



General Assembly

**Amendment**

January Session, 2023

LCO No. 8774



Offered by:

REP. MCCARTHY VAHEY, 133<sup>rd</sup> Dist.

To: Subst. House Bill No. 6733

File No. 582

Cal. No. 353

**"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 Section 19a-490 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

6 (a) "Institution" means a hospital, short-term hospital special hospice,  
7 hospice inpatient facility, residential care home, nursing home facility,  
8 home health care agency, home health aide agency, behavioral health  
9 facility, assisted living services agency, substance abuse treatment  
10 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,  
11 blood collection facility, source plasma donation center, an infirmary  
12 operated by an educational institution for the care of students enrolled  
13 in, and faculty and employees of, such institution; a facility engaged in

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

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

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

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

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

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

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

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

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

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

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

80 (l) "Assisted living services agency" means an agency that provides [,  
81 among other things] chronic and stable individuals with services that  
82 include, but need not limited to, nursing services and assistance with  
83 activities of daily living [to a population that is chronic and stable] and  
84 may have a dementia special care unit or program as defined in section  
85 19a-562;

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

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

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

110 chronic diseases, convalescent stages, acute diseases or injuries;

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

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

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

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

128 (t) "Blood collection facility" means a facility that performs blood  
129 component collection activities where blood is removed from a human  
130 being for the purpose of administering such blood or any of its  
131 components to any human being. "Blood collection facility" does not  
132 include a facility that performs blood component collection activities to  
133 collect source plasma or perform testing that would require licensure as  
134 a clinical laboratory. For the purposes of this subsection, "source  
135 plasma" means the liquid portion of human blood collected by  
136 plasmapheresis and intended as source material for further  
137 manufacturing use and does not include single donor plasma products  
138 intended for intravenous use, and " plasmapheresis" means a procedure  
139 in which blood is removed from a blood donor, the plasma is separated  
140 from the formed elements and at least the red blood cells are returned  
141 to the blood donor at the time of the donation; and

142 (u) "Source plasma donation center" means a facility where source  
143 plasma is collected by plasmapheresis. For the purposes of this  
144 subsection, "source plasma" means the liquid portion of human blood  
145 collected by plasmapheresis and intended as source material for further  
146 manufacturing use and does not include single donor plasma products  
147 intended for intravenous use, and " plasmapheresis" means a procedure  
148 in which blood is removed from a blood donor, the plasma is separated  
149 from the formed elements and at least the red blood cells are returned  
150 to the blood donor at the time of the donation.

151 Sec. 2. Section 19a-564 of the general statutes is amended by adding  
152 subsection (g) as follows (*Effective from passage*):

153 (NEW) (g) An assisted living services agency may provide services  
154 that include, but need not be limited to, nursing services and assistance  
155 with activities of daily living to an individual who is no longer chronic  
156 and stable if (1) such individual is under the care of a licensed home  
157 health care agency or licensed hospice agency, or (2) such assisted living  
158 services agency is arranging, in conjunction with a managed residential  
159 community in accordance with subdivision (3) of subsection (a) of  
160 section 19a-694, for the provision of ancillary medical services on behalf  
161 of such individual, including physician and dental services, pharmacy  
162 services, restorative physical therapies, podiatry services, hospice care  
163 and home health agency services.

164 Sec. 3. Subsection (b) of section 20-195o of the general statutes is  
165 repealed and the following is substituted in lieu thereof (*Effective from*  
166 *passage*):

167 (b) (1) Notwithstanding the provisions of section 20-195n concerning  
168 examinations, on or before October 1, 2015, the commissioner may issue  
169 a license without examination, to any master social worker applicant  
170 who demonstrates to the satisfaction of the commissioner that, on or  
171 before October 1, 2013, he or she held a master's degree from a social  
172 work program accredited by the Council on Social Work Education or,  
173 if educated outside the United States or its territories, completed an

174 educational program deemed equivalent by the council.

175 (2) Notwithstanding the provisions of section 20-195n concerning  
176 examinations, the commissioner shall waive the requirement to pass the  
177 masters level examination of the Association of Social Work Boards or  
178 any other examination prescribed by the commissioner, as described in  
179 subsection (b) of section 20-195n until January 1, 2026, at which time  
180 such requirement shall be reinstated. Not later than July 1, 2025, the  
181 commissioner shall notify institutions of higher education offering  
182 social work programs about the reinstatement of the examination for all  
183 persons graduating after January 1, 2026.

184 Sec. 4. Subsections (a) and (b) of section 20-195u of the general  
185 statutes are repealed and the following is substituted in lieu thereof  
186 (*Effective October 1, 2023*):

187 (a) Except as otherwise provided in this section, each clinical social  
188 worker, licensed pursuant to the provisions of this chapter, and [, on  
189 and after October 1, 2011,] each master social worker licensed pursuant  
190 to this chapter shall complete a minimum of fifteen hours of continuing  
191 education during each registration period in the following manner: (1)  
192 Not less than five hours shall be earned through in-person or  
193 synchronous online education with opportunities for live interaction;  
194 and (2) not more than ten hours shall be earned through asynchronous  
195 online education, distance learning or home study. For purposes of this  
196 section, "synchronous online education" means live online classes that  
197 are conducted in real time, "asynchronous online education" means a  
198 program where the instructor, learner and other participants are not  
199 engaged in the learning process at the same time, there is no real-time  
200 interaction between participants and instructors and the educational  
201 content is created and made available for later consumption, and  
202 "registration period" means the twelve-month period for which a license  
203 has been renewed in accordance with section 19a-88 and is current and  
204 valid.

205 (b) Continuing education required pursuant to this section shall be

206 related to the practice of social work and shall include not less than one  
207 contact hour of training or education each registration period on the  
208 topic of cultural competency and, on and after January 1, 2016, not less  
209 than two contact hours of training or education during the first renewal  
210 period in which continuing education is required and not less than once  
211 every six years thereafter on the topic of mental health conditions  
212 common to veterans and family members of veterans, including (1)  
213 determining whether a patient is a veteran or family member of a  
214 veteran, (2) screening for conditions such as post-traumatic stress  
215 disorder, risk of suicide, depression and grief, and (3) suicide prevention  
216 training. Such continuing education shall consist of courses, workshops  
217 and conferences offered or approved by the Association of Social Work  
218 Boards, the National Association of Social Workers or a school or  
219 department of social work accredited by the Council on Social Work  
220 Education. [A licensee's ability to engage in on-line and home study  
221 continuing education shall be limited to not more than ten hours per  
222 registration period. Within the registration period, an initial  
223 presentation by a licensee of an original paper, essay or formal lecture  
224 in social work to a recognized group of fellow professionals may  
225 account for five hours of continuing education hours of the aggregate  
226 continuing education requirements prescribed in this section.]

227 Sec. 5. Subsection (b) of section 20-265b of the general statutes are  
228 repealed and the following is substituted in lieu thereof (*Effective from*  
229 *passage*):

230 (b) On and after January 1, 2020, each person seeking an initial license  
231 as an esthetician shall apply to the department on a form prescribed by  
232 the department, accompanied by an application fee of one hundred  
233 dollars and evidence that the applicant (1) has completed a course of not  
234 less than six hundred hours of study and received a certification of  
235 completion from a school approved under section 20-265g or section  
236 [20-26] 20-262 or in a school outside of the state whose requirements are  
237 equivalent to a school approved under section 20-265g, or (2) (A) if  
238 applying before January 1, [2022,] 2025, (i) has practiced esthetics  
239 continuously in this state for a period of not less than two years prior to



240 July 1, 2020, or (ii) completed a course of study and received a certificate  
241 of completion from a school approved under section 20-265g or section  
242 20-262, and (B) is in compliance with the infection prevention and  
243 control plan guidelines prescribed by the department under section 19a-  
244 231 in the form of an attestation.

245 Sec. 6. Subsection (b) of section 20-265d of the general statutes is  
246 repealed and the following is substituted in lieu thereof (*Effective from*  
247 *passage*):

248 (b) On and after October 1, 2020, each person seeking an initial license  
249 as a nail technician shall apply to the department on a form prescribed  
250 by the department, accompanied by an application fee of one hundred  
251 dollars and evidence that the applicant (1) has completed a course of not  
252 less than one hundred hours of study and received a certificate of  
253 completion from a school approved under section 20-265g or section 20-  
254 262 or in a school outside of the state whose requirements are equivalent  
255 to a school approved under section 20-265g, or (2) (A) if the applicant is  
256 applying on or before January 1, [2022,] 2025, (i) has practiced as a nail  
257 technician continuously in this state for a period of not less than two  
258 years prior to January 1, 2021, and is in compliance with the infection  
259 prevention and control plan guidelines prescribed by the department  
260 under section 19a-231 in the form of an attestation, or (ii) has received a  
261 certificate of completion from a school approved under section 20-265g  
262 or section 20-262, or (B) has obtained a license as a nail technician trainee  
263 and a statement signed by the applicant's supervisor at the spa or salon  
264 where the licensed nail technician trainee is employed documenting  
265 completion of the minimum requirements specified in section 20-265e.  
266 If an applicant employed as a nail technician on or after September 30,  
267 2020, does not have evidence satisfactory to the commissioner of  
268 continuous practice as a nail technician for not less than two years, such  
269 applicant may apply to the department for a nail technician trainee  
270 license, under section 20-265e, provided such person applies for an  
271 initial trainee license not later than January 1, 2021.

272 Sec. 7. Subsection (b) of section 20-206mm of the general statutes is

273 repealed and the following is substituted in lieu thereof (*Effective from*  
274 *passage*):

275 (b) An applicant for licensure by endorsement shall present evidence  
276 satisfactory to the commissioner that the applicant (1) is licensed or  
277 certified as a paramedic in another state or jurisdiction whose  
278 requirements for practicing in such capacity are substantially similar to  
279 or higher than those of this state and that the applicant has no pending  
280 disciplinary action or unresolved complaint against him or her, or (2)  
281 (A) [is currently licensed or certified as a paramedic in good standing in  
282 any New England state, New York or New Jersey, (B)] has completed  
283 an initial training program consistent with the National Emergency  
284 Medical Services Education Standards, as promulgated by the National  
285 Highway Traffic Safety Administration for the paramedic scope of  
286 practice model conducted by an organization offering a program that is  
287 recognized by the national emergency medical services program  
288 accrediting organization, [(C)] (B) for applicants applying on or after  
289 January 1, 2020, has completed mental health first aid training as part of  
290 a program provided by an instructor certified by the National Council  
291 for Behavioral Health or any other certifying organization with  
292 substantially similar certification requirements, as determined by the  
293 commissioner, and [(D)] (C) has no pending disciplinary action or  
294 unresolved complaint against him or her.

295 Sec. 8. Subsections (b) to (d), inclusive, of section 19a-181 of the  
296 general statutes are repealed and the following is substituted in lieu  
297 thereof (*Effective July 1, 2023*):

298 (b) Each authorized emergency medical services vehicle used by an  
299 emergency medical service organization shall be inspected by the  
300 Department of Public Health to verify the authorized emergency  
301 medical services vehicle is in compliance with the minimum standards  
302 for vehicle design and equipment as prescribed by the Commissioner of  
303 Public Health. Such minimum standards shall include, but need not be  
304 limited to, the following:

305 (1) Each ambulance shall meet or exceed the design criteria of the  
306 United States General Services Administration's federal specification for  
307 the star-of-life ambulance, as described in KKK-A-1822, as amended  
308 from time to time, with an exemption for the color scheme and decals of  
309 the ambulance;

310 (2) Each authorized emergency medical service vehicle shall be  
311 equipped with the equipment required for its specific vehicle  
312 classification as specified in the 2022 Connecticut EMS Minimum  
313 Equipment Checklist, as amended from time to time; and

314 (3) Each authorized emergency medical service vehicle shall comply  
315 with all state and federal safety, design and equipment requirements.

316 (c) Each inspector, upon determining that such authorized  
317 emergency medical services vehicle meets the standards of safety and  
318 equipment prescribed by the Commissioner of Public Health, shall affix  
319 a compliance certificate in the rear compartment of such vehicle, in such  
320 manner and form as said commissioner designates, and such sticker  
321 shall be so placed as to be readily visible to any person. The  
322 Commissioner of Public Health or the commissioner's designee may  
323 inspect any rescue vehicle used by an emergency medical service  
324 organization for compliance with the minimum equipment standards  
325 prescribed by said commissioner.

326 [(c)] (d) Each authorized emergency medical services vehicle shall be  
327 registered with the Department of Motor Vehicles pursuant to chapter  
328 246. The Department of Motor Vehicles shall not issue a certificate of  
329 registration for any such authorized emergency medical services vehicle  
330 unless the applicant for such certificate of registration presents to said  
331 department a compliance certificate from the Commissioner of Public  
332 Health certifying that such authorized emergency medical services  
333 vehicle has been inspected and has met the minimum safety and vehicle  
334 design equipment standards prescribed by the Commissioner of Public  
335 Health. Each vehicle registered with the Department of Motor Vehicles  
336 in accordance with this subsection shall be inspected by the

337 Commissioner of Public Health or the commissioner's designee not less  
338 than once every two years on or before the anniversary date of the  
339 issuance of the certificate of registration.

340 [(d)] (e) The Department of Motor Vehicles shall suspend or revoke  
341 the certificate of registration of any vehicle inspected under the  
342 provisions of this section upon certification from the Commissioner of  
343 Public Health that such ambulance or rescue vehicle has failed to meet  
344 the minimum standards prescribed by said commissioner.

345 Sec. 9. Section 19a-565 of the general statutes is repealed and the  
346 following is substituted in lieu thereof (*Effective October 1, 2023*):

347 (a) As used in this section, ["clinical laboratory" has the same meaning  
348 as provided in section 19a-490] "business entity" means a corporation,  
349 association, trust, estate, partnership, limited partnership, limited  
350 liability partnership, limited liability company, sole proprietorship, joint  
351 stock company, nonstock corporation, John Dempsey Hospital and The  
352 University of Connecticut Health Center.

353 (b) The Department of Public Health shall adopt regulations, in  
354 accordance with the provisions of chapter 54, [to establish reasonable  
355 standards governing exemptions from the licensing provisions of this  
356 section, clinical laboratory] governing clinical laboratories, blood  
357 collection facilities and source plasma donation centers. Such  
358 regulations shall establish reasonable standards for entities exempt from  
359 licensure as a clinical laboratory, operations and facilities, personnel  
360 qualifications and certification, levels of acceptable proficiency in  
361 testing programs approved by the department, the collection,  
362 acceptance and suitability of specimens for analysis and such other  
363 pertinent laboratory functions, including the establishment of advisory  
364 committees, as may be necessary to [insure] ensure public health and  
365 safety. Such regulations shall include a requirement that a registered  
366 nurse or advanced practice registered nurse licensed under chapter 378  
367 be onsite during the hours of operation of a blood collection facility or  
368 source plasma donation center. On or before October 1, 2023, the

369 Commissioner of Public Health shall implement policies and  
370 procedures necessary to administer the provisions of this section while  
371 in the process of adopting such policies and procedures as regulations,  
372 provided the department posts such policies and procedures on the  
373 eRegulations System prior to adopting them. Policies and procedures  
374 implemented pursuant to this section shall be valid until final  
375 regulations are adopted in accordance with the provisions of chapter 54.

