



House of Representatives

General Assembly

File No. 404

February Session, 2024

Substitute House Bill No. 5290

House of Representatives, April 10, 2024

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

1 Section 1. Subsection (c) of section 7-48 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2024*):

4 (c) (1) When a birth occurs outside an institution, the certificate shall
5 be prepared and filed by the physician or midwife in attendance at or
6 immediately after the birth or, in the absence of such a person, by the
7 [father or mother] parent of the child, pursuant to the provisions of
8 section 19a-41-1 of the regulations of Connecticut state agencies.

9 (2) If the parent is unable to provide the information required to
10 prepare and file the certificate pursuant to the provisions of section 19a-
11 41-1 of the regulations of Connecticut state agencies, such parent may,
12 prior to the child's first birthday, petition the court of probate for the

13 district where the birth is alleged to have occurred for an order requiring
14 the registrar of vital statistics for the town where the birth occurred to
15 create and file the certificate. The petitioner shall include with the
16 petition the affidavits and other documentary evidence submitted to the
17 registrar pursuant to the provisions of section 19a-41-1 of the regulations
18 of Connecticut state agencies. Such court shall schedule a hearing and
19 cause notice of the hearing to be given to the following persons: (A) The
20 petitioner; (B) the parent or legal guardian of the child, if the parent or
21 legal guardian are not the petitioner; (C) the registrar; and (D) any other
22 person as the court may determine has an interest in the hearing. The
23 registrar or the registrar's authorized representative may appear and
24 testify at such hearing. The petitioner shall have the burden of proving
25 the parentage of the child and that the birth occurred on the date and at
26 the place alleged by the petitioner. If the court finds by a preponderance
27 of the evidence the parentage of the child and that the birth occurred on
28 the date and at the place alleged by the petitioner, the court shall issue
29 an order directing the registrar to prepare, register and file the
30 certificate.

31 (3) In any proceeding under subdivision (2) of this subsection, the
32 court, on the motion of any party or on the court's own motion, may
33 order genetic testing, as provided in sections 46b-495 to 46b-500,
34 inclusive, to determine parentage. The petitioner shall be responsible for
35 the cost of any such genetic test required by the court, except the
36 department shall pay such cost for any petitioner who is found by the
37 court to be indigent. If the results of such test indicate a ninety-nine per
38 cent or greater probability that a person is the parent of the child for
39 whom a registration of birth is sought, the results shall constitute a
40 rebuttable presumption that the person is, in fact, the parent of the child
41 for whom a registration of birth is sought.

42 Sec. 2. Subdivision (1) of subsection (a) of section 7-51 of the general
43 statutes is repealed and the following is substituted in lieu thereof
44 (*Effective October 1, 2024*):

45 (a) (1) The department and registrars of vital statistics shall restrict

46 access to and issuance of a certified copy of birth and fetal death records
47 and certificates less than one hundred years old, to the following eligible
48 parties: (A) The person whose birth is recorded, if such person is (i) over
49 eighteen years of age, (ii) a certified homeless youth, as defined in
50 section 7-36, as amended by this act, or (iii) a minor emancipated
51 pursuant to sections 46b-150 to 46b-150e, inclusive; (B) such person's
52 child, grandchild, spouse, parent, legal guardian, legal custodian or
53 grandparent; (C) the chief executive officer of the municipality where
54 the birth or fetal death occurred, or the chief executive officer's
55 authorized agent; (D) the local director of health for the town or city
56 where the birth or fetal death occurred or where the person who gave
57 birth was a resident at the time of the birth or fetal death, or the director's
58 authorized agent; (E) attorneys-at-law representing such person or such
59 person's parent, guardian, child or surviving spouse; (F) a conservator
60 of the person appointed for such person; (G) a member of a genealogical
61 society incorporated or authorized by the Secretary of the State to do
62 business or conduct affairs in this state; (H) an agent of a state or federal
63 agency as approved by the department; and (I) a researcher approved
64 by the department pursuant to section 19a-25.

65 Sec. 3. Section 8-3i of the general statutes is repealed and the
66 following is substituted in lieu thereof (*Effective July 1, 2024*):

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

71 (b) When an application, petition, request or plan is filed with the
72 zoning commission, planning and zoning commission or zoning board
73 of appeals of any municipality concerning any [project on any site that]
74 land, all or a portion of which is within the aquifer protection area
75 delineated pursuant to section 22a-354c or the watershed of a water
76 company, the applicant or the person making the filing shall: (1) Provide
77 written notice of the application, petition, request or plan to the water
78 company and the Department of Public Health; and (2) determine if the

79 [project] land is within the watershed of a water company by consulting
80 the maps posted on the department's Internet web site showing the
81 boundaries of the watershed. Such applicant shall send such notice to
82 the water company by certified mail, return receipt requested, and to
83 the department by electronic mail to the electronic mail address
84 designated on its Internet web site for receipt of such notice. Such
85 applicant shall mail such notice not later than seven days after the date
86 of the application. Such water company and the Commissioner of Public
87 Health may, through a representative, appear and be heard at any
88 hearing on any such application, petition, request or plan.

89 (c) Notwithstanding the provisions of subsection (b) of this section,
90 when an agent of the zoning commission, planning and zoning
91 commission or zoning board of appeals is authorized to approve an
92 application, petition, request or plan concerning any [site] land that is
93 within the aquifer protection area delineated pursuant to section 22a-
94 354c or the watershed of a water company without the approval of the
95 zoning commission, planning and zoning commission or zoning board
96 of appeals, and such agent determines that the proposed activity will
97 not adversely affect the public water supply, the applicant or person
98 making the filing shall not be required to notify the water company or
99 the Department of Public Health.

100 Sec. 4. Subsections (a) and (b) of section 19a-6i of the general statutes
101 are repealed and the following is substituted in lieu thereof (*Effective*
102 *from passage*):

103 (a) There is established a school-based health center advisory
104 committee for the purpose of advising the Commissioner of Public
105 Health on matters relating to (1) statutory and regulatory changes to
106 improve health care through access to school-based health centers and
107 expanded school health sites, (2) minimum standards for the provision
108 of services in school-based health centers and expanded school health
109 sites to ensure that high quality health care services are provided in
110 school-based health centers and expanded school health sites, as such
111 terms are defined in section 19a-6r, and (3) other topics of relevance to

112 the school-based health centers and expanded school sites, as requested
113 by the commissioner.

