Healthcare Advocate's
1943 designee, shall, within available appropriations,] On or before April 1,
1944 2024, and annually thereafter, the executive director of the Office of
1945 Health Strategy shall develop a summary and analysis of the
1946 community benefits program [reports] reporting submitted by
1947 [managed care organizations and] hospitals under this section [and shall
1948 review such reports for adherence to the guidelines set forth in
1949 subsection (c) of this section. Not later than October 1, 2005, and

1950 biennially thereafter, the Healthcare Advocate, or the Healthcare
1951 Advocate's designee, shall make such summary and analysis available
1952 to the public upon request.] during the previous calendar year and post
1953 such summary and analysis on its Internet web site and solicit
1954 stakeholder input through a public comment period. The Office of
1955 Health Strategy shall use such reporting and stakeholder input to:

1956 (1) Identify additional stakeholders that may be engaged to address
1957 identified community health needs including, but not limited to, federal,
1958 state and municipal entities, nonhospital private sector health care
1959 providers and private sector entities that are not health care providers,
1960 including community-based organizations, insurers and charitable
1961 organizations;

1962 (2) Determine how each identified stakeholder could assist in
1963 addressing identified community health needs or augmenting solutions
1964 or approaches reported in the implementation strategies;

1965 (3) Determine whether to make recommendations to the Department
1966 of Public Health in the development of its state health plan; and

1967 (4) Inform the state-wide health care facilities and services plan
1968 established pursuant to section 19a-634.

1969 [(f) The Healthcare Advocate may, after notice and opportunity for a
1970 hearing, in accordance with chapter 54, impose a civil penalty on any
1971 managed care organization or hospital that fails to submit the report
1972 required pursuant to this section by the date specified in subsection (b)
1973 of this section. Such penalty shall be not more than fifty dollars a day
1974 for each day after the required submittal date that such report is not
1975 submitted.]

1976 (i) Each for-profit entity licensed as an acute care general hospital
1977 shall submit community benefit program reporting consistent with the
1978 reporting schedules of subsections (c) to (e), inclusive, of this section,
1979 and reasonably similar to what would be included on such hospital's
1980 federal filings to the Internal Revenue Service, where applicable.

- 1981 Sec. 51. (NEW) (*Effective from passage*) (a) As used in this section:
- 1982 (1) "Anatomical gift" means a donation of all or part of a human body
1983 to take effect after the donor's death for the purpose of transplantation;
- 1984 (2) "Intellectual disability" means a significant limitation in
1985 intellectual functioning existing concurrently with deficits in adaptive
1986 behavior that originated during the developmental period before
1987 eighteen years of age;
- 1988 (3) "Mental disability" means one or more mental disorders, as
1989 defined in the most recent edition of the American Psychiatric
1990 Association's "Diagnostic and Statistical Manual of Mental Disorders";
- 1991 (4) "Organ" means all or part of a human liver, pancreas, kidney,
1992 intestine or lung; and
- 1993 (5) "Physical disability" means any chronic physical handicap,
1994 infirmity or impairment, whether congenital or resulting from bodily
1995 injury, organic processes or changes or from illness, including, but not
1996 limited to, blindness, epilepsy, deafness or being hard of hearing or
1997 reliance on a wheelchair or other remedial appliance or device.
- 1998 (b) A person who is a candidate to receive an anatomical gift or an
1999 organ from a living donor for transplantation shall not be deemed
2000 ineligible to receive the anatomical gift or organ solely because of the
2001 person's physical, mental or intellectual disability, except to the extent
2002 that a physician has determined, following an evaluation of the person,
2003 that the person's physical, mental or intellectual disability is medically
2004 significant so as to contraindicate the acceptance of the anatomical gift
2005 or organ. If a person has the necessary support to assist the person in
2006 complying with post-transplant medical requirements, the person's
2007 inability to comply with such requirements without assistance shall not
2008 be deemed to be medically significant. The provisions of this subsection
2009 shall apply to each part of the transplant process.
- 2010 (c) Nothing in this section shall be construed to require a physician to

2011 make a referral or recommendation for, or perform a medically
2012 inappropriate transplant of an anatomical gift or organ.

2013 Sec. 52. Section 19a-563 of the 2022 supplement to the general statutes
2014 is repealed and the following is substituted in lieu thereof (*Effective July*
2015 *1, 2022*):

2016 (a) As used in this section [] and sections 19a-563a to 19a-563h,
2017 inclusive, as amended by this act: [, and sections 9 and 11 of public act
2018 21-185:]

2019 (1) "Nursing home" means any chronic and convalescent nursing
2020 home or any rest home with nursing supervision that provides nursing
2021 supervision under a medical director twenty-four hours per day, or any
2022 chronic and convalescent nursing home that provides skilled nursing
2023 care under medical supervision and direction to carry out nonsurgical
2024 treatment and dietary procedures for chronic diseases, convalescent
2025 stages, acute diseases or injuries; and

2026 (2) "Dementia special care unit" means the unit of any assisted living
2027 facility that locks, secures, segregates or provides a special program or
2028 unit for residents with a diagnosis of probable Alzheimer's disease,
2029 dementia or other similar disorder, in order to prevent or limit access by
2030 a resident outside the designated or separated area, or that advertises or
2031 markets the facility as providing specialized care or services for persons
2032 suffering from Alzheimer's disease or dementia.

2033 (b) Each nursing home and dementia special care unit with more than
2034 sixty residents shall employ a full-time infection prevention and control
2035 specialist. [who] Each nursing home and dementia special care unit with
2036 sixty residents or less shall employ a part-time infection prevention and
2037 control specialist. The infection prevention and control specialist shall
2038 be responsible for the following:

2039 (1) Ongoing training of all administrators and employees of the
2040 nursing home or dementia special care unit on infection prevention and
2041 control using multiple training methods, including, but not limited to,

2042 in-person training and the provision of written materials in English and
2043 Spanish;

2044 (2) The inclusion of information regarding infection prevention and
2045 control in the documentation that the nursing home or dementia special
2046 care unit provides to residents regarding their rights while in the home
2047 or unit and posting of such information in areas visible to residents;

2048 (3) Participation as a member of the infection prevention and control
2049 committee of the nursing home or dementia special care unit and
2050 reporting to such committee at its regular meetings regarding the
2051 training he or she has provided pursuant to subdivision (1) of this
2052 subsection;

2053 (4) The provision of training on infection prevention and control
2054 methods to supplemental or replacement staff of the nursing home or
2055 dementia special care unit in the event an infectious disease outbreak or
2056 other situation reduces the staffing levels of the home or unit; and

2057 (5) Any other duties or responsibilities deemed appropriate for the
2058 infection prevention and control specialist, as determined by the
2059 nursing home or dementia special care unit.

2060 (c) Each nursing home and dementia special care unit shall require its
2061 infection prevention and control specialist to [work on a rotating
2062 schedule that ensures the specialist covers each eight-hour shift at least
2063 once per month] implement procedures to monitor the infection
2064 prevention and control practice of each daily shift for purposes of
2065 ensuring compliance with relevant infection prevention and control
2066 standards.

2067 (d) An infection prevention and control specialist may provide
2068 infection prevention and control services in accordance with the
2069 provisions of this section to both a nursing home and a dementia special
2070 care unit or to two nursing homes, provided (1) the nursing home and
2071 dementia special care unit, or the two nursing homes, are (A) adjacently
2072 located to or on the same campus as one another, and (B) commonly

2073 owned or operated, and (2) the owner or operator of such nursing home
2074 and dementia special care unit, or the two nursing homes, (A) submits
2075 a written request to the Commissioner of Public Health, or the
2076 commissioner's designee, in a form and manner prescribed by the
2077 commissioner, for such infection prevention and control specialist to
2078 provide infection prevention and control services in accordance with the
2079 provisions of this section, and (B) receives notification from the
2080 Commissioner of Public Health, or the commissioner's designee, that
2081 such written request is approved.