376 (c) No person [, firm or corporation] or business entity shall establish,  
377 conduct, operate or maintain a clinical laboratory, blood collection  
378 facility or source plasma donation center unless such laboratory, facility  
379 or center is licensed or approved by said department in accordance with  
380 its regulations. Each blood collection facility or plasmapheresis center,  
381 as defined in section 19a-36-A47 of the regulations of Connecticut state  
382 agencies, that is registered with the department on or before October 1,  
383 2023, shall apply to the department for an initial license pursuant to the  
384 provisions of this section not later than thirty days after the date that  
385 procedures for such licensure are implemented by the department  
386 pursuant to subsection (b) of this section. On and after the date on which  
387 procedures for licensure are implemented by the department pursuant  
388 to the provisions of said subsection, the department shall not renew any  
389 blood collection facility or plasmapheresis center registration. Each  
390 clinical laboratory, blood collection facility or source plasma donation  
391 center shall comply with all standards for [clinical laboratories] such  
392 facilities established by the department and shall be subject to inspection  
393 by said department, including inspection of all records necessary to  
394 carry out the purposes of this section. [The commissioner, or an agent  
395 authorized by the commissioner, may conduct any inquiry,  
396 investigation or hearing necessary to enforce the provisions of this  
397 section or regulations adopted under this section and shall have power  
398 to issue subpoenas, order the production of books, records or  
399 documents, administer oaths and take testimony under oath relative to  
400 the matter of such inquiry, investigation or hearing. At any such hearing  
401 ordered by the department, the commissioner or such agent may  
402 subpoena witnesses and require the production of records, papers and

403 documents pertinent to such hearing. If any person disobeys such  
404 subpoena or, having appeared in obedience thereto, refuses to answer  
405 any pertinent question put to such person by the commissioner or such  
406 agent or to produce any records and papers pursuant to the subpoena,  
407 the commissioner or such agent may apply to the superior court for the  
408 judicial district of Hartford or for the judicial district wherein the person  
409 resides or wherein the business has been conducted, setting forth such  
410 disobedience or refusal and said court shall cite such person to appear  
411 before said court to answer such question or to produce such records  
412 and papers.]

413 [(c)] (d) Each initial or renewal application for licensure of a clinical  
414 laboratory, [if such laboratory is located within an institution licensed  
415 in accordance with sections 19a-490 to 19a-503, inclusive,] blood  
416 collection facility or source plasma donation center shall be made [on  
417 forms provided by said department] in a form and manner prescribed  
418 by the commissioner and shall be executed by the owner or owners or  
419 by a responsible officer of the firm or corporation owning [the] such  
420 laboratory, [. Such application shall contain a current itemized rate  
421 schedule, full disclosure of any contractual relationship, written or oral,  
422 with any practitioner using the services of the laboratory and such other  
423 information as said department requires, which may include affirmative  
424 evidence of ability to comply with the standards as well as a sworn  
425 agreement to abide by them. Upon receipt of any such application, said  
426 department shall make such inspections and investigations as are  
427 necessary and shall deny licensure when operation of the clinical  
428 laboratory would be prejudicial to the health of the public. Licensure  
429 shall not be in force until notice of its effective date and term has been  
430 sent to the applicant] facility or donation center and be accompanied by  
431 the fee required pursuant to the provisions of subsection (f) of this  
432 section. A mobile or temporary blood collection facility shall not be  
433 required to obtain a license if such person or business entity operating  
434 such facility is licensed as a blood collection facility. A licensed source  
435 plasma donation center shall not be required to obtain a clinical  
436 laboratory license to perform any pre-donation screening test required

437 by Title 21, Chapter I of the Code of Federal Regulations. A hospital  
438 licensed under chapter 386v shall not be required to obtain a license as  
439 a blood collection facility for blood component collection activities that  
440 take place on the hospital campus, as defined in section 19a-508c.

441 (e) After the department receives an initial or renewal application for  
442 licensure pursuant to subsection (d) of this section, it shall conduct any  
443 inspections or investigations that are deemed necessary by the  
444 commissioner to determine the applicant's eligibility for licensure. As a  
445 condition of licensure, the commissioner may require the applicant to  
446 sign a consent order providing reasonable assurances of compliance  
447 with federal and state laws and regulations. The commissioner may  
448 deny licensure of an applicant if the commissioner determines that the  
449 applicant has previously failed to comply with federal and state laws  
450 and regulations or that licensure would pose a threat to the health,  
451 safety and well-being of the public. Licensure pursuant to the provisions  
452 of this section shall not be effective until the applicant receives notice of  
453 such licensure, including the effective date and term of such licensure,  
454 from the department.

455 [(d)] (f) A nonrefundable fee of two hundred dollars shall accompany  
456 each application for a license or for renewal thereof, except in the case  
457 of a clinical laboratory owned and operated by a municipality, the state,  
458 the United States or any agency of said municipality, state or United  
459 States. Each license shall be issued for a period of not less than twenty-  
460 four [nor more than twenty-seven] months, [from the deadline for  
461 applications established by the commissioner.] Renewal applications  
462 shall be made [(1)] biennially within the [twenty-fourth] twentieth  
463 month of the current license. [; (2) before any change in ownership or  
464 change in director is made; and (3) prior to any major expansion or  
465 alteration in quarters.] Any change in ownership of an entity licensed  
466 pursuant to the provisions of this section shall be made in compliance  
467 with section 19a-493. If any such entity changes its director, it shall  
468 notify the commissioner in a form and manner prescribed by the  
469 commissioner. If any such entity intends to expand or alter its facility, it  
470 shall notify the commissioner in a form and manner prescribed by the

471 commissioner prior to such expansion or alteration. The licensed clinical  
472 laboratory shall report to the Department of Public Health, in a form  
473 and manner prescribed by the commissioner, the name and address of  
474 each [blood] specimen collection facility owned and operated by the  
475 clinical laboratory, prior to the issuance of a new license, prior to the  
476 issuance of a renewal license or whenever a [blood] specimen collection  
477 facility opens or closes.

478 [(e)] (g) A license issued under this section may be revoked or  
479 suspended in accordance with chapter 54 or subject to any other  
480 disciplinary action specified in section 19a-17 if [such] the licensed  
481 clinical laboratory, blood collection facility or source plasma donation  
482 center has engaged in fraudulent practices, fee-splitting inducements or  
483 bribes, including, but not limited to, in the case of a clinical laboratory,  
484 violations of subsection [(f)] (h) of this section, or violated any other  
485 provision of this section or regulations adopted under this section after  
486 notice and a hearing is provided in accordance with the provisions of  
487 said chapter.

488 [(f)] (h) No representative or agent of a clinical laboratory shall solicit  
489 referral of specimens to his or any other clinical laboratory in a manner  
490 which offers or implies an offer of fee-splitting inducements to persons  
491 submitting or referring specimens, including inducements through  
492 rebates, fee schedules, billing methods, personal solicitation or payment  
493 to the practitioner for consultation or assistance or for scientific, clerical  
494 or janitorial services.

495 [(g)] (i) No clinical laboratory, blood collection facility or source  
496 plasma donation center shall terminate the employment of an employee  
497 because such employee reported a violation of this section to the  
498 Department of Public Health.

499 [(h)] (j) Any person [, firm or corporation] or business entity  
500 operating a clinical laboratory, blood collection facility or source plasma  
501 donation center in violation of this section shall be fined not less than  
502 one hundred dollars or more than three hundred dollars for each



503 offense. For purposes of calculating civil penalties under this section,  
504 each day a licensee operates in violation of this section or a regulation  
505 adopted under this section shall constitute a separate violation.

506 [(i)] (k) The Commissioner of Public Health shall adopt regulations in  
507 accordance with the provisions of chapter 54 to establish levels of  
508 acceptable proficiency to be demonstrated in testing programs  
509 approved by the department for those laboratory tests which are not  
510 performed in a licensed clinical laboratory. Such levels of acceptable  
511 proficiency shall be determined on the basis of the volume or the  
512 complexity of the examinations performed.

513 Sec. 10. Section 12-704i of the general statutes is repealed and the  
514 following is substituted in lieu thereof (*Effective from passage, and*  
515 *applicable to taxable years commencing on or after January 1, 2022*):

516 A taxpayer shall be allowed a credit against the tax imposed under  
517 this chapter, other than the liability imposed by section 12-707, in the  
518 amount of two thousand five hundred dollars for the [birth of a stillborn  
519 child] delivery of a fetus born dead for which a fetal death certificate has  
520 been filed, provided such child would have been a dependent on such  
521 taxpayer's federal income tax return. The credit shall be allowed for the  
522 taxable year for which a [stillbirth certificate is issued by the State Vital  
523 Records Office of the Department of Public Health] fetal death occurred.

524 Sec. 11. Subsection (b) of section 19a-7o of the general statutes is  
525 repealed and the following is substituted in lieu thereof (*Effective October*  
526 *1, 2023*):

527 (b) A primary care provider shall offer to provide to, or order for,  
528 each patient [who was born between 1945 to 1965, inclusive,] eighteen  
529 years of age and older, and each pregnant woman a hepatitis C  
530 screening test or hepatitis C diagnostic test at the time the primary care  
531 provider provides services to such patient, except a primary care  
532 provider is not required to offer to provide to, or order for, such patient  
533 a hepatitis C screening test or hepatitis C diagnostic test when the  
534 primary care provider reasonably believes: (1) Such patient is being

535 treated for a life-threatening emergency; (2) such patient has previously  
536 been offered or has received a hepatitis C screening test; or (3) such  
537 patient lacks the capacity to consent to a hepatitis C screening test.

538 Sec. 12. Subsection (a) of section 19a-127l of the general statutes is  
539 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
540 *2023*):

541 (a) There is established a quality of care program within the  
542 Department of Public Health. The [department] Commissioner of Public  
543 Health shall develop for the purposes of said program (1) a  
544 standardized data set to measure the clinical performance of health care  
545 facilities, as defined in section 19a-630, and require such data to be  
546 collected and reported periodically to the department, including, but  
547 not limited to, data for the measurement of comparable patient  
548 satisfaction, and (2) methods to provide public accountability for health  
549 care delivery systems by such facilities. The [department] commissioner  
550 shall develop such set and methods for [hospitals during the fiscal year  
551 ending June 30, 2003, and the committee established pursuant to  
552 subsection (c) of this section shall consider and may recommend to the  
553 joint standing committee of the General Assembly having cognizance of  
554 matters relating to public health the inclusion of other health care  
555 facilities in each subsequent year] health care facilities and may revise  
556 such sets and methods as necessary, as determined by the  
557 commissioner. The commissioner shall consult with an association of  
558 hospitals in the state on the scope and timing of the data reporting  
559 requirements described in this section to reduce the administrative  
560 burden on hospitals in producing and disclosing such data. Data  
561 collected pursuant to the provisions of this section shall not include  
562 personally identifiable information of patients.

563 Sec. 13. Subsections (a) and (b) of section 19a-112j of the general  
564 statutes are repealed and the following is substituted in lieu thereof  
565 (*Effective from passage*):

566 (a) There is established a Commission on Community Gun Violence

567 Intervention and Prevention to advise the Commissioner of Public  
568 Health on the development of evidence-based, evidenced-informed,  
569 community-centric gun programs and strategies to reduce community  
570 gun violence in the state. The commission shall be within the  
571 Department of Public Health for administrative purposes only.

572 (b) The commission shall be composed of the following members:

573 (1) Two appointed by the speaker of the House of Representatives,  
574 one of whom shall be a representative of the Connecticut Hospital  
575 Association and one of whom shall be a representative of Compass  
576 Youth Collaborative;

577 (2) Two appointed by the president pro tempore of the Senate, one of  
578 whom shall be a representative of the Connecticut Violence Intervention  
579 Program and one of whom shall be a representative of the Regional  
580 Youth Adult Social Action Partnership;

581 (3) Two appointed by the majority leader of the House of  
582 Representatives, one of whom shall be a representative of Hartford  
583 Communities That Care, Inc. and one of whom shall be a representative  
584 of CT Against Gun Violence;

585 (4) Two appointed by the majority leader of the Senate, one of whom  
586 shall be a representative of Project Longevity and one of whom shall be  
587 a representative of Saint Francis Hospital and Medical Center;

588 (5) One appointed by the minority leader of the House of  
589 Representatives, who shall be a representative of Yale New Haven  
590 Hospital;

591 (6) One appointed by the minority leader of the Senate, who shall be  
592 a representative of Hartford Hospital;

593 (7) One appointed by the House chairperson of the joint standing  
594 committee of the General Assembly having cognizance of matters  
595 relating to public health, who shall be a representative of the Greater  
596 Bridgeport Area Prevention Program;

597 (8) One appointed by the Senate chairperson of the joint standing  
598 committee of the General Assembly having cognizance of matters  
599 relating to public health, who shall be a representative of a community  
600 gun violence reduction program;

601 (9) One appointed by the executive director of the Commission on  
602 Women, Children, Seniors, Equity and Opportunity, who shall be a  
603 representative of the Health Alliance for Violence Intervention;

604 (10) Two appointed by the Commissioner of Public Health;

605 (11) Two appointed by the Governor, one of whom shall be a member  
606 of the faculty at an academic institution and have experience in gun  
607 violence prevention and one of whom is an advocate for survivors of  
608 violent crime;

609 (12) One appointed by the minority leader of the House of  
610 Representatives, who shall be employed as the highest-ranking  
611 professional police officer of an organized police department of a  
612 municipality within the state;

613 (13) One appointed by the minority leader of the Senate, who shall be  
614 a youth representative of a group that advocates on behalf of justice-  
615 involved youth;

616 (14) The Commissioner of Public Health;

617 (15) The Commissioner of Children and Families, or the  
618 commissioner's designee;

619 (16) The Commissioner of Social Services, or the commissioner's  
620 designee; [and]

621 (17) The Commissioner of Education, or the commissioner's designee;

622 [(17)] (18) The executive director of the Commission on Women,  
623 Children, Seniors, Equity and Opportunity, or the executive director's  
624 designee;

625 (19) One appointed by the House ranking member of the joint  
626 standing committee of the General Assembly having cognizance of  
627 matters relating to public health, who shall be a municipal police chief;  
628 and

629 (20) One appointed by the Senate ranking member of the joint  
630 standing committee of the General Assembly having cognizance of  
631 matters relating to public health, who shall be a local director of health.

632 Sec. 14. Section 19a-332a of the general statutes is repealed and the  
633 following is substituted in lieu thereof (*Effective October 1, 2023*):

634 (a) The commissioner, within available appropriations, and after  
635 consultation with the Labor Commissioner, shall adopt regulations in  
636 accordance with the provisions of chapter 54 to administer the  
637 provisions of sections 19a-332 to 19a-332c, inclusive. Such regulations  
638 shall include, but need not be limited to, the following: (1) Standards for  
639 the proper performance of asbestos abatement; (2) procedures for  
640 enforcement action; (3) procedures for inspection of asbestos abatement  
641 by employees of the department; (4) minimum standards for completion  
642 of asbestos abatement projects.

643 (b) On and after the effective date of any regulations adopted  
644 pursuant to this section, no person shall engage in asbestos abatement  
645 without following the provisions of sections 19a-332 to 19a-332c,  
646 inclusive, and such regulations.

647 (c) The commissioner shall prescribe electronic reporting  
648 requirements and develop a data collection system to monitor  
649 compliance with the regulations adopted pursuant to subsection (a) of  
650 this section.

651 [(c) Notwithstanding any regulations to the contrary, the] (d) The  
652 Commissioner of Public Health shall charge the following fees for the  
653 services of the department in connection with asbestos abatement: (1)  
654 Notification of abatement, less than one hundred sixty square feet, one  
655 hundred dollars; (2) notification of abatement, one hundred sixty square

656 feet or greater, one hundred dollars plus one per cent of the total  
657 abatement cost, up to a maximum of five thousand dollars; (3)  
658 reinspections, one hundred dollars; (4) asbestos alternative work  
659 practice review, two hundred dollars; and (5) notice of demolition  
660 activities, fifty dollars.