114 (b) The committee shall be composed of the following members:

115 (1) One appointed by the speaker of the House of Representatives,
116 who shall be a family advocate or a parent whose child utilizes school-
117 based health center services;

118 (2) One appointed by the president pro tempore of the Senate, who
119 shall be a school nurse;

120 (3) One appointed by the majority leader of the House of
121 Representatives, who shall be a representative of a school-based health
122 center that is sponsored by a community health center;

123 (4) One appointed by the majority leader of the Senate, who shall be
124 a representative of a school-based health center that is sponsored by a
125 nonprofit health care agency;

126 (5) One appointed by the minority leader of the House of
127 Representatives, who shall be a representative of a school-based health
128 center that is sponsored by a school or school system;

129 (6) One appointed by the minority leader of the Senate, who shall be
130 a representative of a school-based health center that does not receive
131 state funds;

132 (7) Two appointed by the Governor, one [each] of whom shall be a
133 representative of the Connecticut Chapter of the American Academy of
134 Pediatrics and one of whom shall be a representative of a school-based
135 health center that is sponsored by a hospital, a staff member of a
136 children's hospital or a pediatric health care clinician;

137 (8) Three appointed by the Commissioner of Public Health, one of
138 whom shall be a representative of a school-based health center that is
139 sponsored by a local health department, one of whom shall be from a
140 municipality that has a population of at least fifty thousand but less than

141 one hundred thousand and that operates a school-based health center
142 and one of whom shall be from a municipality that has a population of
143 at least one hundred thousand and that operates a school-based health
144 center;

145 (9) The Commissioner of Public Health, or the commissioner's
146 designee;

147 (10) The Commissioner of Social Services, or the commissioner's
148 designee;

149 (11) The Commissioner of Mental Health and Addiction Services, or
150 the commissioner's designee;

151 (12) The Commissioner of Education, or the commissioner's designee;

152 (13) The Commissioner of Children and Families, or the
153 commissioner's designee;

154 (14) The executive director of the Commission on Women, Children,
155 Seniors, Equity and Opportunity, or the executive director's designee;
156 and

157 (15) Three school-based health center providers, one of whom shall
158 be the executive director of the Connecticut Association of School-Based
159 Health Centers and two of whom shall be appointed by the board of
160 directors of the Connecticut Association of School-Based Health
161 Centers.

162 Sec. 5. Section 19a-36i of the general statutes is repealed and the
163 following is substituted in lieu thereof (*Effective July 1, 2024*):

164 (a) No person, firm or corporation shall operate or maintain any food
165 establishment where food or beverages are served or sold to the public
166 in any town, city or borough without obtaining a valid permit to operate
167 from the director of health of such town, city or borough, in a form and
168 manner prescribed by the director of health. The director of health shall
169 issue a permit to operate a food establishment upon receipt of an

170 application if the food establishment meets the requirements of this
171 section. All food establishments shall comply with the food code.

172 (b) All food establishments shall be inspected by a certified food
173 inspector in a form and manner prescribed by the commissioner. The
174 Commissioner of Public Health may, [in consultation with] after
175 notifying the Commissioner of Consumer Protection, grant a variance
176 for the requirements of the food code if the Commissioner of Public
177 Health determines that such variance would not result in a health
178 hazard or nuisance.

179 [(c) No permit to operate a food establishment shall be issued by a
180 director of health unless the applicant has provided the director of
181 health with proof of registration with the department and a written
182 application for a permit in a form and manner prescribed by the
183 department. Temporary food establishments and certified farmers'
184 markets, as defined in section 22-6r, shall be exempt from registering
185 with the Department of Public Health.]

186 [(d)] (c) Each class 2 food establishment, class 3 food establishment
187 and class 4 food establishment shall employ a certified food protection
188 manager. No person shall serve as a certified food protection manager
189 unless such person has satisfactorily passed a test as part of a food
190 protection manager certification program that is evaluated and
191 approved by an accrediting agency recognized by the Conference for
192 Food Protection as conforming to its standards for accreditation of food
193 protection manager certification programs. A certified food inspector
194 shall verify that the food protection manager is certified upon inspection
195 of the food establishment. The owner or manager of the food service
196 establishment shall designate an alternate person or persons to be in
197 charge at all times when the certified food protection manager cannot
198 be present. The alternate person or persons in charge shall be
199 responsible for ensuring the following: (1) All employees are in
200 compliance with the requirements of this section; (2) foods are safely
201 prepared in accordance with the requirements of the food code; (3)
202 emergencies are managed properly; (4) a food inspector is admitted into

203 the food establishment upon request; and (5) he or she receives and
204 signs inspection reports.

205 [(e)] (d) The commissioner shall collaborate with the directors of
206 health to develop a process that allows for the reciprocal licensing of an
207 itinerant food vending establishment that has obtained a valid permit or
208 license under subsection (a) of this section and seeks to operate as an
209 itinerant food vending establishment in another town, city or borough.
210 Not later than December 1, 2021, the commissioner shall submit a report,
211 in accordance with the provisions of section 11-4a, to the joint standing
212 committee of the General Assembly having cognizance of matters
213 relating to public health, of the process developed pursuant to this
214 subsection. Not later than January 1, 2022, the commissioner and each
215 director of health shall implement such process.

216 Sec. 6. Subdivision (1) of subsection (g) of section 19a-88 of the general
217 statutes is repealed and the following is substituted in lieu thereof
218 (*Effective July 1, 2024*):

219 (g) (1) The Department of Public Health shall administer a secure on-
220 line license renewal system for persons holding a license [to practice
221 medicine or surgery under chapter 370, dentistry under chapter 379,
222 nursing under chapter 378 or nurse-midwifery under chapter 377]
223 under chapters 370 to 373, inclusive, 375 to 378, inclusive, 379 to 381b,
224 inclusive, 382a, 383 to 383d, inclusive, 383f to 388, inclusive, 393a, 395,
225 397a to 399, inclusive, 400a and 400c. The department shall require such
226 persons to renew their licenses using the on-line renewal system and to
227 pay professional services fees on-line by means of a credit card or
228 electronic transfer of funds from a bank or credit union account, except
229 in extenuating circumstances, including, but not limited to,
230 circumstances in which a licensee does not have access to a credit card
231 and submits a notarized affidavit affirming that fact, the department
232 may allow the licensee to renew his or her license using a paper form
233 prescribed by the department and pay professional service fees by check
234 or money order.

235 Sec. 7. Subsections (b) and (c) of section 19a-580h of the general

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

238 (b) The Commissioner of Public Health shall establish a state-wide
239 program to implement the use of medical orders for life-sustaining
240 treatment by health care providers. Patient participation in the program
241 shall be voluntary. An agreement to participate in the program shall be
242 documented by the signature of the patient or the patient's legally
243 authorized representative on the medical order for [life sustaining] life-
244 sustaining treatment form, [and verified by the signature of a witness.]