2082 (e) The Commissioner of Public Health may waive any requirement
2083 of this section if the commissioner determines that doing so would not
2084 endanger the life, safety or health of any resident or employee of a
2085 nursing home or dementia special care unit. If the commissioner waives
2086 any requirement, the commissioner may impose conditions that assure
2087 the health, safety and welfare of the residents and employees of each
2088 nursing home and dementia special care unit or revoke such waiver if
2089 the commissioner finds that the health, safety or welfare of any resident
2090 or employee of a nursing home or dementia special care unit has been
2091 jeopardized by such waiver.

2092 Sec. 53. Subdivision (2) of section 19a-693 of the general statutes is
2093 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2094 *2022*):

2095 (2) "Assisted living services" means nursing services and assistance
2096 with activities of daily living provided to residents living within (A) a
2097 managed residential community having supportive services that
2098 encourage persons primarily fifty-five years of age or older to maintain
2099 a maximum level of independence, or (B) an elderly housing complex
2100 receiving assistance and funding through the United States Department
2101 of Housing and Urban Development's Assisted Living Conversion
2102 Program.

2103 Sec. 54. Section 19a-564 of the 2022 supplement to the general statutes
2104 is repealed and the following is substituted in lieu thereof (*Effective July*

2105 1, 2022):

2106 (a) The Commissioner of Public Health shall license assisted living
2107 services agencies, as defined in section 19a-490, as amended by this act.
2108 A managed residential community wishing to provide assisted living
2109 services shall become licensed as an assisted living services agency or
2110 shall arrange for assisted living services to be provided by another entity
2111 that is licensed as an assisted living services agency.

2112 (b) A managed residential care community that intends to arrange for
2113 assisted living services shall only do so with a currently licensed assisted
2114 living services agency. Such managed residential community shall
2115 submit an application to arrange for the assisted living services to the
2116 Department of Public Health in a form and manner prescribed by the
2117 commissioner.

2118 (c) An elderly housing complex receiving assistance and funding
2119 through the United States Department of Housing and Urban
2120 Development's Assisted Living Conversion Program that intends to
2121 arrange for assisted living services may do so with a currently licensed
2122 assisted living services agency. Such elderly housing complex shall
2123 inform the Department of Public Health of the arrangement upon
2124 request in a form and manner prescribed by the commissioner and shall
2125 not be required to register with the department as a managed residential
2126 community.

2127 [(c)] (d) An assisted living services agency providing services as a
2128 dementia special care unit or program, as defined in section 19a-562,
2129 shall obtain approval for such unit or program from the Department of
2130 Public Health. Such assisted living services agencies shall ensure that
2131 they have adequate staff to meet the needs of the residents. Each assisted
2132 living services agency that provides services as a dementia special care
2133 unit or program, as defined in section 19a-562, shall submit to the
2134 Department of Public Health a list of dementia special care units or
2135 locations and their staffing plans for any such units and locations when
2136 completing an initial or a renewal licensure application, or upon request

2137 from the department.

2138 [(d)] (e) An assisted living services agency shall ensure that (1) all
2139 services being provided on an individual basis to clients are fully
2140 understood and agreed upon between either the client or the client's
2141 representative, and (2) the client or the client's representative are made
2142 aware of the cost of any such services.

2143 [(e)] (f) The Department of Public Health may adopt regulations, in
2144 accordance with the provisions of chapter 54, to carry out the purposes
2145 of this section.

2146 Sec. 55. Subsection (a) of section 19a-16d of the general statutes is
2147 repealed and the following is substituted in lieu thereof (*Effective from*
2148 *passage*):

2149 (a) Any person or entity, acting on behalf of a health care profession
2150 that seeks to establish a new scope of practice or change a profession's
2151 scope of practice, [may] shall submit a written scope of practice request
2152 to the Department of Public Health not later than August fifteenth of the
2153 year preceding the commencement of the next regular session of the
2154 General Assembly.

2155 Sec. 56. Section 19a-408 of the general statutes is repealed and the
2156 following is substituted in lieu thereof (*Effective October 1, 2022*):

2157 After the termination of all proceedings for which the body is
2158 required by the Chief Medical Examiner, the Deputy Chief Medical
2159 Examiner, an associate medical examiner or an authorized assistant
2160 medical examiner, the body shall be delivered to a person or persons
2161 entitled by law to receive the same; but, if there are no such persons who
2162 will take charge of and dispose of the body, then to the proper
2163 authorities of the town in which the body is lying, whose duty it shall
2164 be to dispose of it. Whenever the deceased person has not left property
2165 sufficient to defray the expenses of disposition of the body, the same
2166 shall be paid by such town. The Office of the Chief Medical Examiner
2167 may take custody and coordinate the disposition of the body, including

2168 cremation or burial, of such body. The Office of the Chief Medical
2169 Examiner shall not proceed with the disposition of such body during the
2170 twenty-one day period following the date of the pronouncement of
2171 death and during such period of time shall make a reasonable effort,
2172 including engaging the services of the law enforcement agency of the
2173 town in which the deceased person died or of such deceased person's
2174 residence to locate and contact any relatives of the deceased person. A
2175 funeral director handling the disposition of the body of such deceased
2176 person shall notify the Commissioner of Social Services in accordance
2177 with sections 17b-84 and 17b-131, as amended by this act, for
2178 reimbursement. The cremation certificate fee for any such disposition
2179 shall be waived.

2180 Sec. 57. Subsection (d) of section 45a-318 of the general statutes is
2181 repealed and the following is substituted in lieu thereof (*Effective October*
2182 *1, 2022*):

2183 (d) In the absence of a written designation of an individual pursuant
2184 to subsection (a) of this section, or in the event that an individual and
2185 any alternate designated pursuant to subsection (a) of this section
2186 decline to act or cannot be located within forty-eight hours after the time
2187 of death or the discovery of the body, the following individuals, in the
2188 priority listed, shall have the right to custody and control of the
2189 disposition of a person's body upon the death of such person, subject to
2190 any directions for disposition made by such person, conservator or
2191 agent pursuant to subdivision (1) or (2) of subsection (a) of this section:

2192 (1) The deceased person's spouse, unless such spouse abandoned the
2193 deceased person prior to the deceased person's death or has been
2194 adjudged incapable by a court of competent jurisdiction;

2195 (2) The deceased person's surviving adult children;

2196 (3) The deceased person's surviving parents;

2197 (4) The deceased person's surviving siblings;

2198 (5) Any adult person in the next degree of kinship in the order named
2199 by law to inherit the deceased person's estate, provided such adult
2200 person shall be of the third degree of kinship or higher; [and]

2201 (6) The Office of the Chief Medical Examiner; and

2202 ~~[(6)]~~ (7) Such adult person as the Probate Court shall determine.