661 Sec. 15. Section 20-440 of the general statutes is repealed and the  
662 following is substituted in lieu thereof (*Effective from passage*):

663 (a) The commissioner shall adopt regulations in accordance with the  
664 provisions of chapter 54 to administer the provisions of subsection (c) of  
665 section 19a-14, sections 19a-332 and 20-435 to 20-441, inclusive. Such  
666 regulations shall include, but not be limited to, the following: (1) Passing  
667 scores for licensure examination of asbestos consultants; (2) standards  
668 for the licensing of asbestos contractors and asbestos consultants; (3)  
669 standards for approval of training programs of asbestos abatement and  
670 asbestos consultation services under section 20-439, including standards  
671 for successful completion of such programs; (4) standards and  
672 procedures for suspension and revocation of certification of asbestos  
673 consultants, asbestos abatement workers and asbestos abatement  
674 supervisors; and (5) standards and procedures for suspension and  
675 withdrawal of approval of training programs.

676 (b) The regulations required under subsection (a) of this section shall  
677 be revised, as necessary, to ensure that such regulations meet or exceed  
678 the requirements of the United States Environmental Protection  
679 Agency's model accreditation plan in accordance with federal  
680 regulations, as from time to time amended. The commissioner may  
681 implement policies and procedures necessary to administer the  
682 provisions of this section while in the process of adopting such policies  
683 and procedures as regulations, provided notice of intent to adopt  
684 regulations is published on the eRegulations System not later than  
685 twenty days after the date of implementation. Policies and procedures  
686 implemented pursuant to this section shall be valid until final  
687 regulations are adopted in accordance with the provisions of chapter 54.

688 Sec. 16. Section 20-478 of the general statutes is repealed and the  
689 following is substituted in lieu thereof (*Effective from passage*):

690 The commissioner shall adopt regulations, in accordance with the  
691 provisions of chapter 54, to administer the provisions of sections 20-475  
692 and 20-476. Such regulations shall include, but not be limited to, the  
693 following: (1) Standards for licensure of lead abatement contractors and  
694 lead consultant contractors; (2) passing scores for certification  
695 examinations of lead inspectors, lead inspector risk assessors and lead  
696 abatement supervisors; and (3) standards for certification of lead  
697 inspectors, lead inspector risk assessors, lead planner-project designers,  
698 lead abatement supervisors and lead abatement workers. The  
699 commissioner may implement policies and procedures necessary to  
700 administer the provisions of this section while in the process of adopting  
701 such policies and procedures as regulations, provided notice of intent to  
702 adopt regulations is published on the eRegulations System not later than  
703 twenty days after the date of implementation. Policies and procedures  
704 implemented pursuant to this section shall be valid until final  
705 regulations are adopted in accordance with the provisions of chapter 54.

706 Sec. 17. Subsections (a) to (n), inclusive, of section 25-32 of the general  
707 statutes are repealed and the following is substituted in lieu thereof  
708 (*Effective from passage*):

709 (a) The Department of Public Health shall have jurisdiction over all  
710 matters concerning the purity and adequacy of any water supply source  
711 (1) used by, or (2) on and after July 1, 2024, for which the right to use the  
712 water supply source for future or emergency use is held by, any  
713 municipality, public institution or water company for obtaining water,  
714 the safety of any distributing plant and system for public health  
715 purposes, the adequacy of methods used to assure water purity, and  
716 such other matters relating to the construction and operation of such  
717 distributing plant and system as may affect public health.

718 (b) No water company shall sell, lease, assign or otherwise dispose of  
719 or change the use of any watershed lands, except as provided in section

720 25-43c, without a written permit from the Commissioner of Public  
721 Health. The commissioner shall not grant: (1) A permit for the sale of  
722 class I land, except as provided in subsection (d) of this section, (2) a  
723 permit for the lease of class I land except as provided in subsection (p)  
724 of this section, or (3) a permit for a change in use of class I land unless  
725 the applicant demonstrates that such change will not have a significant  
726 adverse impact upon the present and future purity and adequacy of the  
727 public drinking water supply and is consistent with any water supply  
728 plan filed and approved pursuant to section 25-32d. The commissioner  
729 may reclassify class I land only upon determination that such land no  
730 longer meets the criteria established by subsection (a) of section 25-37c  
731 because of abandonment of a water supply source or a physical change  
732 in the watershed boundary. Not more than fifteen days before filing an  
733 application for a permit under this section, the applicant shall provide  
734 notice of such intent, by certified mail, return receipt requested, to the  
735 chief executive officer and the chief elected official of each municipality  
736 in which the land is situated.

737 (c) The commissioner may grant a permit for the sale, lease,  
738 assignment or change in use of any land in class II subject to any  
739 conditions or restrictions in use which the commissioner may deem  
740 necessary to maintain the purity and adequacy of the public drinking  
741 water supply, giving due consideration to: (1) The creation and control  
742 of point or nonpoint sources of contamination; (2) the disturbance of  
743 ground vegetation; (3) the creation and control of subsurface sewage  
744 disposal systems; (4) the degree of water treatment provided; (5) the  
745 control of watershed land by the applicant through ownership,  
746 easements or use restrictions or other water supply source protection  
747 measures; (6) the effect of development of any such land; and (7) any  
748 other significant potential source of contamination of the public  
749 drinking water supply. The commissioner may grant a permit for the  
750 sale, lease or assignment of class II land to another water company,  
751 municipality or nonprofit land conservation organization provided, as  
752 a condition of approval, a permanent conservation easement on the land  
753 is entered into to preserve the land in perpetuity predominantly in its



754 natural scenic and open condition for the protection of natural resources  
755 and public water supplies while allowing for recreation consistent with  
756 such protection and improvements necessary for the protection or  
757 provision of safe and adequate potable water. Preservation in perpetuity  
758 shall not include permission for the land to be developed for any  
759 commercial, residential or industrial uses, nor shall it include  
760 permission for recreational purposes requiring intense development,  
761 including, but not limited to, golf courses, driving ranges, tennis courts,  
762 ballfields, swimming pools and uses by motorized vehicles other than  
763 vehicles needed by water companies to carry out their purposes,  
764 provided trails or pathways for pedestrians, motorized wheelchairs or  
765 nonmotorized vehicles shall not be considered intense development.  
766 The commissioner may reclassify class II land only upon determination  
767 that such land no longer meets the criteria established by subsection (b)  
768 of section 25-37c because of abandonment of a water supply source or a  
769 physical change in the watershed boundary.

770 (d) The commissioner may grant a permit for (1) the sale of class I or  
771 II land to another water company, to a state agency or to a municipality,  
772 (2) the sale of class II land or the sale or assignment of a conservation  
773 restriction or a public access easement on class I or class II land to a  
774 private, nonprofit land-holding conservation organization, or (3) the  
775 sale of class I land to a private nonprofit land-holding conservation  
776 organization if the water company is denied a permit to abandon a  
777 source not in current use or needed by the water company pursuant to  
778 subsection (c) of section 25-33k, if the purchasing entity agrees to  
779 maintain the land subject to the provisions of this section, any  
780 regulations adopted pursuant to this section and the terms of any permit  
781 issued pursuant to this section. Such purchasing entity or assignee may  
782 not sell, lease or assign any such land or conservation restriction or  
783 public access easement or sell, lease, assign or change the use of such  
784 land without obtaining a permit pursuant to this section.

785 (e) The commissioner shall not grant a permit for the sale, lease,  
786 assignment or change in use of any land in class II unless (1) use  
787 restrictions applicable to such land will prevent the land from being

788 developed, (2) the applicant demonstrates that the proposed sale, lease,  
789 assignment or change in use will not have a significant adverse impact  
790 upon the purity and adequacy of the public drinking water supply and  
791 that any use restrictions which the commissioner requires as a condition  
792 of granting a permit can be enforced against subsequent owners, lessees  
793 and assignees, (3) the commissioner determines, after giving effect to  
794 any use restrictions which may be required as a condition of granting  
795 the permit, that such proposed sale, lease, assignment or change in use  
796 will not have a significant adverse effect on the public drinking water  
797 supply, whether or not similar permits have been granted, and (4) on or  
798 after January 1, 2003, as a condition to the sale, lease or assignment of  
799 any class II lands, a permanent conservation easement on the land is  
800 entered into to preserve the land in perpetuity predominantly in its  
801 natural scenic and open condition for the protection of natural resources  
802 and public water supplies while allowing for recreation consistent with  
803 such protection and improvements necessary for the protection or  
804 provision of safe and adequate potable water, except in cases where the  
805 class II land is deemed necessary to provide access or egress to a parcel  
806 of class III land, as defined in section 25-37c, that is approved for sale.  
807 Preservation in perpetuity shall not include permission for the land to  
808 be developed for any commercial, residential or industrial uses, nor  
809 shall it include permission for recreational purposes requiring intense  
810 development, including, but not limited to, golf courses, driving ranges,  
811 tennis courts, ballfields, swimming pools and uses by motorized  
812 vehicles other than vehicles needed by water companies to carry out  
813 their purposes, provided trails or pathways for pedestrians, motorized  
814 wheelchairs or nonmotorized vehicles shall not be considered intense  
815 development.

816 (f) Nothing in this section shall prevent the lease or change in use of  
817 water company land to allow for recreational purposes that do not  
818 require intense development or improvements for water supply  
819 purposes, for leases of existing structures, or for radio towers or  
820 telecommunications antennas on existing structures. For purposes of  
821 this subsection, intense development includes golf courses, driving

822 ranges, tennis courts, ballfields, swimming pools and uses by motorized  
823 vehicles, provided trails or pathways for pedestrians, motorized  
824 wheelchairs or nonmotorized vehicles shall not be considered intense  
825 development.

826 (g) As used in this section, (1) "water supply source" includes all  
827 springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or  
828 underground waters from which water is or, on and after July 1, 2024,  
829 may be taken, and all springs, streams, watercourses, brooks, rivers,  
830 lakes, ponds, wells or aquifer protection areas, as defined in section 22a-  
831 354h, thereto and all lands drained thereby; and (2) "watershed land"  
832 means land from which water drains into a public drinking water  
833 supply.

834 (h) The commissioner shall adopt and from time to time may amend  
835 the following: (1) Physical, chemical, radiological and microbiological  
836 standards for the quality of public drinking water; (2) minimum  
837 treatment methods, taking into account the costs of such methods,  
838 required for all sources of drinking water, including guidelines for the  
839 design and operation of treatment works and water sources, which  
840 guidelines shall serve as the basis for approval of local water supply  
841 plans by the commissioner; (3) minimum standards to assure the long-  
842 term purity and adequacy of the public drinking water supply to all  
843 residents of this state; and (4) classifications of water treatment plants  
844 and water distribution systems which treat or supply water used or  
845 intended for use by the public. On or after October 1, 1975, any water  
846 company which requests approval of any drinking water source shall  
847 provide for such treatment methods as specified by the commissioner,  
848 provided any water company in operation prior to October 1, 1975, and  
849 having such source shall comply with regulations adopted by the  
850 commissioner, in accordance with chapter 54, in conformance with The  
851 Safe Drinking Water Act, Public Law 93-523, and shall submit on or  
852 before February 1, 1976, a statement of intent to provide for treatment  
853 methods as specified by the commissioner, to the commissioner for  
854 approval. The commissioner shall adopt regulations, in accordance with  
855 chapter 54, requiring water companies to report elevated levels of

856 copper in public drinking water.

857 (i) The department may perform the collection and testing of water  
858 samples required by regulations adopted by the commissioner pursuant  
859 to this section, in accordance with chapter 54, when requested to do so  
860 by a water company. The department shall collect a fee equal to the cost  
861 of such collection and testing. Water companies serving one thousand  
862 or more persons shall not request routine bacteriological or physical  
863 tests under this subsection.

864 (j) The condemnation by a state department, institution or agency of  
865 any land owned by a water company shall be subject to the provisions  
866 of this section.

867 (k) The commissioner may issue an order declaring a moratorium on  
868 the expansion or addition to any existing public water system that the  
869 commissioner deems incapable of providing new services with a pure  
870 and adequate water supply.

871 (l) The commissioner may issue, modify or revoke orders as needed  
872 to carry out the provisions of this part. Except as otherwise provided in  
873 this part, such order shall be issued, modified or revoked in accordance  
874 with procedures set forth in subsection (b) of section 25-34.

875 (m) The commissioner shall adopt regulations, in accordance with the  
876 provisions of chapter 54, to include local health departments in the  
877 notification process when a water utility reports a water quality  
878 problem.

879 (n) (1) On and after the effective date of regulations adopted under  
880 this subsection, no person may operate any water treatment plant, water  
881 distribution system or small water system that treats or supplies water  
882 used or intended for use by the public, test any backflow prevention  
883 device, or perform a cross connection survey without a certificate issued  
884 by the commissioner under this subsection. The commissioner shall  
885 adopt regulations, in accordance with chapter 54, to provide: (A)  
886 Standards for the operation of such water treatment plants, water

887 distribution systems and small water systems; (B) standards and  
888 procedures for the issuance of certificates to operators of such water  
889 treatment plants, water distribution systems and small water systems,  
890 including, but not limited to, standards and procedures for the  
891 department's approval of third parties to administer certification  
892 examinations to such operators; (C) procedures for the renewal of such  
893 certificates every three years; (D) standards for training required for the  
894 issuance or renewal of a certificate; (E) standards and procedures for the  
895 department's approval of course providers and courses of study as they  
896 relate to certified operators of water treatment plants, water distribution  
897 systems and small water systems and certified persons who test  
898 backflow prevention devices or perform cross connection surveys for  
899 initial and renewal applications; and (F) standards and procedures for  
900 the issuance and renewal of certificates to persons who test backflow  
901 prevention devices or perform cross connection surveys. Such  
902 regulations shall be consistent with applicable federal law and  
903 guidelines for operator certification programs promulgated by the  
904 United States Environmental Protection Agency. For purposes of this  
905 subsection, "small water system" means a public water system, as  
906 defined in section 25-33d, that serves less than one thousand persons  
907 and has no treatment or has only treatment that does not require any  
908 chemical treatment, process adjustment, backwashing or media  
909 regeneration by an operator.

910 (2) The commissioner may take any disciplinary action set forth in  
911 section 19a-17, except for the assessment of a civil penalty under  
912 subdivision (7) of subsection (a) of section 19a-17, against an operator, a  
913 person who tests backflow prevention devices or a person who  
914 performs cross connection surveys holding a certificate issued under  
915 this subsection for any of the following reasons: (A) Fraud or material  
916 deception in procuring a certificate, the renewal of a certificate or the  
917 reinstatement of a certificate; (B) fraud or material deception in the  
918 performance of the certified operator's professional activities; (C)  
919 incompetent, negligent or illegal performance of the certified operator's  
920 professional activities; (D) conviction of the certified operator for a

921 felony; or (E) failure of the certified operator to complete the training  
922 required under subdivision (1) of this subsection.

923 (3) The commissioner may issue an initial certificate to perform a  
924 function set forth in subdivision (1) of this subsection upon receipt of a  
925 completed application, in a form prescribed by the commissioner,  
926 together with an application fee as follows: (A) For a water treatment  
927 plant, water distribution system or small water system operator  
928 certificate, two hundred twenty-four dollars, except there shall be no  
929 such application fee required for a student enrolled in an accredited  
930 high school small water system operator certification course; (B) for a  
931 backflow prevention device tester certificate, one hundred fifty-four  
932 dollars; and (C) for a cross-connection survey inspector certificate, one  
933 hundred fifty-four dollars. A certificate issued pursuant to this  
934 subdivision shall expire three years from the date of issuance unless  
935 renewed by the certificate holder prior to such expiration date. The  
936 commissioner may renew a certificate for an additional three years upon  
937 receipt of a completed renewal application, in a form prescribed by the  
938 commissioner, together with a renewal application fee as follows: (i) For  
939 a water treatment plant, water distribution system or small water  
940 system operator certificate, ninety-eight dollars; (ii) for a backflow  
941 prevention device tester certificate, sixty-nine dollars; and (iii) for a  
942 cross-connection survey inspector certificate, sixty-nine dollars.