245 (c) Notwithstanding the provisions of sections 19a-495 and 19a-580d
246 and the regulations adopted thereunder, the Commissioner of Public
247 Health shall adopt regulations, in accordance with the provisions of
248 chapter 54, for the program established in accordance with this section
249 to ensure that: (1) Medical orders for life-sustaining treatment are
250 transferrable among, and recognized by, various types of health care
251 institutions subject to any limitations set forth in federal law; (2) any
252 procedures and forms developed for recording medical orders for life-
253 sustaining treatment require the signature of the patient or the patient's
254 legally authorized representative [and a witness] on the medical order
255 for life-sustaining treatment and the patient or the patient's legally
256 authorized representative is given the original order immediately after
257 signing such order and a copy of such order is immediately placed in
258 the patient's medical record; (3) prior to requesting the signature of the
259 patient or the patient's legally authorized representative on such order,
260 the physician, advanced practice registered nurse or physician assistant
261 writing the medical order discusses with the patient or the patient's
262 legally authorized representative the patient's goals for care and
263 treatment and the benefits and risks of various methods for
264 documenting the patient's wishes for end-of-life treatment, including
265 medical orders for life-sustaining treatment; and (4) each physician,
266 advanced practice registered nurse or physician assistant that intends to
267 write a medical order for life-sustaining treatment receives training
268 concerning: (A) The importance of talking with patients about their
269 personal treatment goals; (B) methods for presenting choices for end-of-

270 life care that elicit information concerning patients' preferences and
271 respects those preferences without directing patients toward a
272 particular option for end-of-life care; (C) the importance of fully
273 informing patients about the benefits and risks of an immediately
274 effective medical order for life-sustaining treatment; (D) awareness of
275 factors that may affect the use of medical orders for life-sustaining
276 treatment, including, but not limited to, advanced health care directives,
277 race, ethnicity, age, gender, socioeconomic position, immigrant status,
278 sexual minority status, language, disability, homelessness, mental
279 illness and geographic area of residence; and (E) procedures for
280 properly completing and effectuating medical orders for life-sustaining
281 treatment.

282 Sec. 8. Section 20-123b of the general statutes is repealed and the
283 following is substituted in lieu thereof (*Effective October 1, 2024*):

284 (a) On and after the effective date of the regulations adopted in
285 accordance with subsection [(d)] (e) of this section, no dentist licensed
286 under this chapter shall use moderate sedation, deep sedation or general
287 anesthesia, as these terms are defined in section 20-123a, on any patient
288 unless such dentist has a permit, currently in effect, issued by the
289 commissioner, initially for a period of twelve months and renewable
290 annually thereafter, authorizing the use of such moderate sedation,
291 deep sedation or general anesthesia. A dentist may use minimal
292 sedation, as defined in section 20-123a, without obtaining a permit
293 issued by the commissioner.

294 (b) No applicant shall be issued [a permit initially] an initial permit
295 or reinstatement of a lapsed permit as required in subsection (a) of this
296 section unless (1) the commissioner approves the results of an on-site
297 evaluation of the applicant's facility conducted in consultation with the
298 Connecticut Society of Oral and Maxillo-Facial Surgeons by an
299 individual or individuals selected from a list of site evaluators approved
300 by the commissioner, provided such evaluation is conducted without
301 cost to the state, (2) the commissioner is satisfied that the applicant is in
302 compliance with guidelines in the American Dental Association

303 Guidelines for Teaching and the Comprehensive Control of Pain and
304 Anxiety in Dentistry or successor guidelines, and (3) such initial
305 application includes payment of a fee in the amount of two hundred
306 dollars. An applicant who has obtained an initial permit or
307 reinstatement of a lapsed permit as required by subsection (a) of this
308 section may administer moderate sedation or general anesthesia at an
309 additional facility, provided such facility has had an approved on-site
310 evaluation conducted in consultation with the Connecticut Society of
311 Oral and Maxillo-Facial Surgeons by an individual or individuals
312 selected from a list of site evaluators approved by the commissioner and
313 such evaluation is conducted without cost to the state. The
314 commissioner may waive the on-site evaluation of any additional
315 facility, provided such facility has been evaluated in accordance with
316 subdivision (1) of this subsection in the preceding five years. Any
317 dentist requesting a waiver shall apply in writing to the commissioner
318 in a form and manner prescribed by the commissioner. The
319 commissioner may impose any conditions deemed appropriate on the
320 granting of a waiver or revoke any waiver if the commissioner finds that
321 the health, safety or welfare of any patient has been jeopardized.

322 (c) The commissioner may renew such permit annually, provided (1)
323 application for renewal is received by the commissioner not later than
324 three months after the date of expiration of such permit, (2) payment of
325 a renewal fee of two hundred dollars is received with such application,
326 and (3) an on-site evaluation of the dentist's facility [is] has been
327 conducted in the preceding five years in consultation with The
328 Connecticut Society of Oral and Maxillo-Facial Surgeons by an
329 individual or individuals selected from a list of site evaluators approved
330 by the commissioner, provided such evaluation is conducted without
331 cost to the state on a schedule established in regulations adopted
332 pursuant to this section and the commissioner approves the results of
333 each such evaluation.

334 (d) The commissioner, in consultation with the Anesthesia
335 Committee of the Connecticut Society of Oral and Maxillo-Facial
336 Surgeons, shall post a list of office equipment, personnel and emergency

337 medications that are required to be maintained at a facility that
338 administers moderate sedation, deep sedation or general anesthesia on
339 the department's Internet web site and distribute such list to each
340 permitted dentist in the state. A dentist who has obtained a permit
341 pursuant to the provisions of this section shall maintain such
342 equipment, personnel and emergency medications at each such facility.

343 [(d)] (e) The commissioner, with the advice and assistance of the State
344 Dental Commission, shall adopt regulations in accordance with the
345 provisions of chapter 54 to implement the provisions of this section.

346 [(e)] (f) The commissioner or the State Dental Commission may deny
347 or revoke a permit based on disciplinary action taken against a dentist
348 pursuant to the provisions of section 20-114.

349 Sec. 9. Subsection (n) of section 25-32 of the 2024 supplement to the
350 general statutes is repealed and the following is substituted in lieu
351 thereof (*Effective from passage*):

352 (n) (1) On and after the effective date of regulations adopted under
353 this subsection, no person [may] shall operate any water treatment
354 plant, water distribution system or small water system that treats or
355 supplies water used or intended for use by the public, test any backflow
356 prevention device, [or] perform a cross connection survey without a
357 certificate issued by the commissioner under this subsection or operate
358 any water treatment plant or water distribution system as an operator-
359 in-training unless such person is issued a certificate by the
360 commissioner under this subsection. The commissioner shall adopt
361 regulations, in accordance with chapter 54, to provide: (A) Standards for
362 the operation of such water treatment plants, water distribution systems
363 and small water systems; (B) standards and procedures for the issuance
364 of certificates to operators and operators-in-training of such water
365 treatment plants [,] and water distribution systems and operators of
366 small water systems, including, but not limited to, standards and
367 procedures for the department's approval of third parties to administer
368 certification examinations to such operators and operators-in-training;
369 (C) procedures for the renewal of such certificates to operators every

370 three years; (D) standards for training required for the issuance or
371 renewal of a certificate; (E) standards and procedures for the
372 department's approval of course providers and courses of study as they
373 relate to certified operators and certified operators-in-training of water
374 treatment plants [,] and water distribution systems and certified
375 operators of small water systems and certified persons who test
376 backflow prevention devices or perform cross connection surveys for
377 initial and renewal applications; and (F) standards and procedures for
378 the issuance and renewal of certificates to persons who test backflow
379 prevention devices or perform cross connection surveys. Such
380 regulations shall be consistent with applicable federal law and
381 guidelines for operator certification programs promulgated by the
382 United States Environmental Protection Agency. For purposes of this
383 subsection, "small water system" means a public water system, as
384 defined in section 25-33d, that serves less than one thousand persons
385 and has no treatment or has only treatment that does not require any
386 chemical treatment, process adjustment, backwashing or media
387 regeneration by an operator.