2203 Sec. 58. Section 17b-131 of the general statutes is repealed and the
2204 following is substituted in lieu thereof (*Effective October 1, 2022*):

2205 (a) When a person in any town, or sent from such town to any
2206 licensed institution or state humane institution, dies or is found dead
2207 therein and does not leave sufficient estate and has no legally liable
2208 relative able to pay the cost of a proper funeral and burial, or upon the
2209 death of any beneficiary under the state-administered general assistance
2210 program, the Commissioner of Social Services shall give to such person
2211 a proper funeral and burial, and shall pay a sum not exceeding one
2212 thousand three hundred fifty dollars as an allowance toward the funeral
2213 expenses of such decedent. Said sum shall be paid, upon submission of
2214 a proper bill, to the funeral director, cemetery or crematory, as the case
2215 may be. Such payment for funeral and burial expenses shall be reduced
2216 by (1) the amount in any revocable or irrevocable funeral fund, (2) any
2217 prepaid funeral contract, (3) the face value of any life insurance policy
2218 owned by the decedent that names a funeral home, cemetery or
2219 crematory as a beneficiary, (4) the net value of all liquid assets in the
2220 decedent's estate, and (5) contributions in excess of three thousand four
2221 hundred dollars toward such funeral and burial expenses from all other
2222 sources including friends, relatives and all other persons, organizations,
2223 agencies, veterans' programs and other benefit programs.
2224 Notwithstanding the provisions of section 17b-90, whenever payment
2225 for funeral, burial or cremation expenses is reduced due to liquid assets
2226 in the decedent's estate, the commissioner may disclose information
2227 concerning such liquid assets to the funeral director, cemetery or
2228 crematory providing funeral, burial or cremation services for the
2229 decedent.

2230 (b) Notwithstanding the provisions of subsection (a) of this section
2231 and section 17b-84, the Commissioner of Social Services shall, upon
2232 submission of a proper bill, pay the maximum amount authorized
2233 under subsection (a) of this section to a funeral director, cemetery or
2234 crematory if the Chief Medical Examiner, or the Chief Medical
2235 Examiner's designee, certifies that, after an investigation, the Office of
2236 the Chief Medical Examiner was unable to locate any person with a
2237 connection to the decedent, including a relative or friend, who was
2238 willing to take possession of the decedent's remains, and that the
2239 decedent's remains were therefore transferred to such funeral director,
2240 cemetery or crematory for disposition.

2241 [(b)] (c) The Commissioner of Social Services may adopt regulations,
2242 in accordance with chapter 54, to implement the provisions of this
2243 section.

2244 Sec. 59. Section 19a-401 of the general statutes is repealed and the
2245 following is substituted in lieu thereof (*Effective October 1, 2022*):

2246 (a) There is established a Commission on Medicolegal Investigations,
2247 as an independent administrative commission, consisting of [nine] the
2248 Commissioner of Public Health, or the commissioner's designee, and
2249 eight members appointed by the Governor as follows: Two full
2250 professors of pathology, two full professors of law, a member of the
2251 Connecticut Medical Society, a member of the Connecticut Bar
2252 Association, and two members of the public, [, selected by the Governor,
2253 and the Commissioner of Public Health, or the commissioner's
2254 designee.] The Governor shall appoint [the two full professors of
2255 pathology and the two full professors of law from a panel of not less
2256 than four such professors in the field of medicine and four such
2257 professors in the field of law recommended by a committee composed
2258 of the deans of the recognized schools and colleges of medicine and of
2259 law in the state of Connecticut;] the member of the Connecticut Medical
2260 Society from a panel of not less than three members of that society
2261 recommended by the council of that society; and the member of the
2262 Connecticut Bar Association from a panel of not less than three members

2263 of that association recommended by [the board of governors of] that
2264 association. [Initially, one professor of pathology, one professor of law,
2265 the member of the Connecticut Medical Society, and one member of the
2266 public shall serve for six years and until their successors are appointed,
2267 and one professor of pathology, one professor of law, the member of the
2268 Connecticut Bar Association and one member of the public shall serve
2269 for three years, and until their successors are appointed.] All
2270 appointments to full terms [subsequent to the initial appointments] shall
2271 be for six years. Vacancies shall be filled for the expiration of the term of
2272 the member being replaced, [in the same manner as original
2273 appointments.] Members shall be eligible for reappointment, [under the
2274 same conditions as are applicable to initial appointments.] The
2275 commission shall elect annually one of its members as [chairman]
2276 chairperson and one as [vice chairman] vice-chairperson. Members of
2277 the commission shall receive no compensation but shall be reimbursed
2278 for their actual expenses incurred in service on the commission. The
2279 commission shall meet at least once each year and more often as its
2280 duties require, upon the request of any two members and shall meet at
2281 least once each year with those persons and groups that are affected by
2282 commission policies and procedures. The commission shall adopt its
2283 own rules for the conduct of its meetings.

2284 (b) The commission shall adopt regulations, in accordance with
2285 chapter 54, as necessary or appropriate to carry out effectively the
2286 administrative provisions of this chapter.

2287 Sec. 60. Section 19a-37 of the 2022 supplement to the general statutes
2288 is repealed and the following is substituted in lieu thereof (*Effective*
2289 *October 1, 2022*):

2290 (a) As used in this section:

2291 (1) "Laboratory or firm" means an environmental laboratory
2292 registered by the Department of Public Health pursuant to section 19a-
2293 29a;

2294 (2) "Private well" means a water supply well that meets all of the

2295 following criteria: (A) Is not a public well; (B) supplies a residential
2296 population of less than twenty-five persons per day; and (C) is owned
2297 or controlled through an easement or by the same entity that owns or
2298 controls the building or parcel that is served by the water supply well;

2299 (3) "Public well" means a water supply well that supplies a public
2300 water system;

2301 (4) "Semipublic well" means a water supply well that (A) does not
2302 meet the definition of a private well or public well, and (B) provides
2303 water for drinking and other domestic purposes; and

2304 (5) "Water supply well" means an artificial excavation constructed by
2305 any method for the purpose of obtaining or providing water for
2306 drinking or other domestic, industrial, commercial, agricultural,
2307 recreational or irrigation use, or other outdoor water use.

2308 (b) (1) The Commissioner of Public Health may adopt regulations, [in
2309 the regulations of Connecticut state agencies] in accordance with the
2310 provisions of chapter 54, for the preservation of the public health
2311 pertaining to [(1)] (A) protection and location of new water supply wells
2312 or springs for residential or nonresidential construction or for public or
2313 semipublic use, and [(2)] (B) inspection for compliance with the
2314 provisions of municipal regulations adopted pursuant to section 22a-
2315 354p.

2316 (2) The Commissioner of Public Health shall adopt regulations, in
2317 accordance with the provisions of chapter 54, for the testing of water
2318 quality in private wells and semipublic wells.

2319 (3) The Commissioner of Public Health shall adopt regulations, in
2320 accordance with the provisions of chapter 54, to clarify the criteria under
2321 which the commissioner may issue a well permit exception and to
2322 describe the terms and conditions that shall be imposed when a well is
2323 allowed at a premises that is connected to a public water supply system
2324 or whose boundary is located within two hundred feet of an approved
2325 community water supply system, measured along a street, alley or

2326 easement. Such regulations shall (A) provide for notification of the
2327 permit to the public water supplier, (B) address the (i) quality of the
2328 water supplied from the well, (ii) means and extent to which the well
2329 shall not be interconnected with the public water supply, (iii) need for a
2330 physical separation and the installation of a reduced pressure device for
2331 backflow prevention, and (iv) inspection and testing requirements of
2332 any such reduced pressure device, and (C) identify the extent and
2333 frequency of water quality testing required for the well supply.