943 Sec. 18. (NEW) (*Effective July 1, 2023*) If a pharmacist or health care  
944 professional who is currently licensed or was previously licensed in  
945 another state or jurisdiction is subject to automatic reciprocal discipline  
946 for a disciplinary action in such state or jurisdiction, such automatic  
947 reciprocal discipline shall be automatically rescinded and shall not be  
948 entered into the licensing record of the pharmacist or health care  
949 professional if the discipline was based solely on the termination of  
950 pregnancy under conditions that would not violate the general statutes  
951 or the regulations of Connecticut state agencies. The provisions of this  
952 section shall not preclude or affect the ability of an agency or board of  
953 the state to seek or impose any discipline pursuant to the general  
954 statutes against a pharmacist or other health care professional licensed

955 by the state.

956 Sec. 19. Section 22a-474c of the general statutes is repealed and the  
957 following is substituted in lieu thereof (*Effective from passage*):

958 (a) Not later than January 1, [2023] 2024, each local health district and  
959 health department shall establish an electronic reporting system for the  
960 owner of any home or well that is damaged as the direct result of  
961 sodium chloride run-off to register such damage with the local health  
962 district or health department. Not later than January 1, [2024] 2025, and  
963 each year thereafter, each local health district and health department  
964 shall submit any report received pursuant to this section during the  
965 previous calendar year to the Office of Policy and Management. The  
966 Secretary of the Office of Policy and Management may identify any  
967 available state or federal financial resources to assist such owners with  
968 the costs of remediation, mitigation or repair of such homes or wells and  
969 establish any criteria and procedures for the issuance of any such  
970 financial assistance to such owners.

971 (b) Any (1) testing results originating due to a report submitted  
972 pursuant to subsection (a) of this section provided to the Department of  
973 Public Health, Office of Policy and Management or a local health district  
974 or health department, (2) information obtained from a Department of  
975 Public Health or a local health district or health department  
976 investigation concerning such results, and (3) study of morbidity and  
977 mortality conducted by the Department of Public Health or a local  
978 health district or health department concerning such results shall be  
979 confidential pursuant to the provisions of section 19a-25.

980 Sec. 20. Subdivision (4) of section 20-265a of the general statutes is  
981 repealed and the following is substituted in lieu thereof (*Effective from*  
982 *passage*):

983 (4) "Esthetics" means services related to skin care treatments, (A)  
984 including, but not limited to, cleansing, toning, stimulating, exfoliating  
985 or performing any similar procedure on the human body while using  
986 cosmetic preparations, hands, devices, apparatus or appliances to

987 enhance or improve the appearance of the skin; makeup application;  
988 beautifying lashes and brows; or removing unwanted hair using manual  
989 and mechanical means, and (B) excluding the use of a prescriptive laser  
990 device; the performance of a cosmetic medical procedure, as defined in  
991 section 19a-903c; any practice, activity or treatment that constitutes the  
992 practice of medicine; eyebrow threading as a means of shaping and  
993 removing unwanted hair on the face and around the eyebrows; makeup  
994 application at a rented kiosk located in a shopping center or the practice  
995 of hairdressing and cosmetology by a hairdresser and cosmetician  
996 licensed pursuant to this chapter that is within such licensee's scope of  
997 practice;

998 Sec. 21. Section 7-60 of the general statutes is repealed and the  
999 following is substituted in lieu thereof (*Effective October 1, 2023*):

1000 (a) As used in this section, "fetal death" means the death of a fetus  
1001 prior to the complete expulsion or extraction from the uterus,  
1002 irrespective of the duration of pregnancy, in which there is no evidence  
1003 of life after such expulsion or extraction, including, but not limited to,  
1004 beating of the heart, pulsation of the umbilical cord or definite  
1005 movement of voluntary muscles. "Fetal death" does not include an  
1006 induced termination of a pregnancy.

1007 [(a) Each case of fetal death shall be registered and] (b) For each fetal  
1008 death occurring after a period of gestation of not less than twenty weeks,  
1009 a fetal death certificate shall be filed with the registrar of vital statistics  
1010 in the manner required by sections 7-48 [,] and 7-51 [and 7-52] with  
1011 respect to the filing, content and issuance of birth certificates. [A fetus  
1012 born after a period of gestation of not less than twenty weeks in which  
1013 there is no attempt at respiration, no action of heart and no movement  
1014 of voluntary muscle, shall be recorded as a fetal death.] A fetal death  
1015 certificate shall be signed by a physician or, when no physician was in  
1016 attendance, by the nurse-midwife in attendance at the birth, the Chief  
1017 Medical Examiner, Deputy Chief Medical Examiner, an associate  
1018 medical examiner or an authorized assistant medical examiner. The  
1019 provisions of this subsection shall not apply to a father or mother when



1020 a birth occurs outside an institution and a physician or midwife is not in  
1021 attendance at such birth, as described in subsection (c) of section 7-48.

1022 [(b)] (c) Such certificate shall include, on a confidential portion of the  
1023 certificate, any additional information required by the department,  
1024 provided the information obtained under this section shall be used only  
1025 for medical and health purposes.

1026 Sec. 22. Subsection (a) of section 19a-403 of the general statutes is  
1027 repealed and the following is substituted in lieu thereof (*Effective October*  
1028 *1, 2023*):

1029 (a) The Office of the Chief Medical Examiner is established to be  
1030 operated under the control and supervision of the commission. The  
1031 expenses of the commission and of operating said office shall be paid by  
1032 the state out of funds appropriated for the purpose. The office shall be  
1033 directed by a Chief Medical Examiner who shall be appointed by the  
1034 commission. [His] The office shall be located at a medical school in this  
1035 state. The Chief Medical Examiner or any member of the professional  
1036 staff of the Office of the Chief Medical Examiner who is summoned to  
1037 give expert testimony in a civil action in his or her capacity as the Chief  
1038 Medical Examiner or a member of the office shall be allowed and paid a  
1039 witness fee of five hundred dollars for each day or portion thereof the  
1040 Chief Medical Examiner or such staff member is required to attend  
1041 court. Such fee shall be taxed as a part of the costs of the action and be  
1042 paid by the party requesting the appearance, and any such fee received  
1043 shall be deposited in the General Fund except no fee shall be imposed if  
1044 the requesting party is the state.

1045 Sec. 23. Section 19a-404 of the general statutes is repealed and the  
1046 following is substituted in lieu thereof (*Effective October 1, 2023*):

1047 The Chief Medical Examiner shall be a citizen of the United States  
1048 and a doctor of medicine licensed to practice medicine in Connecticut  
1049 and shall have had a minimum of four years postgraduate training in  
1050 pathology, board certification in forensic pathology from the American  
1051 Board of Pathology and such additional subsequent experience in

1052 forensic pathology as the commission may determine, provided any  
1053 person otherwise qualified who is not licensed to so practice may be  
1054 appointed Chief Medical Examiner, provided he or she obtains such a  
1055 license within one year of his or her appointment. The Commission on  
1056 Medicolegal Investigations shall submit recommendations concerning  
1057 the Chief Medical Examiner's salary and annual increments to such  
1058 salary to the Commissioner of Administrative Services for review and  
1059 approval pursuant to section 4-40. The Chief Medical Examiner's term  
1060 of office shall be fixed by the commission and the Chief Medical  
1061 Examiner may be removed by the commission only for cause. Under the  
1062 direction of the commission, the Chief Medical Examiner shall prepare  
1063 for transmission to the Secretary of the Office of Policy and Management  
1064 as required by law estimates of expenditure requirements. The Chief  
1065 Medical Examiner shall account to the State Treasurer for all fees and  
1066 moneys received and expended by him or her by virtue of his or her  
1067 office. The Chief Medical Examiner may as part of his or her duties teach  
1068 medical and law school classes, conduct special classes for police  
1069 investigators and engage in other activities related to the work of the  
1070 office to such extent and on such terms as may be authorized by the  
1071 commission. On and after January 1, 2022, the Chief Medical Examiner  
1072 shall earn at least one contact hour of training or education in sudden  
1073 unexpected death in epilepsy as part of the continuing medical  
1074 education he or she is required to obtain pursuant to section 20-10b. As  
1075 used in this section, "sudden unexpected death in epilepsy" means the  
1076 death of a person with epilepsy that is not caused by injury, drowning  
1077 or other known causes unrelated to epilepsy.

1078 Sec. 24. Section 19a-405 of the general statutes is repealed and the  
1079 following is substituted in lieu thereof (*Effective October 1, 2023*):

1080 The Chief Medical Examiner, with the approval of the Commission  
1081 on Medicolegal Investigations, shall appoint a deputy who shall  
1082 perform all the duties of the Chief Medical Examiner in case of [his or  
1083 her] the Chief Medical Examiner's sickness or absence and such  
1084 associate medical examiners, assistant medical examiners, pathologists,  
1085 toxicologists, laboratory technicians and other professional staff as the

1086 commission may specify. The commission in advance of appointments  
1087 shall specify the qualifications required for each position in terms of  
1088 education, experience and other relevant considerations. The  
1089 commission shall submit recommendations concerning (1) the Deputy  
1090 Chief Medical Examiner's salary and annual increments to such salary,  
1091 and (2) the salaries and compensation of other professional staff to the  
1092 Commissioner of Administrative Services for review and approval  
1093 pursuant to section 4-40. The Chief Medical Examiner, the Deputy Chief  
1094 Medical Examiner, associate medical examiners, and assistant medical  
1095 examiners shall take the oath provided by law for public officers. Other  
1096 staff members as determined by the commission shall be appointed by  
1097 the Chief Medical Examiner, subject to the provisions of chapter 67 and  
1098 the rules of the commission not inconsistent therewith.

1099 Sec. 25. Section 19a-409 of the general statutes is repealed and the  
1100 following is substituted in lieu thereof (*Effective October 1, 2023*):

1101 The Office of the Chief Medical Examiner shall complete its  
1102 investigation where reasonably possible within thirty days. Upon  
1103 completion of the investigation, the Chief Medical Examiner, Deputy  
1104 Chief Medical Examiner, an associate medical examiner, an authorized  
1105 assistant medical examiner or a pathologist designated by the Chief  
1106 Medical Examiner shall file a death certificate, or a certificate  
1107 supplementing that already filed, with the registrar of vital statistics for  
1108 the town in which the death occurred, if known, or, if not known, for  
1109 the town in which the body was found. If the deceased is unidentified,  
1110 fingerprints, [of both hands and a photograph of the body,] provided  
1111 mortification has not proceeded so far or the nature of the cause of death  
1112 was not such as to make identification impossible, shall be sent by said  
1113 office to [such registrar of vital statistics and copies shall be sent to the  
1114 Department of Public Health and to] the Division of State Police within  
1115 the Department of Emergency Services and Public Protection.

1116 Sec. 26. Section 19a-36j of the general statutes is repealed and the  
1117 following is substituted in lieu thereof (*Effective January 1, 2024*):

1118 (a) [On and after January 1, 2023, no] No person shall engage in the  
1119 practice of a food inspector unless such person has obtained a  
1120 certification from the commissioner in accordance with the provisions  
1121 of this section. The commissioner shall develop a training and  
1122 verification program for food inspector certification that shall be  
1123 administered by the food inspection training officer at a local health  
1124 department.

1125 (1) Each person seeking certification as a food inspector shall submit  
1126 an application to the department on a form prescribed by the  
1127 commissioner and present to the department satisfactory evidence that  
1128 such person (A) [is sponsored by the director of health in the jurisdiction  
1129 in which the applicant is employed to conduct food inspections, (B)]  
1130 possesses a bachelor's degree or three years of experience in a regulatory  
1131 food protection program, [(C)] (B) has successfully completed a training  
1132 and verification program [ (D)] prescribed by the commissioner, and  
1133 (C) has successfully completed the field standardization inspection  
1134 prescribed by the commissioner. [ and (E) is not involved in the  
1135 ownership or management of a food establishment located in the  
1136 applicant's jurisdiction.

1137 (2) Each director of health sponsoring an applicant for certification as  
1138 a food inspector shall submit to the commissioner a form documenting  
1139 the applicant's qualifications and successful completion of the  
1140 requirements described in subdivision (1) of this subsection.]

1141 [(3)] (2) Certifications issued under this section shall be subject to  
1142 renewal once every three years. A food inspector applying for renewal  
1143 of his or her certification shall demonstrate successful completion of  
1144 twenty contact hours in food protection training, as approved by the  
1145 commissioner, and reassessment by the food inspection training officer.

1146 (b) No person shall be employed as a certified food inspector if such  
1147 person, such person's immediate family, as defined in section 1-79, or a  
1148 business with which such person is associated, as described in  
1149 subdivision (2) of section 1-79, (1) has any financial or ownership

1150 interest in a food establishment located in the jurisdiction in which such  
1151 person is employed as a food inspector, (2) engages in any business,  
1152 employment or management of a food establishment located in such  
1153 jurisdiction, or (3) owns the property on which a food establishment is  
1154 located in such jurisdiction.

1155 (c) Each director of health employing a food inspector shall certify,  
1156 on a form prescribed by the commissioner, that such food inspector is  
1157 not prohibited from employment as a food inspector pursuant to the  
1158 provisions of subsection (b) of this section.

1159 ~~[(b)]~~ (d) A certified food inspector shall conduct an inspection of a  
1160 food establishment in a form and manner prescribed by the  
1161 commissioner to determine compliance with the food code. The director  
1162 of health shall ensure all food establishments are inspected at a  
1163 frequency determined by their risk classification. Such director of health  
1164 shall evaluate the food establishment's risk classification on an annual  
1165 basis to determine accuracy. More frequent inspections may be  
1166 conducted to ensure compliance with the food code. Each food  
1167 establishment classification shall be inspected pursuant to the following  
1168 schedule:

1169 (1) Class 1 food establishments shall be inspected at intervals not to  
1170 exceed three hundred sixty days.

1171 (2) Class 2 food establishments shall be inspected at intervals not to  
1172 exceed one hundred eighty days.

1173 (3) Class 3 food establishments shall be inspected at intervals not to  
1174 exceed one hundred twenty days.

1175 (4) Class 4 food establishments shall be inspected at intervals not to  
1176 exceed ninety days.

1177 (5) Temporary food service establishments shall be inspected prior to  
1178 the issuance of a permit to operate and as often as necessary to ensure  
1179 compliance with the food code.

1180 Sec. 27. (NEW) (*Effective from passage*) The Commissioner of Public  
1181 Health may conduct audits of local health department food protection  
1182 programs. Such audits may include, but need not be limited to,  
1183 interviews with local health department staff members and joint  
1184 inspections with local health department staff members of local food  
1185 establishments. Upon the conclusion of any such audit, the  
1186 Commissioner of Public Health shall provide the local director of health  
1187 with a report detailing such audit's findings and any recommended or  
1188 necessary corrective actions to be taken by such director.

1189 Sec. 28. Section 19a-109aa of the general statutes is repealed and the  
1190 following is substituted in lieu thereof (*Effective October 1, 2023*):

1191 (a) For purposes of this section:

1192 (1) "Commissioner" means the Commissioner of Public Health;

1193 (2) "Eligible families" means any household which (A) is eligible for  
1194 the federal Medicaid program, (B) includes a child who is six years of  
1195 age or younger, [as of July 1, 2000,] and (C) is residing in a building built  
1196 prior to 1978; and

1197 (3) "The program" or "this program" means the program established  
1198 by this section.