388 (2) The commissioner may take any disciplinary action set forth in
389 section 19a-17, except for the assessment of a civil penalty under
390 subdivision (7) of subsection (a) of section 19a-17, against an operator,
391 an operator-in-training, a person who tests backflow prevention devices
392 or a person who performs cross connection surveys holding a certificate
393 issued under this subsection for any of the following reasons: (A) Fraud
394 or material deception in procuring a certificate, the renewal of a
395 certificate or the reinstatement of a certificate; (B) fraud or material
396 deception in the performance of the certified operator's or certified
397 operator-in-training's professional activities; (C) incompetent, negligent
398 or illegal performance of the certified operator's or certified operator-in-
399 training's professional activities; (D) conviction of the certified operator
400 or certified operator-in-training for a felony; or (E) failure of the certified
401 operator or certified operator-in-training to complete the training
402 required under subdivision (1) of this subsection.

403 (3) The commissioner may issue an initial certificate to perform a

404 function set forth in subdivision (1) of this subsection upon receipt of a
405 completed application, in a form prescribed by the commissioner,
406 together with an application fee as follows: (A) For a water treatment
407 plant, water distribution system or small water system operator
408 certificate, or operator-in-training certificate for a water treatment plant
409 or water distribution system, two hundred twenty-four dollars, except
410 there shall be no such application fee required for a student enrolled in
411 an accredited high school small water system operator certification
412 course; (B) for a backflow prevention device tester certificate, one
413 hundred fifty-four dollars; and (C) for a cross-connection survey
414 inspector certificate, one hundred fifty-four dollars. A certificate issued
415 pursuant to this subdivision shall expire three years from the date of
416 issuance unless renewed by the certificate holder prior to such
417 expiration date, except a certificate issued for an operator-in-training
418 pursuant to this section shall expire six years from the date of issuance
419 and shall not be renewable. The commissioner may renew a certificate,
420 other than a certificate for an operator-in-training, for an additional
421 three years upon receipt of a completed renewal application, in a form
422 prescribed by the commissioner, together with a renewal application fee
423 as follows: (i) For a water treatment plant, water distribution system or
424 small water system operator certificate, ninety-eight dollars; (ii) for a
425 backflow prevention device tester certificate, sixty-nine dollars; and (iii)
426 for a cross-connection survey inspector certificate, sixty-nine dollars.

427 Sec. 10. Section 7-36 of the general statutes is repealed and the
428 following is substituted in lieu thereof (*Effective from passage*):

429 As used in this chapter and sections 19a-40 to 19a-45, inclusive, 19a-
430 320, as amended by this act, 19a-322, as amended by this act, and 19a-
431 323, as amended by this act, unless the context otherwise requires:

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

435 (2) "Registration" means the process by which vital records are
436 completed, filed and incorporated into the official records of the

437 department;

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

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

443 (5) "Certified copy" means a copy of a birth, death, fetal death or
444 marriage certificate that (A) includes all information on the certificate
445 except such information that is nondisclosable by law, (B) is issued or
446 transmitted by any registrar of vital statistics, (C) includes an attested
447 signature and the raised seal of an authorized person, and (D) if
448 submitted to the department, includes all information required by the
449 commissioner;

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

454 (7) "Authenticate" or "authenticated" means to affix to a vital record
455 in paper format the official seal, or to affix to a vital record in electronic
456 format the user identification, password, or other means of electronic
457 identification, as approved by the department, of the creator of the vital
458 record, or the creator's designee, by which affixing the creator of such
459 paper or electronic vital record, or the creator's designee, affirms the
460 integrity of such vital record;

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

463 (9) "Correction" means to change or enter new information on a
464 certificate of birth, marriage, death or fetal death, within one year of the
465 date of the vital event recorded in such certificate, in order to accurately
466 reflect the facts existing at the time of the recording of such vital event,
467 where such changes or entries are to correct errors on such certificate

468 due to inaccurate or incomplete information provided by the informant
469 at the time the certificate was prepared, or to correct transcribing,
470 typographical or clerical errors;

471 (10) "Amendment" means to (A) change or enter new information on
472 a certificate of birth, marriage, death or fetal death, more than one year
473 after the date of the vital event recorded in such certificate, in order to
474 accurately reflect the facts existing at the time of the recording of the
475 event, (B) create a replacement certificate of birth for matters pertaining
476 to parentage and gender change, (C) create a replacement certificate of
477 marriage for matters pertaining to gender change, or (D) reflect a legal
478 name change in accordance with section 19a-42 or make a modification
479 to a cause of death;

480 (11) "Acknowledgment of paternity" means to legally acknowledge
481 paternity of a child pursuant to section 46b-570;

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

484 (13) "Parentage" includes matters relating to adoption, surrogacy
485 agreements, paternity and maternity;

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

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

489 (16) "Surrogacy agreement" means an agreement between one or
490 more intended parents and a person who is not an intended parent in
491 which such person agrees to become pregnant through assisted
492 reproduction and which provides that each intended parent is a parent
493 of a child conceived under the agreement. Unless the context otherwise
494 requires, "surrogacy agreement" includes an agreement with a person
495 acting as a gestational surrogate and an agreement with a person acting
496 as a genetic surrogate;

497 (17) "Intended parent" means a person, married or unmarried, who

498 manifests an intent to be legally bound as a parent of a child conceived
499 by assisted reproduction;

500 (18) "Foundling" means (A) a child of unknown parentage, or (B) an
501 infant voluntarily surrendered pursuant to the provisions of section 17a-
502 58;

503 (19) "Certified homeless youth" means a person who is at least fifteen
504 years of age but less than eighteen years of age, is not in the physical
505 custody of a parent or legal guardian, who is a homeless child or youth,
506 as defined in 42 USC 11434a, as amended from time to time, and who
507 has been certified as homeless by (A) a school district homeless liaison,
508 (B) the director of an emergency shelter program funded by the United
509 States Department of Housing and Urban Development, or the
510 director's designee, (C) the director of a runaway or homeless youth
511 basic center or transitional living program funded by the United States
512 Department of Health and Human Services, or the director's designee,
513 or (D) the director of a program of a nonprofit organization or
514 municipality that is contracted with the homeless youth program
515 established pursuant to section 17a-62a; [and]