2334 (c) (1) [The Commissioner of Public Health shall adopt regulations, in
2335 accordance with chapter 54, for the testing of water quality in private
2336 wells and semipublic wells.] Any laboratory or firm which conducts a
2337 water quality test on a private well serving a residential property or
2338 semipublic well shall, not later than thirty days after the completion of
2339 such test, report the results of such test to [(1)] (A) the public health
2340 authority of the municipality where the property is located, and [(2)] (B)
2341 the Department of Public Health in a format specified by the
2342 department, [, provided such report shall only be required if the party
2343 for whom the laboratory or firm conducted such test informs the
2344 laboratory or firm identified on the chain of custody documentation
2345 submitted with the test samples that the test was conducted in
2346 connection with the sale of such property. No regulation may require
2347 such a test to be conducted as a consequence or a condition of the sale,
2348 exchange, transfer, purchase or rental of the real property on which the
2349 private well or semipublic well is located.] Results submitted to the
2350 Department of Public Health or the local health authority pursuant to
2351 this subsection, information obtained from any Department of Public
2352 Health or local health authority investigation regarding those results
2353 and any Department of Public Health or local health authority study of
2354 morbidity and mortality regarding the results shall be confidential
2355 pursuant to section 19a-25.

2356 (2) On and after October 1, 2022, the owner of each newly constructed
2357 private well or semipublic well shall test the water quality of such well.
2358 Such test shall be performed by a laboratory and include, but need not
2359 be limited to, testing for coliform, nitrate, nitrite, sodium, chloride, iron,

2360 lead, manganese, hardness, turbidity, pH, sulfate, apparent color, odor,
2361 arsenic and uranium. The owner shall submit test results to the
2362 Department of Public Health in a form and manner prescribed by the
2363 Commissioner of Public Health.

2364 (d) Prior to the sale, exchange, purchase, transfer or rental of real
2365 property on which a private or semipublic well is located, the owner
2366 shall provide the buyer or tenant notice that educational material
2367 concerning private well testing is available on the Department of Public
2368 Health web site. If the prospective buyer or tenant has hired a real estate
2369 licensee to facilitate the property transaction, such real estate licensee,
2370 or, if the prospective buyer or tenant has not hired a real estate licensee,
2371 the owner, landlord or closing attorney shall provide to the buyer or
2372 tenant an electronic or hard copy of educational material prepared by
2373 the Department of Public Health that recommends testing for the
2374 contaminants listed in subsection (c) of this section and any other
2375 recommendation concerning well testing that the Department of Public
2376 Health deems necessary. Failure to provide such notice or educational
2377 material shall not invalidate any sale, exchange, purchase, transfer or
2378 rental of real property. If the seller or landlord provides such notice or
2379 educational material in writing, the seller or landlord and any real estate
2380 licensee shall be deemed to have fully satisfied any duty to notify the
2381 buyer or tenant. [that the subject real property is located in an area for
2382 which there are reasonable grounds for testing under subsection (g) or
2383 (j) of this section.]

2384 [(e) The Commissioner of Public Health shall adopt regulations, in
2385 accordance with chapter 54, to clarify the criteria under which the
2386 commissioner may issue a well permit exception and to describe the
2387 terms and conditions that shall be imposed when a well is allowed at a
2388 premises (1) that is connected to a public water supply system, or (2)
2389 whose boundary is located within two hundred feet of an approved
2390 community water supply system, measured along a street, alley or
2391 easement. Such regulations shall (A) provide for notification of the
2392 permit to the public water supplier, (B) address the quality of the water
2393 supplied from the well, the means and extent to which the well shall not

2394 be interconnected with the public water supply, the need for a physical
2395 separation, and the installation of a reduced pressure device for
2396 backflow prevention, the inspection and testing requirements of any
2397 such reduced pressure device, and (C) identify the extent and frequency
2398 of water quality testing required for the well supply.]

2399 [(f)] (e) No regulation may require that a certificate of occupancy for
2400 a dwelling unit on such residential property be withheld or revoked on
2401 the basis of a water quality test performed on a private well pursuant to
2402 this section, unless such test results indicate that any maximum
2403 contaminant level applicable to public water supply systems for any
2404 contaminant listed in the regulations of Connecticut state agencies has
2405 been exceeded. No administrative agency, health district or municipal
2406 health officer may withhold or cause to be withheld such a certificate of
2407 occupancy except as provided in this section.

2408 [(g)] (f) (1) The local director of health may require a private well or
2409 semipublic well to be tested for arsenic, radium, uranium, radon or
2410 gross alpha emitters, when there are reasonable grounds to suspect that
2411 such contaminants are present in the groundwater. For purposes of this
2412 subsection, "reasonable grounds" means [(1)] (A) the existence of a
2413 geological area known to have naturally occurring arsenic, radium,
2414 uranium, radon or gross alpha emitter deposits in the bedrock; or [(2)]
2415 (B) the well is located in an area in which it is known that arsenic,
2416 radium, uranium, radon or gross alpha emitters are present in the
2417 groundwater.

2418 (2) The local director of health may require a private well or
2419 semipublic well to be tested for pesticides, herbicides or organic
2420 chemicals when there are reasonable grounds to suspect that any such
2421 contaminants might be present in the groundwater. For purposes of this
2422 subsection, "reasonable grounds" means (A) the presence of nitrate-
2423 nitrogen in the groundwater at a concentration greater than ten
2424 milligrams per liter, or (B) that the private well or semipublic well is
2425 located on land, or in proximity to land, associated with the past or
2426 present production, storage, use or disposal of organic chemicals as

2427 identified in any public record.

2428 [(h)] (g) Except as provided in subsection [(i)] (h) of this section, the
2429 collection of samples for determining the water quality of private wells
2430 and semipublic wells may be made only by (1) employees of a
2431 laboratory or firm certified or approved by the Department of Public
2432 Health to test drinking water, if such employees have been trained in
2433 sample collection techniques, (2) certified water operators, (3) local
2434 health departments and state employees trained in sample collection
2435 techniques, or (4) individuals with training and experience that the
2436 Department of Public Health deems sufficient.

2437 [(i)] (h) Any owner of a residential construction, including, but not
2438 limited to, a homeowner, on which a private well is located or any
2439 general contractor of a new residential construction on which a private
2440 well is located may collect samples of well water for submission to a
2441 laboratory or firm for the purposes of testing water quality pursuant to
2442 this section, provided (1) such laboratory or firm has provided
2443 instructions to said owner or general contractor on how to collect such
2444 samples, and (2) such owner or general contractor is identified to the
2445 subsequent owner on a form to be prescribed by the Department of
2446 Public Health. No regulation may prohibit or impede such collection or
2447 analysis.

2448 [(j)] The local director of health may require private wells and
2449 semipublic wells to be tested for pesticides, herbicides or organic
2450 chemicals when there are reasonable grounds to suspect that any such
2451 contaminants might be present in the groundwater. For purposes of this
2452 subsection, "reasonable grounds" means (1) the presence of nitrate-
2453 nitrogen in the groundwater at a concentration greater than ten
2454 milligrams per liter, or (2) that the private well or semipublic well is
2455 located on land, or in proximity to land, associated with the past or
2456 present production, storage, use or disposal of organic chemicals as
2457 identified in any public record.]

2458 [(k)] (i) Any water transported in bulk by any means to a premises

2459 currently supplied by a private well or semipublic well where the water
2460 is to be used for purposes of drinking or domestic use shall be provided
2461 by a bulk water hauler licensed pursuant to section 20-278h. No bulk
2462 water hauler shall deliver water without first notifying the owner of the
2463 premises of such delivery. Bulk water hauling to a premises currently
2464 supplied by a private well or semipublic well shall be permitted only as
2465 a temporary measure to alleviate a water supply shortage.