1199 (b) The Commissioner of Public Health may establish a program to  
1200 promote environmentally safe housing for children and families  
1201 through education, medical screening and appropriate and cost-  
1202 effective repairs. Such program may (A) identify eligible families and,  
1203 through voluntary home visits, provide education about the problems  
1204 caused by exposure to lead and how to avoid or lessen the effects of such  
1205 exposure, (B) provide blood lead screening for children who are six  
1206 years of age or younger, (C) identify measures to be taken to lessen the  
1207 effects from the presence of lead, including window repair or  
1208 replacement, and (D) apply to federal programs and to other funding  
1209 sources which will pay for some of the costs of this program. [, and (E)  
1210 continue to evaluate the program's progress in order to plan for a phase-

1211 out in three to five years.] The commissioner may contract with a  
1212 nonprofit entity to operate the program.

1213 (c) Eligible costs by a nonprofit entity operating this program shall  
1214 include costs and expenses incurred in providing lead-safety education,  
1215 interim measures and window repair or replacement or other  
1216 remediation for dwelling units, administrative and management  
1217 expenses, planning and start-up costs, and any other costs and expenses  
1218 found by the commissioner to be necessary and reasonable and in  
1219 accordance with existing state regulations.

1220 Sec. 29. Section 19a-110 of the general statutes is repealed and the  
1221 following is substituted in lieu thereof (*Effective October 1, 2023*):

1222 (a) As used in this section, and sections 19a-110a to 19a-111k,  
1223 inclusive, as amended by this act:

1224 (1) "Abatement" means any set of measures designed to reduce or  
1225 eliminate lead hazards, including, but not limited to, the encapsulation,  
1226 replacement, removal, enclosure or covering of paint, plaster, soil or  
1227 other material containing toxic levels of lead and all preparation, clean-  
1228 up, disposal and reoccupancy clearance testing;

1229 (2) "Epidemiological investigation" means an examination and  
1230 evaluation by a lead inspector certified under chapter 400c to determine  
1231 the cause of elevated blood levels, detect lead-based paint and report  
1232 findings and (A) includes (i) an on-site inspection and, if applicable, an  
1233 inspection of other dwellings or areas frequented by a person with  
1234 elevated blood lead levels that may be the source of a lead hazard, and  
1235 (ii) an evaluation of other potential sources of lead hazards, including,  
1236 but not limited to, drinking water, soil, dust, pottery, gasoline, toys or  
1237 occupational exposure, and (B) may include isotopic analysis of lead-  
1238 containing items;

1239 (3) "Lead screening" means a blood lead test from a finger-prick or  
1240 venous blood draw;

1241 (4) "On-site inspection" means an examination of a residential  
1242 dwelling to identify lead hazards, including, but not limited to, an  
1243 examination of the dwelling for deteriorating paint, lead dust, bare soil  
1244 near the perimeter of the dwelling, household items that may present a  
1245 potential lead risk, such as toys, cookware, food products and cosmetics,  
1246 and an inquiry into the water system serving the dwelling;

1247 (5) "Remediation" means the process of remedying a lead hazard  
1248 condition, including, but not limited to, investigation, abatement and, if  
1249 appropriate, ongoing management measures; and

1250 (6) "Risk assessment" means the collection of information about a  
1251 person's potential lead exposures and a determination of whether such  
1252 person has an increased likelihood of an elevated blood lead level.

1253 [(a)] (b) Not later than forty-eight [hours] after receiving or completing  
1254 a report of a person found to have a level of lead in the blood equal to  
1255 or greater than three and one-half micrograms per deciliter of blood or  
1256 any other abnormal body burden of lead, each institution licensed under  
1257 sections 19a-490 to 19a-503, inclusive, as amended by this act, and each  
1258 clinical laboratory licensed under section 19a-565, as amended by this  
1259 act, shall report to (1) the Commissioner of Public Health, and to the  
1260 director of health of the town, city, borough or district in which the  
1261 person resides: (A) The name, full residence address, date of birth,  
1262 gender, race and ethnicity of each person found to have a level of lead  
1263 in the blood equal to or greater than three and one-half micrograms per  
1264 deciliter of blood or any other abnormal body burden of lead; (B) the  
1265 name, address and telephone number of the health care provider who  
1266 ordered the test; (C) the sample collection date, analysis date, type and  
1267 blood lead analysis result; and (D) such other information as the  
1268 commissioner may require, in a form and manner as prescribed by the  
1269 commissioner, and (2) the health care provider who ordered the test, the  
1270 results of the test. With respect to a child under three years of age, not  
1271 later than [seventy-two] twenty-four hours after the provider receives  
1272 such results, the provider shall make reasonable efforts to notify the  
1273 parent or guardian of the child of the blood lead analysis results. Any



1274 institution or laboratory making an accurate report in good faith shall  
1275 not be liable for the act of disclosing such report to the Commissioner of  
1276 Public Health or to the director of health. The commissioner [, after  
1277 consultation with the Commissioner of Administrative Services,] shall  
1278 determine the [method and format] form and manner of transmission of  
1279 data contained in such report.

1280 [(b)] (c) Each institution or laboratory that [conducts] reports lead  
1281 testing pursuant to [subsection (a) of] this section shall, at least monthly,  
1282 submit to the Commissioner of Public Health a comprehensive report  
1283 that includes: (1) The name, full residence address, date of birth, gender,  
1284 race and ethnicity of each person tested pursuant to subsection [(a)] (b)  
1285 of this section regardless of the level of lead in the blood; (2) the name,  
1286 address and telephone number of the health care provider who ordered  
1287 the test; (3) the sample collection date, analysis date, type and blood lead  
1288 analysis result; (4) laboratory identifiers; and (5) such other information  
1289 as the Commissioner of Public Health may require. Any institution or  
1290 laboratory making an accurate report in good faith shall not be liable for  
1291 the act of disclosing such report to the Commissioner of Public Health.  
1292 The Commissioner of Public Health [, after consultation with the  
1293 Commissioner of Administrative Services,] shall determine the [method  
1294 and format] form and manner of transmission of data contained in such  
1295 report.

1296 [(c)] (d) Whenever an institutional laboratory or private clinical  
1297 laboratory [conducting] reporting blood lead tests pursuant to this  
1298 section refers a blood lead sample to another laboratory for analysis, the  
1299 laboratories may agree on which laboratory will report in compliance  
1300 with subsections [(a) and] (b) and (c) of this section, but both  
1301 laboratories shall be accountable to ensure that reports are made. The  
1302 referring laboratory shall ensure that the requisition slip includes all of  
1303 the information that is required in subsections [(a) and] (b) and (c) of  
1304 this section and that this information is transmitted with the blood  
1305 specimen to the laboratory performing the analysis.

1306 [(d) The director of health of the town, city, borough or district shall

1307 provide or cause to be provided, to the parent or guardian of a child  
1308 who is (1) known to have a confirmed venous blood lead level of three  
1309 and one-half micrograms per deciliter of blood or more, or (2) the subject  
1310 of a report by an institution or clinical laboratory, pursuant to subsection  
1311 (a) of this section, with information describing the dangers of lead  
1312 poisoning, precautions to reduce the risk of lead poisoning, information  
1313 about potential eligibility for services for children from birth to three  
1314 years of age pursuant to sections 17a-248 to 17a-248i, inclusive, and laws  
1315 and regulations concerning lead abatement. The director of health need  
1316 only provide, or cause to be provided, such information to such parent  
1317 or guardian on one occasion after receipt of an initial report of an  
1318 abnormal blood lead level as described in subdivisions (1) and (2) of this  
1319 subsection. Such information shall be developed by the Department of  
1320 Public Health and provided to each local and district director of health.

1321 (e) Prior to January 1, 2024, with respect to the child reported, the  
1322 director shall conduct an on-site inspection to identify the source of the  
1323 lead causing a confirmed venous blood lead level equal to or greater  
1324 than ten micrograms per deciliter but less than fifteen micrograms per  
1325 deciliter in two tests taken at least three months apart and order  
1326 remediation of such source by the appropriate persons responsible for  
1327 the conditions at such source. From January 1, 2024, to December 31,  
1328 2024, inclusive, with respect to the child reported, the director shall  
1329 conduct an on-site inspection to identify the source of the lead causing  
1330 a confirmed venous blood lead level equal to or greater than five  
1331 micrograms per deciliter but less than ten micrograms per deciliter in  
1332 two tests taken at least three months apart and order remediation of  
1333 such source by the appropriate persons responsible for the conditions at  
1334 such source.]

1335 Sec. 30. Section 19a-110a of the general statutes is repealed and the  
1336 following is substituted in lieu thereof (*Effective October 1, 2023*):

1337 (a) The Commissioner of Public Health may, within available  
1338 appropriations, establish two regional lead poisoning treatment centers  
1339 in different areas of the state by providing grants-in-aid to two

1340 participating hospitals, each with a demonstrated expertise in lead  
1341 poisoning prevention and treatment as determined by the  
1342 commissioner. Each center shall serve a designated area of the state, as  
1343 determined by the commissioner, to provide services including, but not  
1344 limited to, consultation services for [physicians] pediatricians and other  
1345 primary care practitioners regarding proper treatment of lead poisoning  
1346 [. No grant may be provided pursuant to this section until the task force  
1347 report required under section 4 of public act 92-192 has been submitted]  
1348 in children.

1349 (b) Each regional lead poisoning treatment center shall report to the  
1350 commissioner on a quarterly basis, in a form and manner prescribed by  
1351 the commissioner, regarding the number of persons treated for lead  
1352 poisoning, the residential town and race and ethnicity data for each such  
1353 person and any other information that the commissioner may require.

1354 Sec. 31. Section 19a-111 of the general statutes is repealed and the  
1355 following is substituted in lieu thereof (*Effective October 1, 2023*):

1356 (a) The Commissioner of Public Health shall develop informational  
1357 materials describing the dangers of lead poisoning, precautions to  
1358 reduce the risk of lead poisoning, potential eligibility for services for  
1359 children from birth to three years of age pursuant to sections 17a-248 to  
1360 17a-248i, inclusive, laws and regulations concerning lead abatement and  
1361 any other information as prescribed by the commissioner. The director  
1362 of health of the town, city, borough or district shall provide, or cause to  
1363 be provided, such informational materials to the parent or guardian of  
1364 a child who is (1) known to have a blood lead level of three and one-half  
1365 micrograms per deciliter of blood or more, or (2) the subject of a report  
1366 by an institution or clinical laboratory, pursuant to section 19a-110, as  
1367 amended by this act. The director of health need only provide, or cause  
1368 to be provided, such information to such parent or guardian on one  
1369 occasion after receipt of an initial report of an abnormal blood lead level  
1370 as described in section 19a-110, as amended by this act.

1371 (b) Upon receipt of each report of a child with a blood lead level (1)

1372 equal to or greater than ten micrograms per deciliter but less than fifteen  
1373 micrograms per deciliter on or before January 1, 2024, and (2) equal to  
1374 or greater than five micrograms per deciliter but less than ten  
1375 micrograms per deciliter from January 1, 2024, to December 31, 2024,  
1376 inclusive, the director shall conduct an on-site inspection to identify the  
1377 source of the lead causing such blood lead level and order remediation  
1378 of such source by the appropriate persons responsible for the conditions  
1379 at such source.

1380 (c) Upon receipt of each report of [confirmed venous] a blood lead  
1381 level equal to or greater than fifteen micrograms per deciliter of blood  
1382 from January 1, 2023, to December 31, 2023, inclusive, ten micrograms  
1383 per deciliter of blood from January 1, 2024, to December 31, 2024,  
1384 inclusive, and five micrograms per deciliter of blood on and after  
1385 January 1, 2025, the local director of health shall make or cause to be  
1386 made an epidemiological investigation of the source of the lead causing  
1387 the increased lead level or abnormal body burden and shall order action  
1388 to be taken by the appropriate person responsible for the condition that  
1389 brought about such lead poisoning as may be necessary to prevent  
1390 further exposure of persons to such poisoning. In the case of any  
1391 residential unit where such action will not result in removal of the  
1392 hazard within a reasonable time, the local director of health shall utilize  
1393 such community resources as are available to effect relocation of any  
1394 family occupying such unit. The local director of health may permit  
1395 occupancy in said residential unit during abatement if, in such director's  
1396 judgment, occupancy would not threaten the health and well-being of  
1397 the occupants.

1398 (d) The local director of health shall, not later than thirty days after  
1399 the conclusion of such director's epidemiological investigation, report  
1400 to the [Commissioner of Public Health] commissioner, using a web-  
1401 based surveillance system as prescribed by the commissioner, the result  
1402 of such investigation and the action taken to ensure against further lead  
1403 poisoning from the same source, including any measures taken to effect  
1404 relocation of families. Such report shall include information relevant to  
1405 the identification and location of the source of lead poisoning and such

1406 other information as the commissioner may require pursuant to  
1407 regulations adopted in accordance with the provisions of chapter 54.  
1408 [The commissioner shall maintain comprehensive records of all reports  
1409 submitted pursuant to this section and section 19a-110. Such records  
1410 shall be geographically indexed in order to determine the location of  
1411 areas of relatively high incidence of lead poisoning. The commissioner  
1412 shall establish, in conjunction with recognized professional medical  
1413 groups, guidelines consistent with the National Centers for Disease  
1414 Control and Prevention for assessment of the risk of lead poisoning,  
1415 screening for lead poisoning and treatment and follow-up care of  
1416 individuals including children with lead poisoning, women who are  
1417 pregnant and women who are planning pregnancy.] Nothing in this  
1418 section shall be construed to prohibit a local building official from  
1419 requiring abatement of sources of lead or to prohibit a local director of  
1420 health from making or causing to be made an epidemiological  
1421 investigation upon receipt of a report of a [confirmed venous] blood  
1422 lead level that is less than the minimum [venous] blood level specified  
1423 in this section.

1424 Sec. 32. Section 19a-111a of the general statutes is repealed and the  
1425 following is substituted in lieu thereof (*Effective October 1, 2023*):

1426 (a) The Department of Public Health shall be the lead state agency for  
1427 lead poisoning prevention and control in this state. The Commissioner  
1428 of Public Health shall (1) identify the state and local agencies in this state  
1429 with responsibilities related to lead poisoning prevention, and (2)  
1430 schedule a meeting of such state agencies and representative local  
1431 agencies at least once annually in order to coordinate lead poisoning  
1432 prevention efforts in this state.

1433 (b) The commissioner shall establish, in consultation with recognized  
1434 professional medical groups, guidelines consistent with the National  
1435 Centers for Disease Control and Prevention's guidelines for assessment  
1436 of the risk of lead poisoning, screening for lead poisoning and treatment  
1437 and follow-up care of individuals, including children with lead  
1438 poisoning and persons who are pregnant or are planning to become

1439 pregnant.

1440 [(b)] (c) The commissioner shall establish a lead poisoning prevention  
1441 program to provide screening, diagnosis, consultation, inspection and  
1442 treatment services, including, but not limited to, the prevention and  
1443 elimination of lead poisoning through research, abatement, education  
1444 and epidemiological and clinical activities. Such program shall include,  
1445 but need not be limited to, the screening services provided pursuant to  
1446 section 19a-111g, as amended by this act.

1447 [(c)] (d) Within available appropriations, the commissioner may  
1448 contract with individuals, groups or agencies for the provision of  
1449 necessary services and enter into assistance agreements with  
1450 municipalities, cities, boroughs or district departments of health or  
1451 special service districts for the development and implementation of  
1452 comprehensive lead poisoning prevention programs consistent with the  
1453 provisions of sections 19a-110 to 19a-111c, inclusive, as amended by this  
1454 act.

1455 (e) The commissioner shall maintain comprehensive records of all  
1456 reports submitted pursuant to sections 19a-110, as amended by this act,  
1457 and 19a-111, as amended by this act. Such records shall be  
1458 geographically indexed for the purpose of determining the location of  
1459 areas of relatively high incidences of lead poisoning.