516 (20) "Certified homeless young adult" means a person who is at least
517 eighteen years of age but less than twenty-five years of age who has
518 been certified as homeless by (A) a school district homeless liaison, (B)
519 the director of an emergency shelter program funded by the United
520 States Department of Housing and Urban Development, or the
521 director's designee, (C) the director of a runaway or homeless youth
522 basic center or transitional living program funded by the United States
523 Department of Health and Human Services, or the director's designee,
524 or (D) the director of a program of a nonprofit organization or
525 municipality that is contracted with the homeless youth program
526 established pursuant to section 17a-62a;

527 (21) "Cremation" means the disposition of a body through
528 incineration or alkaline hydrolysis; and

529 (22) "Crematory" means an establishment at which human remains

530 are reduced to bone fragments through incineration or alkaline
531 hydrolysis.

532 Sec. 11. Section 19a-320 of the general statutes is repealed and the
533 following is substituted in lieu thereof (*Effective from passage*):

534 (a) Any resident of this state, or any corporation formed under the
535 law of this state, may erect, maintain and conduct a crematory in this
536 state and provide the necessary appliances and facilities for the disposal
537 by incineration of the bodies of the dead, in accordance with the
538 provisions of this section. The location of such crematory shall be within
539 the confines of an established cemetery containing not less than twenty
540 acres, which cemetery shall have been in existence and operation for at
541 least five years immediately preceding the time of the erection of such
542 crematory, or shall be within the confines of a plot of land approved for
543 the location of a crematory by the selectmen of any town, the mayor and
544 council or board of aldermen of any city and the warden and burgesses
545 of any borough; provided, in any town, city or borough having a zoning
546 commission, such commission shall have the authority to grant such
547 approval. On and after July 1, 2017, no new crematory shall be located
548 within five hundred feet of any residential structure or land for
549 residential purposes not owned by the owner of the crematory.

550 (b) Application for such approval shall be made in writing to the local
551 authority specified in subsection (a) of this section and a hearing shall
552 be held within the town, city or borough in which such location is
553 situated within sixty-five days from the date of receipt of such
554 application. Notice of such hearing shall be given to such applicant by
555 mail, postage paid, to the address given on the application, and to the
556 Commissioner of Public Health, and by publication twice in a
557 newspaper having a substantial circulation in the town, city or borough
558 at intervals of not less than two days, the first being not more than fifteen
559 days or less than ten days, and the second being not less than two days
560 before such hearing. The local authority shall approve or deny such
561 application within sixty-five days after such hearing, provided an
562 extension of time not to exceed a further period of sixty-five days may

563 be had with the consent of the applicant. The grounds for its action shall
564 be stated in the records of the authority. Each applicant shall pay a fee
565 of ten dollars, together with the costs of the publication of such notice
566 and the reasonable expense of such hearing, to the treasurer of such
567 town, city or borough.

568 (c) (1) No such crematory shall be erected until the plans therefor
569 have been filed with and approved by the Department of Public Health;
570 and no such crematory shall be used until it has been inspected and
571 received a certificate of inspection by said department and a fee of one
572 thousand two hundred fifty dollars is paid to the Department of Public
573 Health for its inspection and approval.

574 (2) Each holder of an inspection certificate shall, annually, on or
575 before July first, submit in writing to the Department of Public Health
576 an application for renewal of such certificate together with a fee of three
577 hundred fifteen dollars. If the department issues to such applicant such
578 an inspection certificate, the same shall be valid until July first next
579 following, unless revoked or suspended.

580 (3) Upon receipt of an application for a renewal of such certificate, the
581 Department of Public Health shall make an inspection of each
582 crematory.

583 (4) A crematory shall be open at all times for inspection by the
584 Department of Public Health. The department may make inspections
585 whenever it deems advisable.

586 (5) If, upon inspection by the Department of Public Health, it is found
587 that such crematory is in such condition as to be detrimental to public
588 health, the department shall give to the applicant or operator of the
589 crematory notice and opportunity for hearing as provided in regulations
590 adopted by the Commissioner of Public Health, in accordance with the
591 provisions of chapter 54. The commissioner may, after such hearing,
592 revoke, suspend or refuse to issue or renew any such certificate upon
593 cause found at hearing. Any person aggrieved by the finding of or action
594 taken by the Department of Public Health may appeal therefrom in

595 accordance with the provisions of section 4-183.

596 (6) Any of the inspections provided for in this section may be made
597 by a person designated by the Department of Public Health or by a
598 representative of the Commissioner of Public Health.

599 (d) A crematory that performs alkaline hydrolysis shall be located on
600 the grounds of a funeral home licensed under chapter 385.

601 Sec. 12. Section 19a-322 of the general statutes is repealed and the
602 following is substituted in lieu thereof (*Effective from passage*):

603 The managers of each crematory shall keep books of record, which
604 shall be open at reasonable times for inspection, in which shall be
605 entered the name, age, sex and residence of each person whose body is
606 cremated, together with the authority for such cremation and the
607 disposition of the ashes. The owner or superintendent shall complete
608 the cremation permit required by section 19a-323, as amended by this
609 act, retain a copy for record and immediately forward the original
610 permit to the registrar of the town in which the death occurred. The
611 registrar shall keep the cremation permit on file and record it with other
612 vital statistics. When any body is removed from this state for the
613 purpose of cremation, the person having the legal custody and control
614 of such body shall cause a certificate to be procured from the person in
615 charge of the crematory in which such body is ~~[incinerated]~~ cremated,
616 stating the facts called for in this section, and cause such certificate to be
617 filed for record with the registrar of the town in which the death
618 occurred. Each crematory shall retain on its premises, for not less than
619 three years after final disposition of cremated remains, books of record,
620 copies of cremation permits, cremation authorization documentation
621 and documentation of receipt of cremated remains.

622 Sec. 13. Section 19a-323 of the general statutes is repealed and the
623 following is substituted in lieu thereof (*Effective from passage*):

624 (a) The body of any deceased person may be disposed of by
625 ~~[incineration or]~~ cremation in this state or may be removed from the

626 state for such purpose.