2466 Sec. 61. Subsection (i) of section 19a-180 of the 2022 supplement to the
2467 general statutes is repealed and the following is substituted in lieu
2468 thereof (*Effective October 1, 2022*):

2469 (i) Notwithstanding the provisions of subsection (a) of this section,
2470 any [volunteer, hospital-based or municipal ambulance service or any
2471 ambulance service or paramedic intercept service operated and
2472 maintained by a state agency] emergency medical services organization
2473 that is licensed or certified and is a primary service area responder may
2474 apply to the commissioner to add one emergency vehicle to its existing
2475 fleet every three years, on a short form application prescribed by the
2476 commissioner. No such [volunteer, hospital-based or municipal
2477 ambulance service or any ambulance service or paramedic intercept
2478 service] emergency medical services organization operated and
2479 maintained by a state agency may add more than one emergency vehicle
2480 to its existing fleet pursuant to this subsection regardless of the number
2481 of municipalities served by such volunteer, hospital-based or municipal
2482 ambulance service. Upon making such application, the applicant shall
2483 notify in writing all other primary service area responders in any
2484 municipality or abutting municipality in which the applicant proposes
2485 to add the additional emergency vehicle. Except in the case where a
2486 primary service area responder entitled to receive notification of such
2487 application objects, in writing, to the commissioner not later than fifteen
2488 calendar days after receiving such notice, the application shall be
2489 deemed approved thirty calendar days after filing. If any such primary
2490 service area responder files an objection with the commissioner within
2491 the fifteen-calendar-day time period and requests a hearing, the
2492 applicant shall be required to demonstrate need at a public hearing as

2493 required under subsection (a) of this section.

2494 Sec. 62. (*Effective from passage*) Not later than July 1, 2022, the
2495 Commissioner of Public Health shall convene a working group of
2496 representatives of hospitals, nursing homes and water companies for
2497 the purpose of identifying issues, evaluating data, determining
2498 appropriate action timelines and developing solutions regarding the
2499 prevention and mitigation of legionella in hospitals, nursing homes and
2500 other health care facilities. Not later than December 31, 2022, the
2501 Commissioner of Public Health shall report, in accordance with section
2502 11-4a of the general statutes, to the joint standing committee of the
2503 General Assembly having cognizance of matters relating to public
2504 health on the efforts of such working group and its recommendations
2505 for legislation, regulations or other changes concerning the prevention
2506 and mitigation of legionella in hospitals, nursing homes and other
2507 health care facilities. The working group shall terminate on the date it
2508 submits such report or December 31, 2022, whichever is earlier.

2509 Sec. 63. Section 19a-903b of the general statutes is repealed and the
2510 following is substituted in lieu thereof (*Effective October 1, 2022*):

2511 A hospital, as defined in section 19a-490b, may designate any
2512 licensed health care provider and any certified ultrasound or nuclear
2513 medicine, or polysomnographic technologist to perform the following
2514 oxygen-related patient care activities in a hospital: (1) Connecting or
2515 disconnecting oxygen supply; (2) transporting a portable oxygen source;
2516 (3) connecting, disconnecting or adjusting the mask, tubes and other
2517 patient oxygen delivery apparatus; and (4) adjusting the rate or flow of
2518 oxygen consistent with a medical order. Such provider or technologist
2519 may perform such activities only to the extent permitted by hospital
2520 policies and procedures, including bylaws, rules and regulations
2521 applicable to the medical staff. A hospital shall document that each
2522 person designated to perform oxygen-related patient care activities has
2523 been properly trained, either through such person's professional
2524 education or through training provided by the hospital. In addition, a
2525 hospital shall require that such person satisfy annual competency

2526 testing. Nothing in this section shall be construed to prohibit a hospital
2527 from designating persons who are authorized to transport a patient with
2528 a portable oxygen source. The provisions of this section shall not apply
2529 to any type of ventilator, continuous positive airway pressure or bi-level
2530 positive airway pressure units or any other noninvasive positive
2531 pressure ventilation.

2532 Sec. 64. Section 17a-52 of the general statutes is repealed and the
2533 following is substituted in lieu thereof (*Effective July 1, 2022*):

2534 (a) There is established a [Youth] Connecticut Suicide Advisory
2535 Board, within the Department of Children and Families, which shall be
2536 a coordinating source for suicide prevention across a person's lifespan,
2537 including, but not limited to, youth suicide prevention. The board [shall
2538 consist of twenty members, which shall include] may include (1)
2539 representatives from suicide prevention foundations, youth-serving
2540 organizations, law enforcement agencies, religious or fraternal
2541 organizations, civic or volunteer groups, state and local government
2542 agencies, tribal governments or organizations, health care providers or
2543 local organizations with expertise in the mental health of children or
2544 adults or mental health issues with a focus on suicide prevention, (2)
2545 one psychiatrist licensed to practice medicine in this state, (3) one
2546 psychologist licensed in this state, (4) one representative of a local or
2547 regional board of education, (5) one high school teacher, (6) one high
2548 school student, (7) one college or university faculty member, (8) one
2549 college or university student, [and] (9) one parent, and (10) a person
2550 who has experienced suicide ideation or loss, all appointed by the
2551 Commissioner of Children and Families. [,] The board shall include one
2552 representative of the Department of Public Health appointed by the
2553 Commissioner of Public Health, one representative of the state
2554 Department of Education appointed by the Commissioner of Education
2555 and one representative of the Board of Regents for Higher Education
2556 appointed by the president of the Connecticut State Colleges and
2557 Universities. [The balance of the board shall be comprised of persons
2558 with expertise in the mental health of children or mental health issues
2559 with a focus on suicide prevention and shall be appointed by the

2560 Commissioner of Children and Families. Members of the board shall
2561 serve for two-year terms, without compensation. Any member who fails
2562 to attend three consecutive meetings or fifty per cent of all meetings held
2563 during any calendar year shall be deemed to have resigned from the
2564 board. The Commissioner] The Commissioners of Children and
2565 Families and Mental Health and Addiction Services, or the
2566 commissioners' designees, shall [be a nonvoting, ex-officio member of
2567 the board. The board shall elect a chairman, and a vice-chairman to act
2568 in the chairman's absence] serve as cochairpersons of the board and may
2569 appoint a representative of a local organization with expertise in mental
2570 health or a suicide prevention foundation to serve as a third
2571 cochairperson of the board. The board may adopt bylaws to govern it
2572 and its meetings.

2573 (b) The board shall: (1) Increase public awareness of the existence of
2574 [youth] suicide and means of suicide prevention across a person's
2575 lifespan; (2) make recommendations to the [commissioner]
2576 Commissioners of Children and Families and Mental Health and
2577 Addiction Services for the development of state-wide training in the
2578 prevention of [youth] suicide; (3) develop a state-wide strategic [youth]
2579 suicide prevention plan; (4) recommend interagency policies and
2580 procedures for the coordination of services [for youths and families] in
2581 the area of suicide prevention, intervention and response; (5) make
2582 recommendations for the establishment and implementation of suicide
2583 prevention, intervention and response procedures in schools and
2584 communities; (6) establish a coordinated system for the utilization of
2585 data for the prevention of [youth] suicide; (7) make recommendations
2586 concerning the integration of suicide prevention and intervention
2587 strategies into [other] youth-focused prevention and intervention
2588 programs; and (8) periodically offer, within available appropriations,
2589 [youth] suicide prevention training and education for health care and
2590 behavioral health care providers, school employees, faculty members of
2591 institutions of higher education and other persons who provide services
2592 to children, [young] adults and families.