1460 Sec. 33. Section 19a-111b of the general statutes is repealed and the  
1461 following is substituted in lieu thereof (*Effective October 1, 2023*):

1462 Within the lead poisoning prevention program established pursuant  
1463 to section 19a-111a, as amended by this act:

1464 (1) The commissioner shall institute an educational and publicity  
1465 program in order to inform the general public, teachers, social workers  
1466 and other human services personnel; [owners of] residential property  
1467 owners, and in particular, those that own buildings constructed prior to  
1468 [1950] 1978; and health [services personnel] care providers of the  
1469 danger, frequency and sources of lead poisoning and methods of

1470 preventing such poisoning;

1471 (2) The commissioner shall establish an early diagnosis program to  
1472 detect cases of lead poisoning. Such program shall include, but not be  
1473 limited to, the routine examination of children under the age of six in  
1474 accordance with protocols promulgated by the National Centers for  
1475 Disease Control. Results equal to or greater than the levels specified in  
1476 section 19a-110, as amended by this act, from any examination pursuant  
1477 to sections 19a-110 to 19a-111c, inclusive, as amended by this act, shall  
1478 be provided to the child's parent or legal guardian, the local director of  
1479 health and the commissioner; and

1480 (3) The commissioner shall establish a program for the detection of  
1481 sources of lead poisoning. Within available appropriations, such  
1482 program shall include the identification of dwellings in which paint,  
1483 plaster or other accessible substances contain toxic levels of lead and the  
1484 inspection of areas surrounding such dwellings for lead-containing  
1485 materials. Any person who detects a toxic level of lead, as defined by  
1486 the commissioner, shall report such findings to the commissioner. The  
1487 commissioner shall inform all interested parties, including but not  
1488 limited to, the owner of the building, the occupants of the building,  
1489 enforcement officials and other necessary parties.

1490 Sec. 34. Section 19a-111c of the general statutes is repealed and the  
1491 following is substituted in lieu thereof (*Effective October 1, 2023*):

1492 (a) The owner of any dwelling in which the paint, plaster or other  
1493 material is found to contain toxic levels of lead and in which children  
1494 under the age of six reside, shall [abate, remediate or manage such  
1495 dangerous] remediate such toxic levels of lead through testing,  
1496 abatement or management of such materials consistent with regulations  
1497 adopted pursuant to this section. The Commissioner of Public Health  
1498 shall adopt regulations, in accordance with chapter 54, to establish  
1499 requirements and procedures for testing, [remediation,] abatement and  
1500 management of materials containing toxic levels of lead. [For the  
1501 purposes of this section, "remediation" means the use of interim

1502 controls, including, but not limited to, paint stabilization, spot point  
1503 repair, dust control, specialized cleaning and covering of soil with  
1504 mulch.]

1505 (b) The commissioner shall authorize the use of any liquid,  
1506 cementitious or flexible lead encapsulant product which complies with  
1507 an appropriate standard for such products developed by the American  
1508 Society for Testing and Materials or similar testing organization  
1509 acceptable to the commissioner for the abatement and remediation of  
1510 lead hazards. The commissioner shall maintain a list of all such  
1511 approved lead encapsulant products that may be used in this state for  
1512 the [abatement and] remediation of lead hazards.

1513 (c) (1) The Commissioner of Public Health may adopt regulations, in  
1514 accordance with chapter 54, to regulate paint removal from the exterior  
1515 of any building or structure where the paint removal project may  
1516 present a health hazard related to lead exposure to neighboring  
1517 premises. The regulations may establish: (A) Definitions, (B)  
1518 applicability and exemption criteria, (C) procedures for submission of  
1519 notifications, (D) appropriate work practices, and (E) penalties for  
1520 noncompliance.

1521 (2) The Commissioner of Public Health may adopt regulations, in  
1522 accordance with chapter 54, to regulate the standards and procedures  
1523 for [testing, remediation, as defined in this section] remediation of lead  
1524 hazards, including testing, abatement and management of materials  
1525 containing toxic levels of lead in any premises.

1526 (3) The commissioner may implement policies and procedures  
1527 necessary to administer the provisions of this section while in the  
1528 process of adopting such policies and procedures as regulations,  
1529 provided the department posts such policies and procedures on the  
1530 eRegulations System prior to adopting them. Policies and procedures  
1531 implemented pursuant to this section shall be valid until final  
1532 regulations are adopted in accordance with the provisions of chapter 54.

1533 Sec. 35. Section 19a-111g of the general statutes is repealed and the



1534 following is substituted in lieu thereof (*Effective January 1, 2024*):

1535 (a) (1) Each primary care provider giving pediatric care in this state,  
1536 excluding a hospital emergency department and its staff [:(1) Shall  
1537 conduct lead testing at least annually for each child nine to thirty-five  
1538 months of age, inclusive, in accordance with the Advisory Committee  
1539 on Childhood Lead Poisoning Prevention recommendations for  
1540 childhood lead screening in Connecticut; (2) shall conduct lead testing  
1541 at least annually for any child thirty-six to seventy-two months of age,  
1542 inclusive, determined by the Department of Public Health to be at an  
1543 elevated risk of lead exposure based on his or her enrollment in a  
1544 medical assistance program pursuant to chapter 319v or his or her  
1545 residence in a municipality that presents an elevated risk of lead  
1546 exposure based on factors, including, but not limited to, the prevalence  
1547 of housing built prior to January 1, 1960, and the prevalence of children's  
1548 blood lead levels greater than five micrograms per deciliter; (3) shall  
1549 conduct lead testing for any child thirty-six to seventy-two months of  
1550 age, inclusive, who has not been previously tested or for any child under  
1551 seventy-two months of age, if clinically indicated as determined by the  
1552 primary care provider in accordance with the Childhood Lead  
1553 Poisoning Prevention Screening Advisory Committee  
1554 recommendations for childhood lead screening in Connecticut; (4) shall  
1555 provide, before such lead testing occurs, educational materials or  
1556 anticipatory guidance information concerning lead poisoning  
1557 prevention to such child's parent or guardian in accordance with the  
1558 Childhood Lead Poisoning Prevention Screening Advisory Committee  
1559 recommendations for childhood lead screening in Connecticut; (5) shall  
1560 conduct a medical risk assessment at least annually for each child thirty-  
1561 six to seventy-two months of age, inclusive, in accordance with the  
1562 Childhood Lead Poisoning Prevention Screening Advisory Committee  
1563 recommendations for childhood lead screening in Connecticut; and (6)  
1564 may conduct a medical risk assessment at any time for any child thirty-  
1565 six months of age or younger who is determined by the primary care  
1566 provider to be in need of such risk assessment in accordance with the  
1567 Childhood Lead Poisoning Prevention Screening Advisory Committee

1568 recommendations for childhood lead screening in Connecticut.] shall  
1569 conduct lead risk assessment and lead testing that includes, but need  
1570 not be limited to:

1571 (A) A complete medical risk assessment based on guidelines  
1572 prescribed by the commissioner for each child from birth to six years of  
1573 age, conducted at least annually;

1574 (B) An annual lead screening test for each child who has an elevated  
1575 risk of lead exposure based on findings of the medical risk assessment  
1576 conducted pursuant to subparagraph (A) of this subdivision;

1577 (C) A lead screening test for each child at twelve months of age and  
1578 twenty-four months of age; and

1579 (D) Follow-up testing, in accordance with a schedule established by  
1580 the commissioner, for each child with a confirmed blood lead level equal  
1581 to or greater than three and one-half micrograms per deciliter.

1582 (2) Each primary care provider giving pediatric care in this state,  
1583 excluding a hospital emergency department and its staff, shall provide  
1584 educational materials and guidance information concerning lead  
1585 poisoning prevention to each child's parent or guardian in accordance  
1586 with the commissioner's recommendations for childhood lead  
1587 screening.

1588 [(b)] (3) The requirements of this [section do] subsection shall not  
1589 apply to any child whose parents or guardians object to blood testing as  
1590 being in conflict with their religious tenets and practice.

1591 (b) Each prenatal health care provider shall (1) provide each pregnant  
1592 person anticipatory guidance on lead poisoning prevention during  
1593 pregnancy, (2) assess each pregnant person at the initial prenatal visit  
1594 for lead exposure using a risk assessment tool recommended by the  
1595 commissioner, (3) screen or refer for blood lead screening each pregnant  
1596 person found to be at risk for lead exposure, (4) notify the local health  
1597 director serving the jurisdiction in which the pregnant person resides if

1598 such person has a blood lead level equal to or greater than three and  
1599 one-half micrograms per deciliter, and (5) provide anticipatory  
1600 guidance regarding the prevention of childhood lead poisoning to each  
1601 patient at such patient's postpartum visit.

1602 (c) Upon the receipt of any notice provided pursuant to subdivision  
1603 (4) of subsection (b) of this section, a local health director shall conduct  
1604 the epidemiological investigation and take such other actions as  
1605 described in section 19a-111, as amended by this act.

1606 Sec. 36. Section 19a-111i of the general statutes is repealed and the  
1607 following is substituted in lieu thereof (*Effective from passage*):

1608 (a) On or before October 1, [2017] 2023, and annually thereafter, the  
1609 Commissioner of Public Health shall report, in accordance with section  
1610 11-4a, to the joint standing committees of the General Assembly having  
1611 cognizance of matters relating to public health and human services on  
1612 the status of lead poisoning prevention and control efforts in the state  
1613 for the preceding calendar year. Such report shall include, but need not  
1614 be limited to, (1) the number of lead screenings of children, [screened  
1615 for lead poisoning during the preceding calendar year,] (2) the number  
1616 of children diagnosed with elevated blood levels, [during the preceding  
1617 calendar year,] and (3) the amount of testing, [remediation,] abatement  
1618 and management of materials containing toxic levels of lead in all  
1619 premises. [during the preceding calendar year.]

1620 (b) On or before January 1, 2011, the Commissioner of Public Health  
1621 shall (1) evaluate the lead screening and risk assessment conducted  
1622 pursuant to sections 19a-110, as amended by this act, and 19a-111g, as  
1623 amended by this act, and (2) report, in accordance with section 11-4a, to  
1624 the joint standing committees of the General Assembly having  
1625 cognizance of matters relating to public health and human services on  
1626 the effectiveness of such screening and assessment, including a  
1627 recommendation as to whether such screening and assessment should  
1628 be continued as specified in [said] sections 19a-110, as amended by this  
1629 act, and 19a-111g, as amended by this act.

1630 Sec. 37. Section 19a-111j of the general statutes is repealed and the  
1631 following is substituted in lieu thereof (*Effective October 1, 2023*):

1632 (a) The Department of Public Health shall, within available  
1633 appropriations, establish and administer a program of financial  
1634 assistance to local health departments for expenses incurred in  
1635 complying with this section and the applicable provisions of sections  
1636 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-  
1637 206, 47a-52 and 47a-54f. Local health departments shall use the funds  
1638 disbursed through the program for lead poisoning prevention and  
1639 control services as described in subsection (b) of this section and other  
1640 lead poisoning prevention and control purposes approved by the  
1641 Department of Public Health.

1642 (b) To be eligible to receive program funding from the Department of  
1643 Public Health, a local health department shall administer a local lead  
1644 poisoning prevention and control program approved by the  
1645 department. Such program shall include, but need not be limited to: (1)  
1646 Case management services; (2) lead poisoning educational services; (3)  
1647 environmental health services; (4) health education services, including,  
1648 but not limited to, education concerning proper nutrition for good  
1649 health and the prevention of lead poisoning; and (5) participation in the  
1650 Department of Public Health's system for the collection, tabulation,  
1651 analysis and reporting of lead poisoning prevention and control  
1652 statistics.

1653 (c) A local health department may directly provide lead poisoning  
1654 prevention and control services within its geographic coverage area or  
1655 may contract for the provision of such services. A local health  
1656 department's case management services shall include medical,  
1657 behavioral, epidemiological and environmental intervention strategies  
1658 for each child having [one confirmed] a blood lead level that is equal to,  
1659 or greater than, [twenty] three and one-half micrograms of lead per  
1660 deciliter of blood, [or two confirmed blood lead levels, collected from  
1661 samples taken not less than three months apart, that are equal to, or  
1662 greater than, fifteen micrograms of lead per deciliter of blood but less

1663 than twenty micrograms of lead per deciliter of blood.] A local health  
1664 department shall initiate case management services for such child not  
1665 later than five business days after the local health department receives  
1666 the results of a test confirming that the child has a blood lead level as  
1667 described in this subsection.

1668 (d) A local health department's educational services shall include the  
1669 distribution of educational materials concerning lead poisoning  
1670 prevention to the parent, legal guardian and the appropriate health care  
1671 provider for each child with a [confirmed] blood lead level equal to, or  
1672 greater than, [ten] three and one-half micrograms of lead per deciliter of  
1673 blood. Such educational materials shall be provided in English, Spanish  
1674 and any other language common to the persons in the local health  
1675 department's jurisdiction.

1676 (e) The Department of Public Health shall disburse program funds to  
1677 the local health department on an annual basis. After approving a local  
1678 health department's application for program funding, the funding  
1679 period shall begin on July first each year. The amount of such funding  
1680 shall be determined by the Department of Public Health based on the  
1681 number of confirmed childhood lead poisoning cases reported in the  
1682 local health department's geographic coverage area during the previous  
1683 calendar year. The director of any local health department that applies  
1684 for program funding shall submit, not later than September thirtieth,  
1685 annually, to the Department of Public Health a report concerning the  
1686 local health department's lead poisoning and prevention control  
1687 program. Such report shall contain: (1) A proposed budget for the  
1688 expenditure of program funds for the new fiscal year; (2) a summary of  
1689 planned program activities for the new fiscal year; and (3) a summary  
1690 of program expenditures, services provided and operational activities  
1691 during the previous fiscal year. The Department of Public Health shall  
1692 approve a local health department's proposed budget prior to  
1693 disbursing program funds to the local health department.