627 (b) If death occurred in this state, the death certificate required by law
628 shall be filed with the registrar of vital statistics for the town in which
629 such person died, if known, or, if not known, for the town in which the
630 body was found. The Chief Medical Examiner, Deputy Chief Medical
631 Examiner, associate medical examiner, an authorized assistant medical
632 examiner or other authorized designee shall complete the cremation
633 certificate, stating that such medical examiner or other authorized
634 designee has made inquiry into the cause and manner of death and is of
635 the opinion that no further examination or judicial inquiry is necessary.
636 The cremation certificate shall be submitted to the registrar of vital
637 statistics of the town in which such person died, if known, or, if not
638 known, of the town in which the body was found, or with the registrar
639 of vital statistics of the town in which the funeral director having charge
640 of the body is located. Upon receipt of the cremation certificate, the
641 registrar shall authorize such certificate, keep such certificate on
642 permanent record, and issue a cremation permit, except that if the
643 cremation certificate is submitted to the registrar of the town where the
644 funeral director is located, such certificate shall be forwarded to the
645 registrar of the town where the person died to be kept on permanent
646 record. If a cremation permit must be obtained during the hours that the
647 office of the local registrar of the town where death occurred is closed,
648 a subregistrar appointed to serve such town may authorize such
649 cremation permit upon receipt and review of a properly completed
650 cremation permit and cremation certificate. A subregistrar who is
651 licensed as a funeral director or embalmer pursuant to chapter 385, or
652 the employee or agent of such funeral director or embalmer shall not
653 issue a cremation permit to himself or herself. A subregistrar shall
654 forward the cremation certificate to the local registrar of the town where
655 death occurred, not later than seven days after receiving such certificate.
656 The estate of the deceased person, if any, shall pay the sum of one
657 hundred fifty dollars for the issuance of the cremation certificate,
658 provided the Office of the Chief Medical Examiner shall not assess any
659 fees for costs that are associated with the cremation of a stillborn fetus
660 or the body of a deceased person under the age of eighteen. Upon

661 request of the Chief Medical Examiner, the Secretary of the Office of
662 Policy and Management may waive payment of such cremation
663 certificate fee. No cremation certificate shall be required for a permit to
664 cremate the remains of bodies pursuant to section 19a-270a. When the
665 cremation certificate is submitted to a town other than that where the
666 person died, the registrar of vital statistics for such other town shall
667 ascertain from the original removal, transit and burial permit that the
668 certificates required by the state statutes have been received and
669 recorded, that the body has been prepared in accordance with the Public
670 Health Code and that the entry regarding the place of disposal is correct.
671 Whenever the registrar finds that the place of disposal is incorrect, the
672 registrar shall issue a corrected removal, transit and burial permit and,
673 after inscribing and recording the original permit in the manner
674 prescribed for sextons' reports under section 7-66, shall then
675 immediately give written notice to the registrar for the town where the
676 death occurred of the change in place of disposal stating the name and
677 place of the crematory and the date of cremation. Such written notice
678 shall be sufficient authorization to correct these items on the original
679 certificate of death. The fee for a cremation permit shall be five dollars
680 and for the written notice one dollar. The Department of Public Health
681 shall provide forms for cremation permits, which shall not be the same
682 as for regular burial permits and shall include space to record
683 information about the intended manner of disposition of the cremated
684 remains, and such blanks and books as may be required by the
685 registrars.

686 (c) If the body of a deceased person is brought into this state for
687 cremation and is accompanied by a permit for final disposition issued
688 by a legally constituted authority of the state from which the body was
689 brought, indicating cremation for the body, such permit shall be
690 sufficient authority to cremate the body and no additional cremation
691 certificate or permit shall be required.

692 (d) No body shall be cremated until at least forty-eight hours after
693 death, unless such death was the result of communicable disease, and
694 no body shall be received by any crematory that performs incineration

695 unless accompanied by the permit provided for in this section. Alkaline
696 hydrolysis shall not be performed without the permit provided for in
697 this section.

698 Sec. 14. Section 20-207 of the general statutes is repealed and the
699 following is substituted in lieu thereof (*Effective from passage*):

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

702 (1) "Board" means the Connecticut Board of Examiners of Embalmers
703 and Funeral Directors;

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

706 (3) "Funeral directing" means the business, practice or profession, as
707 commonly practiced, of (A) directing or supervising funerals, or
708 providing funeral services; (B) handling or encasing or providing
709 services for handling and encasing dead human bodies, otherwise than
710 by embalming, for burial or disposal; (C) providing embalming services;
711 (D) providing transportation, interment and disinterment of dead
712 human bodies; (E) maintaining an establishment so located, constructed
713 and equipped as to permit the decent and sanitary handling of dead
714 human bodies, with suitable equipment in such establishment for such
715 handling; (F) conducting an establishment from which funerals may be
716 held; (G) engaging in consultations concerning arrangements for the
717 disposition of human remains, including, but not limited to,
718 arrangements for cremation; [or alkaline hydrolysis;] (H) casketing
719 human remains; (I) making cemetery and cremation arrangements; and
720 (J) preparing funeral service contracts, as defined in section 42-200;

721 (4) "Funeral director" means any person engaged or holding himself
722 or herself out as engaged in funeral directing whether or not he or she
723 uses in connection with his or her name or business the words "funeral
724 director," "undertaker" or "mortician" or any other word or title
725 intended to designate him or her as a funeral director or mortician or as

726 one so engaged;

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

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

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

733 (8) "Registered apprentice embalmer" means a person registered with
734 the Department of Public Health as an apprentice pursuant to the
735 provisions of this chapter;

736 (9) "Registered apprentice funeral director" means a person
737 registered with the Department of Public Health as an apprentice
738 pursuant to the provisions of this chapter;

739 (10) "Full-time employment" means regular and steady work during
740 the normal working hours by any person at the establishment at which
741 he is employed; [and]

742 (11) "Manager" means an individual who (A) is licensed as an
743 embalmer or funeral director pursuant to this chapter and (B) has direct
744 and personal responsibility for the daily operation and management of
745 a funeral service business; and

746 (12) "Cremation" means the disposition of a body through
747 incineration or alkaline hydrolysis.

748 Sec. 15. Section 19a-197a of the 2024 supplement to the general
749 statutes is repealed and the following is substituted in lieu thereof
750 (*Effective July 1, 2024*):

751 (a) As used in this section, "emergency medical services personnel"
752 means (1) any class of emergency medical technician certified pursuant
753 to sections 20-206ll and 20-206mm, including, but not limited to, any
754 advanced emergency medical technician, (2) any paramedic licensed

755 pursuant to sections 20-206ll and 20-206mm, and (3) any emergency
756 medical responder certified pursuant to sections 20-206ll and 20-
757 206mm.