2593 Sec. 65. Subsection (b) of section 20-10b of the general statutes is

2594 repealed and the following is substituted in lieu thereof (*Effective July 1,*
2595 *2022*):

2596 (b) Except as otherwise provided in subsections (d), (e) and (f) of this
2597 section, a licensee applying for license renewal shall earn a minimum of
2598 fifty contact hours of continuing medical education within the
2599 preceding twenty-four-month period. Such continuing medical
2600 education shall (1) be in an area of the physician's practice; (2) reflect the
2601 professional needs of the licensee in order to meet the health care needs
2602 of the public; and (3) during the first renewal period in which continuing
2603 medical education is required and not less than once every six years
2604 thereafter, include at least one contact hour of training or education in
2605 each of the following topics: (A) Infectious diseases, including, but not
2606 limited to, acquired immune deficiency syndrome and human
2607 immunodeficiency virus, (B) risk management, including, but not
2608 limited to, prescribing controlled substances and pain management,
2609 and, for registration periods beginning on or after October 1, 2019, such
2610 risk management continuing medical education may also include
2611 screening for inflammatory breast cancer and gastrointestinal cancers,
2612 including colon, gastric, pancreatic and neuroendocrine cancers and
2613 other rare gastrointestinal tumors, (C) sexual assault, (D) domestic
2614 violence, (E) cultural competency, and (F) behavioral health, provided
2615 further that on and after January 1, 2016, such behavioral health
2616 continuing medical education may include, but not be limited to, at least
2617 two contact hours of training or education during the first renewal
2618 period in which continuing education is required and not less than once
2619 every six years thereafter, on (i) suicide prevention, or (ii) diagnosing
2620 and treating [(i)] (I) cognitive conditions, including, but not limited to,
2621 Alzheimer's disease, dementia, delirium, related cognitive impairments
2622 and geriatric depression, or [(ii)] (II) mental health conditions,
2623 including, but not limited to, mental health conditions common to
2624 veterans and family members of veterans. Training for mental health
2625 conditions common to veterans and family members of veterans shall
2626 include best practices for [(I)] determining whether a patient is a veteran
2627 or family member of a veteran, [(II)] screening for conditions such as

2628 post-traumatic stress disorder, risk of suicide, depression and grief, and
2629 [(III)] suicide prevention training. For purposes of this section,
2630 qualifying continuing medical education activities include, but are not
2631 limited to, courses offered or approved by the American Medical
2632 Association, American Osteopathic Association, Connecticut Hospital
2633 Association, Connecticut State Medical Society, Connecticut
2634 Osteopathic Medical Society, county medical societies or equivalent
2635 organizations in another jurisdiction, educational offerings sponsored
2636 by a hospital or other health care institution or courses offered by a
2637 regionally accredited academic institution or a state or local health
2638 department. The commissioner, or the commissioner's designee, may
2639 grant a waiver for not more than ten contact hours of continuing medical
2640 education for a physician who [: (I) Engages] engages in activities
2641 related to the physician's service as a member of the Connecticut
2642 Medical Examining Board, established pursuant to section 20-8a, [: (II)]
2643 engages in activities related to the physician's service as a member of a
2644 medical hearing panel, pursuant to section 20-8a, [: or (III)] or assists the
2645 department with its duties to boards and commissions as described in
2646 section 19a-14.

2647 Sec. 66. Subdivision (6) of subsection (b) of section 10-222q of the
2648 general statutes is repealed and the following is substituted in lieu
2649 thereof (*Effective July 1, 2022*):

2650 (6) Three appointed by the minority leader of the Senate, one of
2651 whom is a representative of the Connecticut Education Association; one
2652 of whom is a representative of the National Alliance on Mental Illness,
2653 Connecticut; and one of whom is a representative of the [Youth]
2654 Connecticut Suicide Advisory Board established pursuant to section
2655 17a-52, as amended by this act;

2656 Sec. 67. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

2657 (1) "Hospital" means an establishment licensed pursuant to chapter
2658 368v of the general statutes for the lodging, care and treatment of
2659 persons suffering from disease or other abnormal physical or mental

2660 conditions;

2661 (2) "Outpatient surgical facility" means any entity, individual, firm,
2662 partnership, corporation, limited liability company or association, other
2663 than a hospital, licensed pursuant to chapter 368v of the general statutes
2664 to engage in providing surgical services or diagnostic procedures for
2665 human health conditions that include the use of moderate or deep
2666 sedation, moderate or deep analgesia or general anesthesia, as such
2667 levels of anesthesia are defined from time to time by the American
2668 Society of Anesthesiologists, or by such other professional or accrediting
2669 entity recognized by the Department of Public Health;

2670 (3) "Surgical smoke" means the by-product of the use of an energy-
2671 generating device during surgery, including, but not limited to, surgical
2672 plume, smoke plume, bioaerosols, laser-generated airborne
2673 contaminants and lung-damaging dust. "Surgical smoke" does not
2674 include the by-product of the use of an energy-generating device during
2675 a gastroenterological or ophthalmic procedure, which by-product is not
2676 emitted into the operating room during surgery; and

2677 (4) "Surgical smoke evacuation system" means a system, including,
2678 but not limited to, a smoke evacuator, laser plume evacuator or local
2679 exhaust ventilator that captures and neutralizes surgical smoke (A) at
2680 the site of origin of such surgical smoke, and (B) before the surgical
2681 smoke makes contact with the eyes or respiratory tract of any person in
2682 an operating room during surgery.

2683 (b) Not later than January 1, 2023, each hospital and outpatient
2684 surgical facility shall develop a policy for the use of a surgical smoke
2685 evacuation system to prevent a person's exposure to surgical smoke.
2686 Not later than October 1, 2023, each hospital and outpatient facility shall
2687 implement such policy and, upon request, provide a copy of such policy
2688 to the Department of Public Health.

2689 Sec. 68. Section 19a-7o of the general statutes is repealed and the
2690 following is substituted in lieu thereof (*Effective October 1, 2022*):

2691 (a) For purposes of this section:

2692 (1) "Hepatitis C screening test" means a laboratory test that detects
2693 the presence of hepatitis C virus antibodies in the blood;

2694 (2) "Hepatitis C diagnostic test" means a laboratory test that detects
2695 the presence of hepatitis C virus in the blood and provides confirmation
2696 of whether the person whose blood is being tested has a hepatitis C virus
2697 infection;

2698 (3) "HIV infection" means infection with the human
2699 immunodeficiency virus or any other related virus identified as a
2700 probable causative agent of acquired immune deficiency syndrome, as
2701 defined by the Centers for Disease Control of the United States Public
2702 Health Service;

2703 (4) "HIV-related test" means any laboratory test or series of tests for
2704 any virus, antibody, antigen or etiologic agent whatsoever thought to
2705 cause or indicate the presence of HIV infection;

2706 [(3)] (5) "Primary care provider" means a physician, advanced
2707 practice registered nurse or physician assistant who provides primary
2708 care services and is licensed by the Department of Public Health
2709 pursuant to title 20; and

2710 [(4)] (6) "Primary care" means the medical fields of family medicine,
2711 general pediatrics, primary care, internal medicine, primary care
2712 obstetrics or primary care gynecology, without regard to board
2713 certification.

2714 (b) [On and after October 1, 2014, a] A primary care provider shall
2715 offer to provide to, or order for, each patient who was born between
2716 1945 to 1965, inclusive, a hepatitis C screening test or hepatitis C
2717 diagnostic test at the time the primary care provider provides services
2718 to such patient, except a primary care provider is not required to offer
2719 to provide to, or order for, such patient a hepatitis C screening test or
2720 hepatitis C diagnostic test when the primary care provider reasonably

2721 believes: (1) Such patient is being treated for a life-threatening
2722 emergency; (2) such patient has previously been offered or has received
2723 a hepatitis C screening test; or (3) such patient lacks the capacity to
2724 consent to a hepatitis C screening test.