1694 Sec. 38. Section 20-474 of the general statutes is repealed and the  
1695 following is substituted in lieu thereof (*Effective October 1, 2023*):

1696 As used in sections 20-474 to 20-482, inclusive, as amended by this  
1697 act, and subsections (e) and (f) of section 19a-88; [and section 19a-111:]

1698 (1) "Abatement" means any set of measures designed to eliminate  
1699 lead hazards in accordance with standards established pursuant to  
1700 sections 20-474 to 20-482, inclusive, as amended by this act, and  
1701 subsections (e) and (f) of section 19a-88 and regulations adopted  
1702 thereunder, including, but not limited to, the encapsulation,  
1703 replacement, removal, enclosure or covering of paint, plaster, soil or  
1704 other material containing toxic levels of lead and all preparation, clean-  
1705 up, disposal and reoccupancy clearance testing;

1706 (2) "Certificate" means a document issued by the department  
1707 indicating successful completion of an approved training course;

1708 (3) "Code enforcement official" means the director of health or a  
1709 person authorized by the director to act on the director's behalf, the local  
1710 housing code official or a person authorized by the local housing code  
1711 official to act on the local housing code official's behalf, or an agent of  
1712 the commissioner;

1713 (4) "Commissioner" means the Commissioner of Public Health, or the  
1714 commissioner's designee;

1715 (5) "Department" means the Department of Public Health;

1716 (6) "Director of health" means a municipal health director or a district  
1717 director of health as defined in chapters 368e and 368f;

1718 (7) "Dwelling" means every building or shelter used or intended for  
1719 human habitation, including exterior surfaces and all common areas  
1720 thereof, and the exterior of any other structure located within the same  
1721 lot, even if not used for human habitation;

1722 (8) "Dwelling unit" means a room or group of rooms within a  
1723 dwelling arranged for use as a single household by one or more  
1724 individuals living together who share living and sleeping facilities;

1725 (9) "Entity" means any person, partnership, firm, association,  
1726 corporation, limited liability company, sole proprietorship or any other  
1727 business concern, state or local government agency or political  
1728 subdivision or authority thereof, or any religious, social or union  
1729 organization, whether operated for profit or otherwise;

1730 (10) "Lead abatement contractor" means any entity which contracts to  
1731 perform lead hazard reduction by means of abatement including, but  
1732 not limited to, the encapsulation, replacement, removal, enclosure or  
1733 covering of paint, plaster, soil or other material containing toxic levels  
1734 of lead;

1735 (11) "Lead abatement supervisor" means an individual who oversees  
1736 lead abatement activities;

1737 (12) "Lead abatement worker" means an individual who performs  
1738 lead abatement activities;

1739 (13) "Lead consultant contractor" means any entity which contracts to  
1740 perform lead hazard reduction consultation work utilizing a lead  
1741 inspector, lead inspection risk assessor or lead planner-project designer;

1742 (14) "Lead inspection" means an investigation to determine the  
1743 presence of lead in paint, lead in other surface coverings, lead in dust,  
1744 lead in soil or lead in drinking water, and the provision of a report  
1745 explaining the results of the investigation;

1746 (15) "Lead inspector" means an individual who performs inspections  
1747 solely for the purpose of determining the presence of lead-based paint  
1748 and surface coverings and lead in soil, dust and drinking water through  
1749 the use of on-site testing including, but not limited to, x-ray fluorescence  
1750 (XRF) analysis with portable analytical instruments, and the collection  
1751 of samples for laboratory analysis and who collects information  
1752 designed to assess the level of risk;

1753 (16) "Lead inspector risk assessor" means an individual who (A)  
1754 performs (i) lead inspection risk assessments for the purpose of

1755 determining the presence, type, severity and location of lead-based  
1756 paint hazards, including lead hazards in paint, dust, drinking water and  
1757 soil, through the use of on-site testing, including, but not limited to, x-  
1758 ray fluorescence (XRF) analysis with portable instruments, and (ii) the  
1759 collection of samples for laboratory analysis, and (B) provides suggested  
1760 ways to control any identified lead hazards;

1761 (17) "Lead planner-project designer" means an individual who  
1762 designs lead abatement and management activities;

1763 (18) "Lead training provider" means an entity that offers an approved  
1764 training course or refresher training course in lead abatement or lead  
1765 consultant services;

1766 (19) "License" means the whole or part of any department permit,  
1767 approval or similar form of permission required by the general statutes  
1768 and which further requires: (A) Practice of the profession by licensed  
1769 persons or entities only; (B) that a person or entity demonstrate  
1770 competence to practice through an examination or other means and  
1771 meet certain minimum standards; and (C) enforcement of standards by  
1772 the department;

1773 (20) "Premises" means the area immediately surrounding a dwelling;

1774 (21) "Refresher training course" means an annual, supplemental  
1775 training course for personnel engaged in lead abatement or lead  
1776 consultation services; and

1777 (22) "Training course" means an approved training course offered by  
1778 a training provider for persons seeking instruction in lead abatement or  
1779 lead consultation services.

1780 Sec. 39. Subsection (b) of section 10-206 of the general statutes is  
1781 repealed and the following is substituted in lieu thereof (*Effective October*  
1782 *1, 2023*):

1783 (b) Each local or regional board of education shall require each child  
1784 to have a health assessment prior to public school enrollment. The



1785 assessment shall include: (1) A physical examination which shall  
1786 include hematocrit or hemoglobin tests, height, weight, blood pressure,  
1787 a medical risk assessment for lead poisoning and, when indicated by  
1788 such assessment, a test of the child's blood lead level, and, beginning  
1789 with the 2003-2004 school year, a chronic disease assessment which shall  
1790 include, but not be limited to, asthma. The assessment form shall  
1791 include (A) a check box for the provider conducting the assessment, as  
1792 provided in subsection (a) of this section, to indicate an asthma  
1793 diagnosis, (B) screening questions relating to appropriate public health  
1794 concerns to be answered by the parent or guardian, and (C) screening  
1795 questions to be answered by such provider; (2) an updating of  
1796 immunizations as required under section 10-204a, provided a registered  
1797 nurse may only update said immunizations pursuant to a written order  
1798 by a physician or physician assistant, licensed pursuant to chapter 370,  
1799 or an advanced practice registered nurse, licensed pursuant to chapter  
1800 378; (3) vision, hearing, speech and gross dental screenings; and (4) such  
1801 other information, including health and developmental history, as the  
1802 physician feels is necessary and appropriate. The assessment shall also  
1803 include tests for tuberculosis, sickle cell anemia [or] and Cooley's  
1804 anemia [and tests for lead levels in the blood] where the local or regional  
1805 board of education determines after consultation with the school  
1806 medical advisor and the local health department, or in the case of a  
1807 regional board of education, each local health department, that such  
1808 tests are necessary, provided a registered nurse may only perform said  
1809 tests pursuant to the written order of a physician or physician assistant,  
1810 licensed pursuant to chapter 370, or an advanced practice registered  
1811 nurse, licensed pursuant to chapter 378.

1812 Sec. 40. Subdivision (1) of section 4d-30 of the general statutes is  
1813 repealed and the following is substituted in lieu thereof (*Effective October*  
1814 *1, 2023*):

1815 (1) "Contract" means a contract for state agency information system  
1816 or telecommunication system facilities, equipment or services, which is  
1817 awarded pursuant to this chapter or subsection (e) of section 1-205,  
1818 subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-

1819 5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-  
1820 110, as amended by this act.

1821 Sec. 41. Section 4d-47 of the general statutes is repealed and the  
1822 following is substituted in lieu thereof (*Effective October 1, 2023*):

1823 With respect to any state employee whose position is eliminated or  
1824 who is laid off as a result of any contract or amendment to a contract  
1825 which is subject to the provisions of this chapter and subsection (e) of  
1826 section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-  
1827 212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection  
1828 (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as  
1829 amended by this act, or any subcontract for work under such contract  
1830 or amendment, (1) the contractor shall hire the employee, upon  
1831 application by the employee, unless the employee is hired by a  
1832 subcontractor of the contractor, or (2) the employee may transfer to any  
1833 vacant position in state service for which such employee is qualified, to  
1834 the extent allowed under the provisions of existing collectively  
1835 bargained agreements and the general statutes. If the contractor or any  
1836 such subcontractor hires any such state employee and does not provide  
1837 the employee with fringe benefits which are equivalent to, or greater  
1838 than, the fringe benefits that the employee would have received in state  
1839 service, the state shall, for two years after the employee terminates from  
1840 state service, provide to the employee either (A) the same benefits that  
1841 such employee received from the state, or (B) compensation in an  
1842 amount which represents the difference in the value of the fringe  
1843 benefits that such employee received when in state service and the  
1844 fringe benefits that such employee receives from the contractor or  
1845 subcontractor.

1846 Sec. 42. Section 4d-48 of the general statutes is repealed and the  
1847 following is substituted in lieu thereof (*Effective October 1, 2023*):

1848 No contract or subcontract for state agency information system or  
1849 telecommunication system facilities, equipment or services may be  
1850 awarded to any business entity or individual pursuant to this chapter or

1851 subsection (e) of section 1-205, subsection (c) of section 1-211, subsection  
1852 (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or  
1853 subsection [(a)] (b) of section 19a-110, as amended by this act, if such  
1854 business entity or individual previously had a contract with the state or  
1855 a state agency to provide information system or telecommunication  
1856 system facilities, equipment or services and such prior contract was  
1857 finally terminated by the state or a state agency within the previous five  
1858 years for the reason that such business entity or individual failed to  
1859 perform or otherwise breached a material obligation of the contract  
1860 related to information system or telecommunication system facilities,  
1861 equipment or services. If the termination of any such previous contract  
1862 is contested in an arbitration or judicial proceeding, the termination  
1863 shall not be final until the conclusion of such arbitration or judicial  
1864 proceeding. If the fact-finder determines, or a settlement stipulates, that  
1865 the contractor failed to perform or otherwise breached a material  
1866 obligation of the contract related to information system or  
1867 telecommunication system facilities, equipment or services, any award  
1868 of a contract pursuant to said chapter or sections during the pendency  
1869 of such arbitration or proceeding shall be rescinded and the bar  
1870 provided in this section shall apply to such business entity or individual.

1871 Sec. 43. Section 20-195ggg of the general statutes is repealed and the  
1872 following is substituted in lieu thereof (*Effective October 1, 2023*):

1873 [(a)] As used in this section and sections 44 to 47, inclusive, of this act:

1874 (1) "Commissioner" means the Commissioner of Public Health;

1875 (2) "Department" means the Department of Public Health;

1876 [(1)] (3) "Music therapy" means the clinical and evidence-based use of  
1877 music interventions to accomplish individualized goals within a  
1878 therapeutic relationship by a credentialed professional who has  
1879 completed a music therapy program approved by the American Music  
1880 Therapy Association, or any successor of said association; and

1881 [(2)] (4) "Music therapist" means a person who [(A) has earned a

1882 bachelor's or graduate degree in music therapy or a related field from  
1883 an accredited institution of higher education, and (B) is certified as a  
1884 music therapist by the Certification Board for Music Therapists or any  
1885 successor of said board] has been licensed as a music therapist under the  
1886 provisions of sections 44 to 47, inclusive, of this act.

1887 [(b) No person unless certified as a music therapist by the  
1888 Certification Board for Music Therapists, or any successor of said board,  
1889 may use the title "music therapist" or "certified music therapist" or make  
1890 use of any title, words, letters, abbreviations or insignia indicating or  
1891 implying that he or she is a certified music therapist. Any person who  
1892 violates this section shall be guilty of a class D felony. For purposes of  
1893 this section, each instance of contact or consultation with an individual  
1894 that is in violation of any provision of this section shall constitute a  
1895 separate offense.

1896 (c) The provisions of this section shall not apply to a person who (1)  
1897 is licensed, certified or regulated under the laws of this state in another  
1898 profession or occupation, including, but not limited to, occupational  
1899 therapy, physical therapy, speech and language pathology, audiology  
1900 or counseling, or is supervised by such a licensed, certified or regulated  
1901 person, and uses music in the practice of his or her licensed, certified or  
1902 regulated profession or occupation that is incidental to such practice,  
1903 provided the person does not hold himself or herself out to the public  
1904 as a music therapist, (2) is a student enrolled in a music therapy  
1905 educational program or graduate music therapy educational program  
1906 approved by the American Music Therapy Association, or any successor  
1907 of said association, and music therapy is an integral part of the student's  
1908 course of study and such student is performing such therapy under the  
1909 direct supervision of a music therapist, or (3) is a professional whose  
1910 training and national certification attests to such person's ability to  
1911 practice his or her certified occupation or profession and whose use of  
1912 music is incidental to the practice of such occupation or profession,  
1913 provided such person does not hold himself or herself out to the public  
1914 as a music therapist.]

1915       Sec. 44. (NEW) (*Effective October 1, 2023*) (a) No person may use the  
1916 title "music therapist" or "licensed music therapist" or make use of any  
1917 title, words, letters, abbreviations or insignia that may reasonably be  
1918 confused with licensure as a music therapist unless such person is  
1919 licensed pursuant to section 45 of this act or has been issued a temporary  
1920 permit pursuant to section 46 of this act.

1921       (b) The provisions of this section shall not apply to a person who (1)  
1922 is licensed, certified or regulated under the laws of this state in another  
1923 profession or occupation, including, but not limited to, occupational  
1924 therapy, physical therapy, speech and language pathology, audiology  
1925 or counseling, or is supervised by such a licensed, certified or regulated  
1926 person, and uses music in the practice of such person's licensed, certified  
1927 or regulated profession or occupation that is incidental to such practice,  
1928 provided the person does not hold himself or herself out to the public  
1929 as a music therapist, (2) is a student enrolled in a music therapy  
1930 educational program or graduate music therapy educational program  
1931 approved by the American Music Therapy Association, or any successor  
1932 of said association, and music therapy is an integral part of the student's  
1933 course of study and such student is performing such therapy under the  
1934 direct supervision of a music therapist, or (3) is a professional whose  
1935 training and national certification attests to such person's ability to  
1936 practice such person's certified occupation or profession and whose use  
1937 of music is incidental to the practice of such occupation or profession,  
1938 provided such person does not hold himself or herself out to the public  
1939 as a music therapist.

1940       Sec. 45. (NEW) (*Effective October 1, 2023*) (a) On and after October 1,  
1941 2023, the Commissioner of Public Health shall grant a license as a music  
1942 therapist to any applicant who, except as provided in subsections (b)  
1943 and (c) of this section, furnishes evidence satisfactory to the  
1944 commissioner that such applicant (1) has earned a bachelor's or  
1945 graduate degree in music therapy or a related field from an accredited  
1946 institution of higher education, and (2) holds a current certification as a  
1947 music therapist from the Certification Board for Music Therapists, or  
1948 any successor of said board. The commissioner shall develop and

1949 provide application forms. The application fee shall be three hundred  
1950 fifteen dollars.

1951 (b) An applicant for licensure by endorsement shall present evidence  
1952 satisfactory to the commissioner that the applicant is licensed or  
1953 certified as a music therapist, or as a person entitled to perform similar  
1954 services under a different designation, in another state or jurisdiction  
1955 that has requirements for practicing in such capacity that are  
1956 substantially similar to, or higher than, those of this state and that there  
1957 are no disciplinary actions or unresolved complaints pending in this  
1958 state or any other state.

1959 (c) Licenses issued under this section shall be renewed annually  
1960 pursuant to section 19a-88 of the general statutes. The fee for such  
1961 renewal shall be one hundred ninety dollars. Each licensed music  
1962 therapist applying for license renewal shall furnish evidence  
1963 satisfactory to the commissioner of having current certification with the  
1964 Certification Board for Music Therapists, or any successor of said board,  
1965 and having obtained continuing education units for certification as  
1966 required by said board.

1967 (d) (1) Any individual who has been convicted of any criminal offense  
1968 may request, at any time, that the commissioner determine whether  
1969 such individual's criminal conviction disqualifies the individual from  
1970 obtaining a license issued or conferred by the commissioner pursuant to  
1971 this section or section 46 of this act based on (A) the nature of the  
1972 conviction and its relationship to the individual's ability to safely or  
1973 competently perform the duties or responsibilities associated with such  
1974 license, (B) information pertaining to the degree of rehabilitation of the  
1975 individual, and (C) the time elapsed since the conviction or release of  
1976 the individual. An individual making such request shall include (i)  
1977 details of the individual's criminal conviction, and (ii) any payment  
1978 required by the commissioner. The commissioner may charge a fee of  
1979 not more than fifteen dollars for each request made under this  
1980 subsection. The commissioner may waive such fee.

1981 (2) Not later than thirty days after receiving a request under this  
1982 subsection, the commissioner shall inform the individual making such  
1983 request whether, based on the criminal record information submitted,  
1984 such individual is disqualified from receiving or holding a license  
1985 issued pursuant to this section.

1986 (3) The commissioner is not bound by a determination made under  
1987 this subsection, if, upon further investigation, the commissioner  
1988 determines that the individual's criminal conviction differs from the  
1989 information presented in the determination request.

1990 Sec. 46. (NEW) (*Effective October 1, 2023*) The Department of Public  
1991 Health may issue a temporary permit to an applicant for licensure as a  
1992 music therapist who holds a bachelor's degree or higher in music  
1993 therapy or a related field. Such temporary permit shall authorize the  
1994 holder of the temporary permit to practice music therapy under the  
1995 general supervision of a licensed music therapist at all times during  
1996 which the holder of the temporary permit performs music therapy. Such  
1997 temporary permit shall be valid for a period not to exceed three hundred  
1998 sixty-five calendar days after the date of attaining such bachelor's  
1999 degree or higher and shall not be renewable. No temporary permit shall  
2000 be issued under this section to any applicant against whom professional  
2001 disciplinary action is pending or who is the subject of an unresolved  
2002 complaint in this state or any other state. The commissioner may revoke  
2003 a temporary permit for good cause, as determined by the commissioner.  
2004 The fee for a temporary permit shall be fifty dollars.