758 (b) Any emergency medical services personnel who has been trained,
759 in accordance with national standards recognized by the Commissioner
760 of Public Health, in the administration of epinephrine using automatic
761 prefilled cartridge injectors, similar automatic injectable equipment or
762 prefilled vial and syringe and who functions in accordance with written
763 protocols and the standing orders of a licensed physician serving as an
764 emergency [department] medical services medical director [may
765 administer, on or before June 30, 2024, and] shall administer [, on and
766 after July 1, 2024,] epinephrine, if available, using such injectors,
767 equipment or prefilled vial and syringe when the use of epinephrine is
768 deemed necessary by the emergency medical services personnel for the
769 treatment of a patient. All emergency medical services personnel shall
770 receive such training [from an organization designated by the
771 commissioner] in accordance with the national standards recognized by
772 the commissioner, except an emergency medical responder, as defined
773 in section 20-206jj, need only be trained to utilize means of
774 administration of epinephrine that is within such responder's scope of
775 practice, as determined in accordance with section 19a-179a.

776 (c) All licensed or certified ambulances shall be equipped with
777 epinephrine in such injectors, equipment or prefilled vials and syringes
778 to be administered as described in subsection (b) of this section and in
779 accordance with written protocols and standing orders of a licensed
780 physician serving as an emergency [department] medical services
781 medical director.

782 Sec. 16. Section 19a-37 of the general statutes is repealed and the
783 following is substituted in lieu thereof (*Effective from passage*):

784 (a) As used in this section:

785 (1) "Laboratory or firm" means an environmental laboratory
786 registered by the Department of Public Health pursuant to section 19a-

787 29a;

788 (2) "Domestic purposes" means drinking, bathing, washing of clothes
789 and dishes, cooking and other common household chores;

790 (3) "First draw sample" means a one-liter sample of tap water that has
791 been standing in plumbing pipes for not less than six hours that is
792 collected without flushing the tap;

793 [(2)] (4) "Private well" means a water supply well that meets all of the
794 following criteria: (A) Is not a public well; (B) supplies a residential
795 population of less than twenty-five persons per day; and (C) is owned
796 or controlled through an easement or by the same entity that owns or
797 controls the building or parcel that is served by the water supply well;

798 [(3)] (5) "Public well" means a water supply well that supplies a public
799 water system;

800 [(4)] (6) "Semipublic well" means a water supply well that (A) does
801 not meet the definition of a private well or public well, and (B) provides
802 water for drinking and other domestic purposes; and

803 [(5)] (7) "Water supply well" means an artificial excavation
804 constructed by any method for the purpose of obtaining or providing
805 water for drinking or other domestic, industrial, commercial,
806 agricultural, recreational or irrigation use, or other outdoor water use.

807 (b) (1) The Commissioner of Public Health may adopt regulations, in
808 accordance with the provisions of chapter 54, for the preservation of the
809 public health pertaining to (A) protection and location of new water
810 supply wells or springs for residential or nonresidential construction or
811 for public or semipublic use, and (B) inspection for compliance with the
812 provisions of municipal regulations adopted pursuant to section 22a-
813 354p.

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

817 (3) The Commissioner of Public Health shall adopt regulations, in
818 accordance with the provisions of chapter 54, to clarify the criteria under
819 which the commissioner may issue a well permit exception and to
820 describe the terms and conditions that shall be imposed when a well is
821 allowed at a premises that is connected to a public water supply system
822 or whose boundary is located within two hundred feet of an approved
823 community water supply system, measured along a street, alley or
824 easement. Such regulations shall (A) provide for notification of the
825 permit to the public water supplier, (B) address the (i) quality of the
826 water supplied from the well, (ii) means and extent to which the well
827 shall not be interconnected with the public water supply, (iii) need for a
828 physical separation and the installation of a reduced pressure device for
829 backflow prevention, and (iv) inspection and testing requirements of
830 any such reduced pressure device, and (C) identify the extent and
831 frequency of water quality testing required for the well supply.

832 (c) (1) Any laboratory or firm which conducts a water quality test on
833 a private well serving a residential property or semipublic well in the
834 state shall, not later than thirty days after the completion of such test,
835 report the results of such test to [(A)] the [public] local health authority
836 of the municipality where the property is located [,] and [(B)] the
837 Department of Public Health in a format specified by the department.
838 Results submitted to the Department of Public Health or the local health
839 authority pursuant to this subsection, information obtained from any
840 Department of Public Health or local health authority investigation
841 regarding those results and any Department of Public Health or local
842 health authority study of morbidity and mortality regarding the results
843 shall be confidential pursuant to section 19a-25, except the local health
844 authority and the department may, if approved by the commissioner,
845 disclose the results or information obtained from an investigation of the
846 results to (A) the owner of the property on which the well is located, (B)
847 a prospective buyer of such property who has signed a contract to
848 purchase such property, (C) other persons or entities, when such
849 disclosure is necessary to carry out a statutory or regulatory
850 responsibility of the local health authority or department, or (D) an
851 agent of a state agency.

852 (2) On and after October 1, 2022, the owner of each newly constructed
853 private well or semipublic well shall test the water quality of such well.
854 Such test shall be performed by a laboratory and include, but need not
855 be limited to, testing for coliform, nitrate, nitrite, sodium, chloride, iron,
856 [lead,] manganese, hardness, turbidity, pH, sulfate, apparent color,
857 odor, arsenic and uranium. If such a well is constructed for an existing
858 structure, a first draw sample collected from the existing plumbing
859 system shall also be tested for lead. The owner shall submit test results
860 to the [Department of Public Health] local health authority where the
861 well is located in a form and manner prescribed by the Commissioner
862 of Public Health. Such local health authority shall determine whether
863 the test results comply with the maximum contaminant levels, as
864 prescribed by sections 19-13-B101 and 19-13-B102 of the regulations of
865 Connecticut state agencies. A newly constructed private well or
866 semipublic well shall not be used for domestic purposes until the local
867 health authority determines that the test results comply with such
868 maximum contaminant levels.

869 (d) Prior to the sale, exchange, purchase, transfer or rental of real
870 property on which a private or semipublic well is located, the owner
871 shall provide the buyer or tenant notice that educational material
872 concerning private well testing is available on the Department of Public
873 Health web site. If the prospective buyer or tenant has hired a real estate
874 licensee to facilitate the property transaction, such real estate licensee,
875 or, if the prospective buyer or tenant has not hired a real estate licensee,
876 the owner, landlord or closing attorney shall provide to the buyer or
877 tenant an electronic or hard copy of educational material prepared by
878 the Department of Public Health that recommends testing for the
879 contaminants listed in subsection (c) of this section and any other
880 recommendation concerning well testing that the Department of Public
881 Health deems necessary. Failure to provide such notice or educational
882 material shall not invalidate any sale, exchange, purchase, transfer or
883 rental of real property. If the seller or landlord provides such notice or
884 educational material in writing, the seller or landlord and any real estate
885 licensee shall be deemed to have fully satisfied any duty to notify the
886 buyer or tenant.