2725 (c) On and after January 1, 2023, a primary care provider, or such
2726 provider's designee, shall offer to provide to, order for, or arrange for
2727 the order for, each patient who is thirteen years of age or older, an HIV-
2728 related test, except a primary care provider, or such provider's designee,
2729 is not required to offer to provide to, or order for, such patient an HIV-
2730 related test when the primary care provider reasonably believes: (1)
2731 Such patient is being treated for a life-threatening emergency; (2) such
2732 patient has previously been offered or has received an HIV-related test;
2733 or (3) such patient lacks the capacity to consent to an HIV-related test.
2734 The primary care provider, or such provider's designee, shall comply
2735 with all requirements concerning HIV-related testing and HIV-related
2736 information prescribed in chapter 368x.

2737 Sec. 69. (NEW) (*Effective October 1, 2022*) (a) On and after January 1,
2738 2024, an employee or a staff member of a hospital licensed under chapter
2739 386v of the general statutes who is treating a patient thirteen years of
2740 age or older in the emergency department shall offer the patient an HIV-
2741 related test unless the employee or staff member documents that any of
2742 the following conditions have been met: (1) The patient is being treated
2743 for a life-threatening emergency; (2) the patient received an HIV-related
2744 test in the preceding year; (3) the patient lacks the capacity to provide
2745 general consent to the HIV-related test as required under subsection (a)
2746 of section 19a-582 of the general statutes; or (4) the patient declines the
2747 HIV-related test. Any hospital employee or staff member offering an
2748 HIV-related test under this subsection shall comply with all
2749 requirements concerning HIV-testing and HIV-related information
2750 prescribed in chapter 368x of the general statutes.

2751 (b) Prior to January 1, 2024, each hospital shall develop protocols, in
2752 accordance with the provisions of section 19a-582 of the general statutes,
2753 for implementing the HIV-related testing required under subsection (a)

2754 of this section, including, but not limited to, the following: (1) Offering
2755 and providing such testing to a patient and notifying the patient of the
2756 results of such testing; (2) tracking and documenting the number of
2757 HIV-related tests that were performed, the number of HIV-related tests
2758 that were declined, and the results of the HIV-related tests; (3) reporting
2759 of positive HIV-related test results to the Department of Public Health
2760 pursuant to section 19a-215 of the general statutes, as amended by this
2761 act; and (4) referring patients who test positive for the human
2762 immunodeficiency virus to an appropriate health care provider for
2763 treatment of such virus. A hospital may collaborate with a municipal
2764 health department, district department of health, regional mental health
2765 board, emergency medical services council or community organization
2766 in developing and implementing such protocols.

2767 Sec. 70. (*Effective from passage*) The Commissioner of Public Health
2768 shall conduct a review of statutes and regulations pertaining to, or
2769 otherwise impacting, the practice of plasmapheresis, clinical
2770 laboratories, and blood donation centers in the state. For purposes of
2771 such review, the commissioner shall (1) consult clinical laboratories,
2772 businesses and nonprofit organizations with expertise in the practice of
2773 clinical laboratory operations and facilities, plasmapheresis and blood
2774 collection, and (2) review the federal regulations governing the practice
2775 of plasmapheresis and blood collections. Not later than January 1, 2023,
2776 the commissioner shall report, in accordance with the provisions of
2777 section 11-4a of the general statutes, regarding such review and make
2778 recommendations regarding how the state may better align with federal
2779 requirements for clinical laboratories, plasmapheresis and blood
2780 collection while maintaining a high level of donor safety.

2781 Sec. 71. Subsection (g) of section 17b-451 of the 2022 supplement to
2782 the general statutes, as amended by section 12 of substitute house bill
2783 5313 of the current session, as amended by House Amendment Schedule
2784 "A", is repealed and the following is substituted in lieu thereof (*Effective*
2785 *from passage*):

2786 (g) The Commissioner of Social Services shall develop an educational

2787 training program to promote and encourage the accurate and prompt
2788 identification and reporting of abuse, neglect, exploitation and
2789 abandonment of elderly persons. Such training program shall be made
2790 available on the Internet web site of the Department of Social Services
2791 to mandatory reporters and other interested persons. The commissioner
2792 shall also make such training available in person or otherwise at various
2793 times and locations throughout the state as determined by the
2794 commissioner. Except for a mandatory reporter who has received
2795 training from an institution, organization, agency or facility required to
2796 provide such training pursuant to subsection (a) of this section, a
2797 mandatory reporter shall complete the educational training program
2798 developed by the commissioner, or an alternate program approved by
2799 the commissioner, not later than [December 31, 2022] June 30, 2023, or
2800 not later than ninety days after becoming a mandatory reporter.

2801 Sec. 72. Subsection (i) of section 17a-412 of the 2022 supplement to the
2802 general statutes, as amended by section 13 of substitute house bill 5313
2803 of the current session, as amended by House Amendment Schedule "A",
2804 is repealed and the following is substituted in lieu thereof (*Effective from*
2805 *passage*):

2806 (i) Any person required to report suspected abuse, neglect,
2807 exploitation or abandonment pursuant to subsection (a) of this section
2808 shall complete the educational training program provided by the
2809 Commissioner of Social Services pursuant to subsection (g) of section
2810 17b-451, as amended by [this act] substitute house bill 5313 of the
2811 current session, as amended by House Amendment Schedule "A", or an
2812 alternate program approved by the commissioner, not later than
2813 [December 31, 2022] June 30, 2023, or not later than ninety days after
2814 beginning employment as a person required to report suspected abuse,
2815 neglect, exploitation or abandonment pursuant to subsection (a) of this
2816 section.

2817 Sec. 73. (NEW) (*Effective from passage*) (a) As used in this section: (1)
2818 "Health care facility" means a hospital or an outpatient clinic, as such
2819 terms are defined in section 19a-490 of the general statutes, a long-term

2820 care facility, as defined in section 17a-405 of the general statutes, and a
2821 hospice facility, licensed pursuant to section 19a-122b of the general
2822 statutes; and (2) "medical diagnostic equipment" means (A) an
2823 examination table, (B) an examination chair, (C) a weight scale, (D)
2824 mammography equipment, and (E) x-ray, imaging and other
2825 radiological diagnostic equipment.

2826 (b) On and after January 1, 2023, each health care facility shall take
2827 into consideration the technical standards for accessibility developed by
2828 the federal Architectural and Transportation Barriers Compliance Board
2829 in accordance with Section 4203 of the Patient Protection and Affordable
2830 Care Act, P.L. 111-148, as amended from time to time, when purchasing
2831 medical diagnostic equipment.

2832 (c) Not later than December 1, 2022, and annually thereafter, the
2833 Commissioner of Public Health shall notify each health care facility,
2834 physician licensed pursuant to chapter 370 of the general statutes,
2835 physician assistant licensed pursuant to chapter 370 of the general
2836 statutes and advanced practice registered nurse licensed pursuant to
2837 chapter 378 of the general statutes, of information pertaining to the
2838 provision of health care to individuals with accessibility needs,
2839 including, but not limited to, the technical standards for accessibility
2840 developed by the federal Architectural and Transportation Barriers
2841 Compliance Board in accordance with Section 4203 of the Patient
2842 Protection and Affordable Care Act, P.L. 111-148, as amended from time
2843 to time, for medical diagnostic equipment. The Department of Public
2844 Health shall post such information on its Internet web site.