2005 Sec. 47. (NEW) (*Effective October 1, 2023*) The Commissioner of Public  
2006 Health may deny an application of an individual or take any  
2007 disciplinary action set forth in section 19a-17 of the general statutes  
2008 against a music therapist for any of the following reasons: (1) Failure to  
2009 conform to the accepted standards of the profession; (2) conviction of a  
2010 felony, provided any action taken is based upon (A) the nature of the  
2011 conviction and its relationship to the license holder's ability to safely or  
2012 competently practice as a music therapist, (B) information pertaining to  
2013 the degree of rehabilitation of the license holder, and (C) the time

2014 elapsed since the conviction or release; (3) fraud or deceit in obtaining  
2015 or seeking reinstatement of a license to practice music therapy; (4) fraud  
2016 or deceit in the practice of music therapy; (5) negligent, incompetent or  
2017 wrongful conduct in professional activities; (6) physical, mental or  
2018 emotional illness or disorder resulting in an inability to conform to the  
2019 accepted standards of the profession; (7) alcohol or substance abuse; or  
2020 (8) wilful falsification of entries in any hospital, patient or other record  
2021 pertaining to music therapy. The commissioner may order a license  
2022 holder to submit to a reasonable physical or mental examination if such  
2023 license holder's physical or mental capacity to practice safely is the  
2024 subject of an investigation. The commissioner may petition the superior  
2025 court for the judicial district of Hartford to enforce such order or any  
2026 action taken pursuant to section 19a-17 of the general statutes. The  
2027 commissioner shall give notice and an opportunity to be heard on any  
2028 contemplated action under section 19a-17 of the general statutes.

2029 Sec. 48. Subsection (b) of section 20-206f of the general statutes is  
2030 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2031 *2023*):

2032 (b) No more than [six] eighteen continuing education units shall be  
2033 completed via the Internet or distance learning and no more than twelve  
2034 continuing education units shall be obtained from providers that are not  
2035 approved by the National Certification Board for Therapeutic Massage  
2036 and Bodywork. For purposes of this section, "continuing education unit"  
2037 means fifty to sixty minutes of participation in accredited continuing  
2038 professional education.

2039 Sec. 49. (NEW) (*Effective January 1, 2024*) The Commissioner of Public  
2040 Health shall provide funeral directors licensed pursuant to chapter 385  
2041 of the general statutes who operate or are affiliated with a funeral home  
2042 or funeral service business that (1) is located in another state, and (2) has  
2043 a reciprocal agreement on file with the Department of Public Health,  
2044 with access to the electronic death registry system.

2045 Sec. 50. Section 20-195cc of the general statutes is repealed and the



2046 following is substituted in lieu thereof (*Effective July 1, 2023*):

2047 (a) The Commissioner of Public Health shall grant a license (1) as a  
2048 professional counselor to any applicant who furnishes evidence  
2049 satisfactory to the commissioner that such applicant has met the  
2050 requirements of section 20-195dd, and (2) as a professional counselor  
2051 associate to any applicant who furnishes evidence satisfactory to the  
2052 commissioner that such applicant has met the requirements of section  
2053 20-195dd. The commissioner shall develop and provide application  
2054 forms. The application fee for a professional counselor shall be three  
2055 hundred fifteen dollars. The application fee for a professional counselor  
2056 associate shall be two hundred twenty dollars.

2057 (b) Licenses issued to professional counselors and professional  
2058 counselor associates under this section may be renewed annually  
2059 pursuant to section 19a-88. The fee for such renewal shall be one  
2060 hundred ninety-five dollars. Each licensed professional counselor and  
2061 professional counselor associate applying for license renewal shall  
2062 furnish evidence satisfactory to the commissioner of having participated  
2063 in continuing education programs. The commissioner shall adopt  
2064 regulations, in accordance with chapter 54, to (1) define basic  
2065 requirements for continuing education programs that shall include (A)  
2066 not less than one contact hour of training or education each registration  
2067 period on the topic of cultural competency, (B) on and after January 1,  
2068 2016, not less than two contact hours of training or education during the  
2069 first renewal period in which continuing education is required and not  
2070 less than once every six years thereafter on the topic of mental health  
2071 conditions common to veterans and family members of veterans,  
2072 including (i) determining whether a patient is a veteran or family  
2073 member of a veteran, (ii) screening for conditions such as post-traumatic  
2074 stress disorder, risk of suicide, depression and grief, and (iii) suicide  
2075 prevention training, and (C) on and after January 1, 2018, not less than  
2076 three contact hours of training or education each registration period on  
2077 the topic of professional ethics, (2) delineate qualifying programs, (3)  
2078 establish a system of control and reporting, and (4) provide for a waiver  
2079 of the continuing education requirement for good cause.

2080 (c) (1) Any individual who has been convicted of any criminal offense  
2081 may request, at any time, that the commissioner determine whether  
2082 such individual's criminal conviction disqualifies the individual from  
2083 obtaining a license issued or conferred by the commissioner pursuant to  
2084 this chapter based on (A) the nature of the conviction and its  
2085 relationship to the individual's ability to safely or competently perform  
2086 the duties or responsibilities associated with such license, (B)  
2087 information pertaining to the degree of rehabilitation of the individual,  
2088 and (C) the time elapsed since the conviction or release of the individual.

2089 (2) An individual making such request shall include (A) details of the  
2090 individual's criminal conviction, and (B) any payment required by the  
2091 commissioner. The commissioner may charge a fee of not more than  
2092 fifteen dollars for each request made under this subsection. The  
2093 commissioner may waive such fee.

2094 (3) Not later than thirty days after receiving a request under this  
2095 subsection, the commissioner shall inform the individual making such  
2096 request whether, based on the criminal record information submitted,  
2097 such individual is disqualified from receiving or holding a license  
2098 issued or conferred pursuant to this chapter.

2099 (4) The commissioner is not bound by a determination made under  
2100 this section, if, upon further investigation, the commissioner determines  
2101 that the individual's criminal conviction differs from the information  
2102 presented in the determination request.

2103 (d) Notwithstanding the provisions of this section, a person who is a  
2104 graduate of a course of study described in subdivision (1) or (2) of  
2105 subsection (b) of section 20-195dd may practice professional counseling  
2106 for a period not greater than one hundred twenty calendar days after  
2107 the date such person completed such course of study, provided such  
2108 person works under professional supervision.

2109 Sec. 51. Section 20-195c of the general statutes is repealed and the  
2110 following is substituted in lieu thereof (*Effective July 1, 2023*):

2111 (a) Each applicant for licensure as a marital and family therapist shall  
2112 present to the department satisfactory evidence that such applicant has:  
2113 (1) Completed a graduate degree program specializing in marital and  
2114 family therapy offered by a regionally accredited college or university  
2115 or an accredited postgraduate clinical training program accredited by  
2116 the Commission on Accreditation for Marriage and Family Therapy  
2117 Education offered by a regionally accredited institution of higher  
2118 education; (2) completed a supervised practicum or internship with  
2119 emphasis in marital and family therapy supervised by the program  
2120 granting the requisite degree or by an accredited postgraduate clinical  
2121 training program accredited by the Commission on Accreditation for  
2122 Marriage and Family Therapy Education and offered by a regionally  
2123 accredited institution of higher education; (3) completed twelve months  
2124 of relevant postgraduate experience, including (A) a minimum of one  
2125 thousand hours of direct client contact offering marital and family  
2126 therapy services subsequent to being awarded a master's degree or  
2127 doctorate or subsequent to the training year specified in subdivision (2)  
2128 of this subsection, and (B) one hundred hours of postgraduate clinical  
2129 supervision provided by a licensed marital and family therapist; and (4)  
2130 passed an examination prescribed by the department. The fee shall be  
2131 three hundred fifteen dollars for each initial application.

2132 (b) Each applicant for licensure as a marital and family therapist  
2133 associate shall present to the department (1) satisfactory evidence that  
2134 such applicant has completed a graduate degree program specializing  
2135 in marital and family therapy offered by a regionally accredited  
2136 institution of higher education or an accredited postgraduate clinical  
2137 training program accredited by the Commission on Accreditation for  
2138 Marriage and Family Therapy Education and offered by a regionally  
2139 accredited institution of higher education, and (2) verification from a  
2140 supervising licensed marital and family therapist that the applicant is  
2141 working toward completing the postgraduate experience required for  
2142 licensure as a marital and family therapist under subdivision (3) of  
2143 subsection (a) of this section. The fee shall be one hundred twenty-five  
2144 dollars for each initial application.

2145 (c) The department may grant licensure without examination, subject  
2146 to payment of fees with respect to the initial application, to any  
2147 applicant who is currently licensed or certified as a marital or marriage  
2148 and family therapist or a marital and family therapist associate in  
2149 another state, territory or commonwealth of the United States, provided  
2150 such state, territory or commonwealth maintains licensure or  
2151 certification standards which, in the opinion of the department, are  
2152 equivalent to or higher than the standards of this state. No license shall  
2153 be issued under this section to any applicant against whom professional  
2154 disciplinary action is pending or who is the subject of an unresolved  
2155 complaint.

2156 (d) (1) A license issued to a marital and family therapist issued under  
2157 this section may be renewed annually in accordance with the provisions  
2158 of section 19a-88. The fee for such renewal shall be three hundred  
2159 twenty dollars. Each licensed marital and family therapist applying for  
2160 license renewal shall furnish evidence satisfactory to the commissioner  
2161 of having participated in continuing education programs. The  
2162 commissioner shall adopt regulations, in accordance with chapter 54, to  
2163 (A) define basic requirements for continuing education programs,  
2164 which shall include not less than one contact hour of training or  
2165 education each registration period on the topic of cultural competency  
2166 and, on and after January 1, 2016, not less than two contact hours of  
2167 training or education during the first renewal period in which  
2168 continuing education is required and not less than once every six years  
2169 thereafter on the topic of mental health conditions common to veterans  
2170 and family members of veterans, including (i) determining whether a  
2171 patient is a veteran or family member of a veteran, (ii) screening for  
2172 conditions such as post-traumatic stress disorder, risk of suicide,  
2173 depression and grief, and (iii) suicide prevention training, (B) delineate  
2174 qualifying programs, (C) establish a system of control and reporting,  
2175 and (D) provide for waiver of the continuing education requirement for  
2176 good cause.

2177 (2) A license issued to a marital and family therapist associate shall  
2178 expire on or before twenty-four months after the date on which such

2179 license was issued and may be renewed once for an additional twenty-  
 2180 four months in accordance with the provisions of section 19a-88. The fee  
 2181 for such renewal shall be two hundred twenty dollars. Each licensed  
 2182 marital and family therapist associate applying for license renewal shall  
 2183 furnish evidence satisfactory to the commissioner of working toward  
 2184 completing the postgraduate experience required for licensure as a  
 2185 marital and family therapist under subdivision (3) of subsection (a) of  
 2186 this section and the potential for successful completion of such  
 2187 experience prior to the expiration of the twenty-four month renewal  
 2188 period.

2189 (e) Notwithstanding the provisions of this section, an applicant who  
 2190 is currently licensed or certified as a marital or marriage and family  
 2191 therapist in another state, territory or commonwealth of the United  
 2192 States that does not maintain standards for licensure or certification that  
 2193 are equivalent to or higher than the standards in this state may  
 2194 substitute three years of licensed or certified work experience in the  
 2195 practice of marital and family therapy, as defined in section 20-195a, in  
 2196 lieu of the requirements of subdivisions (2) and (3) of subsection (a) of  
 2197 this section.

2198 (f) Notwithstanding the provisions of this section, a person who is a  
 2199 graduate of a graduate degree program or a postgraduate clinical  
 2200 training program described in subdivision (1) of subsection (b) of this  
 2201 section may practice marital and family therapy for a period not greater  
 2202 than one hundred twenty calendar days after the date such person  
 2203 completed such program, provided such person works under the  
 2204 clinical supervision of a licensed marital family therapist.

2205 Sec. 52. Section 19a-111h of the general statutes is repealed. (*Effective*  
 2206 *October 1, 2023*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-490
Sec. 2	<i>from passage</i>	19a-564(g)

Sec. 3	<i>from passage</i>	20-195o(b)
Sec. 4	<i>October 1, 2023</i>	20-195u(a) and (b)
Sec. 5	<i>from passage</i>	20-265b(b)
Sec. 6	<i>from passage</i>	20-265d(b)
Sec. 7	<i>from passage</i>	20-206mm(b)
Sec. 8	<i>July 1, 2023</i>	19a-181(b) to (d)
Sec. 9	<i>October 1, 2023</i>	19a-565
Sec. 10	<i>from passage, and applicable to taxable years commencing on or after January 1, 2022</i>	12-704i
Sec. 11	<i>October 1, 2023</i>	19a-7o(b)
Sec. 12	<i>July 1, 2023</i>	19a-127l(a)
Sec. 13	<i>from passage</i>	19a-112j(a) and (b)
Sec. 14	<i>October 1, 2023</i>	19a-332a
Sec. 15	<i>from passage</i>	20-440
Sec. 16	<i>from passage</i>	20-478
Sec. 17	<i>from passage</i>	25-32(a) to (n)
Sec. 18	<i>July 1, 2023</i>	New section
Sec. 19	<i>from passage</i>	22a-474c
Sec. 20	<i>from passage</i>	20-265a(4)
Sec. 21	<i>October 1, 2023</i>	7-60
Sec. 22	<i>October 1, 2023</i>	19a-403(a)
Sec. 23	<i>October 1, 2023</i>	19a-404
Sec. 24	<i>October 1, 2023</i>	19a-405
Sec. 25	<i>October 1, 2023</i>	19a-409
Sec. 26	<i>January 1, 2024</i>	19a-36j
Sec. 27	<i>from passage</i>	New section
Sec. 28	<i>October 1, 2023</i>	19a-109aa
Sec. 29	<i>October 1, 2023</i>	19a-110
Sec. 30	<i>October 1, 2023</i>	19a-110a
Sec. 31	<i>October 1, 2023</i>	19a-111
Sec. 32	<i>October 1, 2023</i>	19a-111a
Sec. 33	<i>October 1, 2023</i>	19a-111b
Sec. 34	<i>October 1, 2023</i>	19a-111c
Sec. 35	<i>January 1, 2024</i>	19a-111g
Sec. 36	<i>from passage</i>	19a-111i
Sec. 37	<i>October 1, 2023</i>	19a-111j
Sec. 38	<i>October 1, 2023</i>	20-474
Sec. 39	<i>October 1, 2023</i>	10-206(b)
Sec. 40	<i>October 1, 2023</i>	4d-30(1)

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Sec. 41	<i>October 1, 2023</i>	4d-47
Sec. 42	<i>October 1, 2023</i>	4d-48
Sec. 43	<i>October 1, 2023</i>	20-195ggg
Sec. 44	<i>October 1, 2023</i>	New section
Sec. 45	<i>October 1, 2023</i>	New section
Sec. 46	<i>October 1, 2023</i>	New section
Sec. 47	<i>October 1, 2023</i>	New section
Sec. 48	<i>July 1, 2023</i>	20-206f(b)
Sec. 49	<i>January 1, 2024</i>	New section
Sec. 50	<i>July 1, 2023</i>	20-195cc
Sec. 51	<i>July 1, 2023</i>	20-195c
Sec. 52	<i>October 1, 2023</i>	Repealer section