2845 Sec. 74. (*Effective from passage*) (a) There is established a task force to
2846 study assisted living services agencies that provide services as a
2847 dementia special care unit or program, as defined in section 19a-562 of
2848 the general statutes. Such study shall include, but need not be limited
2849 to, an examination of (1) the regulation of such agencies by the
2850 Department of Public Health and whether additional oversight by the
2851 department is required, (2) whether minimum staffing levels for such
2852 agencies should be required, and (3) the maintenance of records by such

2853 agencies of meals served to, bathing of, administration of medication to
2854 and the overall health of each resident.

2855 (b) The task force shall consist of the following members:

2856 (1) Two appointed by the speaker of the House of Representatives;

2857 (2) Two appointed by the president pro tempore of the Senate;

2858 (3) One appointed by the majority leader of the House of
2859 Representatives;

2860 (4) One appointed by the majority leader of the Senate;

2861 (5) One appointed by the minority leader of the House of
2862 Representatives;

2863 (6) One appointed by the minority leader of the Senate; and

2864 (7) The Commissioner of Public Health, or the commissioner's
2865 designee.

2866 (c) Any member of the task force appointed under subdivision (1),
2867 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
2868 of the General Assembly.

2869 (d) All initial appointments to the task force shall be made not later
2870 than thirty days after the effective date of this section. Any vacancy shall
2871 be filled by the appointing authority.

2872 (e) The speaker of the House of Representatives and the president pro
2873 tempore of the Senate shall select the chairpersons of the task force from
2874 among the members of the task force. Such chairpersons shall schedule
2875 the first meeting of the task force, which shall be held not later than sixty
2876 days after the effective date of this section.

2877 (f) The administrative staff of the joint standing committee of the
2878 General Assembly having cognizance of matters relating to public
2879 health shall serve as administrative staff of the task force.

2880 (g) Not later than January 1, 2023, the task force shall submit a report
2881 on its findings and recommendations to the joint standing committee of
2882 the General Assembly having cognizance of matters relating to public
2883 health, in accordance with the provisions of section 11-4a of the general
2884 statutes. The task force shall terminate on the date that it submits such
2885 report or January 1, 2023, whichever is later.

2886 Sec. 75. Section 19a-59i of the 2022 supplement to the general statutes
2887 is amended by adding subsection (g) as follows (*Effective from passage*):

2888 (NEW) (g) Not later than January 1, 2023, the maternal mortality
2889 review committee shall develop educational materials regarding:

2890 (1) The health and safety of pregnant and postpartum persons with
2891 mental health disorders, including, but not limited to, perinatal mood
2892 and anxiety disorders, for distribution by the Department of Public
2893 Health to each birthing hospital in the state. As used in this subdivision,
2894 "birthing hospital" means a health care facility, as defined in section 19a-
2895 630, operated and maintained in whole or in part for the purpose of
2896 caring for patients during the delivery of a child and for a postpartum
2897 person and such person's newborn following birth;

2898 (2) Evidence-based screening tools for screening patients for intimate
2899 partner violence, peripartum mood disorders and substance use
2900 disorder for distribution by the Department of Public Health to
2901 obstetricians and other health care providers who practice obstetrics;
2902 and

2903 (3) Indicators of intimate partner violence for distribution by the
2904 Department of Public Health to (A) hospitals for use by health care
2905 providers in the emergency department and hospital social workers,
2906 and (B) obstetricians and other health care providers who practice
2907 obstetrics.

2908 Sec. 76. (NEW) (*Effective July 1, 2022*) (a) As used in this section,
2909 "birthing hospital" means a health care facility, as defined in section 19a-
2910 630 of the general statutes, operated and maintained in whole or in part

2911 for the purpose of caring for a person during the delivery of a child and
2912 for a postpartum person and such person's newborn following birth.

2913 (b) On and after October 1, 2022, each birthing hospital shall provide
2914 to each patient who has undergone a caesarean section written
2915 information regarding the importance of mobility following a caesarean
2916 section and the risks associated with immobility following a caesarean
2917 section.

2918 (c) Not later than January 1, 2023, each birthing hospital shall
2919 establish a patient portal through which a postpartum patient can
2920 virtually access, through an Internet web site or application, any
2921 educational materials and other information that the birthing hospital
2922 provided to the patient during the patient's stay at the birthing hospital
2923 and at the time of the patient's discharge from the birthing hospital.

2924 (d) On and after January 1, 2023, each birthing hospital shall provide
2925 to each postpartum patient the educational materials regarding the
2926 health and safety of pregnant and postpartum persons with mental
2927 health disorders, including, but not limited to, perinatal mood and
2928 anxiety disorders, developed by the maternal mortality review
2929 committee pursuant to subsection (g) of section 19a-59i of the general
2930 statutes, as amended by this act.

2931 Sec. 77. Subsection (a) of section 10-29a of the 2022 supplement to the
2932 general statutes is amended by adding subdivisions (104) and (105) as
2933 follows (*Effective from passage*):

2934 (NEW) (104) Maternal Mental Health Month. The Governor shall
2935 proclaim the month of May of each year to be Maternal Mental Health
2936 Month, to raise awareness of issues surrounding maternal mental
2937 health. Suitable exercises may be held in the State Capitol and elsewhere
2938 as the Governor designates for the observance of the month.

2939 (NEW) (105) Maternal Mental Health Day. The Governor shall
2940 proclaim May fifth of each year to be Maternal Mental Health Day, to
2941 raise awareness of issues surrounding maternal mental health. Suitable

2942 exercises may be held in the State Capitol and elsewhere as the
 2943 Governor designates for the observance of the day.

2944 Sec. 78. Section 19a-6f of the general statutes is repealed. (*Effective*
 2945 *October 1, 2022*)"

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>July 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)
Sec. 46	<i>October 1, 2022</i>	19a-535a
Sec. 47	<i>October 1, 2022</i>	New section
Sec. 48	<i>July 1, 2022</i>	New section
Sec. 49	<i>from passage</i>	2-119
Sec. 50	<i>January 1, 2023</i>	19a-127k
Sec. 51	<i>from passage</i>	New section
Sec. 52	<i>July 1, 2022</i>	19a-563
Sec. 53	<i>July 1, 2022</i>	19a-693(2)
Sec. 54	<i>July 1, 2022</i>	19a-564
Sec. 55	<i>from passage</i>	19a-16d(a)
Sec. 56	<i>October 1, 2022</i>	19a-408
Sec. 57	<i>October 1, 2022</i>	45a-318(d)
Sec. 58	<i>October 1, 2022</i>	17b-131
Sec. 59	<i>October 1, 2022</i>	19a-401
Sec. 60	<i>October 1, 2022</i>	19a-37
Sec. 61	<i>October 1, 2022</i>	19a-180(i)
Sec. 62	<i>from passage</i>	New section
Sec. 63	<i>October 1, 2022</i>	19a-903b
Sec. 64	<i>July 1, 2022</i>	17a-52
Sec. 65	<i>July 1, 2022</i>	20-10b(b)
Sec. 66	<i>July 1, 2022</i>	10-222q(b)(6)
Sec. 67	<i>July 1, 2022</i>	New section
Sec. 68	<i>October 1, 2022</i>	19a-7o
Sec. 69	<i>October 1, 2022</i>	New section
Sec. 70	<i>from passage</i>	New section
Sec. 71	<i>from passage</i>	17b-451(g)

Sec. 72	<i>from passage</i>	17a-412(i)
Sec. 73	<i>from passage</i>	New section
Sec. 74	<i>from passage</i>	New section
Sec. 75	<i>from passage</i>	19a-59i
Sec. 76	<i>July 1, 2022</i>	New section
Sec. 77	<i>from passage</i>	10-29a(a)
Sec. 78	<i>October 1, 2022</i>	Repealer section