887 (e) [No regulation may require that a] A certificate of occupancy for
888 a dwelling unit on [such] a residential property shall not be withheld or
889 revoked on the basis of a water quality test performed on a private well
890 pursuant to this section, unless such test results indicate that any
891 maximum contaminant level applicable to public water supply systems
892 for any contaminant listed in the regulations of Connecticut state
893 agencies has been exceeded. No municipality, administrative agency [,]
894 or local health [district or municipal health officer may] authority shall
895 establish regulations or ordinances that withhold, [or] cause to be
896 withheld or revoke such a certificate of occupancy on the basis of a water
897 quality test performed on a well pursuant to this section, except as
898 provided in this section.

899 (f) (1) The local director of health may require a private well or
900 semipublic well to be tested for arsenic, radium, uranium, radon or
901 gross alpha emitters, when there are reasonable grounds to suspect that
902 such contaminants are present in the groundwater. For purposes of this
903 subsection, "reasonable grounds" means (A) the existence of a geological
904 area known to have naturally occurring arsenic, radium, uranium,
905 radon or gross alpha emitter deposits in the bedrock; or (B) the well is
906 located in an area in which it is known that arsenic, radium, uranium,
907 radon or gross alpha emitters are present in the groundwater.

908 (2) The local director of health may require a private well or
909 semipublic well to be tested for pesticides, herbicides or organic
910 chemicals when there are reasonable grounds to suspect that any such
911 contaminants might be present in the groundwater. For purposes of this
912 subsection, "reasonable grounds" means (A) the presence of nitrate-
913 nitrogen in the groundwater at a concentration greater than ten
914 milligrams per liter, or (B) that the private well or semipublic well is
915 located on land, or in proximity to land, associated with the past or
916 present production, storage, use or disposal of organic chemicals as
917 identified in any public record.

918 (g) Except as provided in subsection (h) of this section, the collection
919 of samples for determining the water quality of private wells and

920 semipublic wells may be made only by (1) employees of a laboratory or
921 firm certified or approved by the Department of Public Health to test
922 drinking water, if such employees have been trained in sample
923 collection techniques, (2) certified water operators, (3) local health
924 departments and state employees trained in sample collection
925 techniques, or (4) individuals with training and experience that the
926 Department of Public Health deems sufficient.

927 (h) Any owner of a residential construction, including, but not limited
928 to, a homeowner, on which a private well is located or any general
929 contractor of a new residential construction on which a private well is
930 located may collect samples of well water for submission to a laboratory
931 or firm for the purposes of testing water quality pursuant to this section,
932 provided (1) such laboratory or firm has provided instructions to said
933 owner or general contractor on how to collect such samples, and (2) such
934 owner or general contractor is identified to the subsequent owner on a
935 form to be prescribed by the Department of Public Health. No
936 regulation may prohibit or impede such collection or analysis.

937 (i) Any water transported in bulk by any means to a premises
938 currently supplied by a private well or semipublic well where the water
939 is to be used for purposes of drinking or domestic use shall be provided
940 by a bulk water hauler licensed pursuant to section 20-278h. No bulk
941 water hauler shall deliver water without first notifying the owner of the
942 premises of such delivery. Bulk water hauling to a premises currently
943 supplied by a private well or semipublic well shall be permitted only as
944 a temporary measure to alleviate a water supply shortage.

945 Sec. 17. Section 19a-332 of the general statutes is repealed and the
946 following is substituted in lieu thereof (*Effective from passage*):

947 As used in subsection (c) of section 19a-14, as amended by this act,
948 and sections 19a-332 to 19a-332e, inclusive, as amended by this act,
949 20-435 to 20-442, inclusive, as amended by this act, and 52-577a:

950 (1) "Asbestos" means the asbestiform varieties of actinolite, amosite,
951 anthophyllite, chrysotile, crocidolite and tremolite;

952 (2) "Asbestos abatement" means the removal, encapsulation,
953 enclosure, renovation, repair, demolition or other disturbance of
954 asbestos-containing materials or suspect asbestos-containing materials,
955 but does not include activities which are related to (A) the removal or
956 repair of asbestos cement pipe and are performed by employees of a
957 water company as defined in section 25-32a, or (B) the removal of
958 nonfriable asbestos-containing material found exterior to a building or
959 structure other than material defined as regulated asbestos-containing
960 material in 40 CFR 61, the National Emission Standards for Hazardous
961 Air Pollutants, as amended from time to time;

962 (3) "Asbestos abatement worker" means any employee of a licensed
963 asbestos contractor who engages in asbestos abatement, has completed
964 a training program approved by the department and has been issued a
965 certificate by the department;

966 (4) "Asbestos abatement site supervisor" means any asbestos
967 abatement worker employed by a licensed asbestos contractor who has
968 been specifically trained as a supervisor in a training program approved
969 by the department and who has been issued a certificate by the
970 department;

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

975 (6) "Asbestos contractor" means any person or entity engaged in
976 asbestos abatement whose employees actually perform the asbestos
977 abatement work and who has been issued a license by the
978 commissioner;

979 (7) "Asbestos consultant" means any person who engages in any
980 activity directly involved with asbestos consultation services and who
981 has been issued a certificate by the commissioner and a license by the
982 department;

983 (8) "Asbestos consultation services" means the inspection or
984 evaluation of a building for asbestos hazards, including, but not limited
985 to, the development of asbestos abatement plans, site inspections, air
986 monitoring and provisions of industrial hygiene services related to
987 asbestos abatement;

988 (9) "Authorized agent" means an officer or employee duly designated
989 by the commissioner;

990 (10) "Commissioner" means the Commissioner of Public Health;
991 [and]

992 (11) "Department" means the Department of Public Health; and

993 (12) "Suspect asbestos-containing materials" means interior and
994 exterior materials that have a reasonable likelihood of containing
995 asbestos based on their appearance, composition and use.

996 Sec. 18. Subdivision (4) of subsection (c) of section 19a-14 of the
997 general statutes is repealed and the following is substituted in lieu
998 thereof (*Effective July 1, 2024*):

999 (4) [Sanitarian] Environmental health specialist;

1000 Sec. 19. Section 19a-35a of the general statutes is repealed and the
1001 following is substituted in lieu thereof (*Effective July 1, 2024*):

1002 (a) Notwithstanding the provisions of chapter 439 and sections 22a-
1003 430, as amended by this act, and 22a-430b, the Commissioner of Public
1004 Health shall, within available appropriations, pursuant to section 19a-
1005 36, establish and define categories of discharge that constitute
1006 alternative on-site sewage treatment systems with capacities of five
1007 thousand gallons or less per day. After the establishment of such
1008 categories, said commissioner shall have jurisdiction, within available
1009 appropriations, to issue or deny permits and approvals for such systems
1010 and for all discharges of domestic sewage to the groundwaters of the
1011 state from such systems. Said commissioner shall, pursuant to section
1012 19a-36, and within available appropriations, establish minimum

1013 requirements for alternative on-site sewage treatment systems under
1014 said commissioner's jurisdiction, including, but not limited to: (1)
1015 Requirements related to activities that may occur on the property; (2)
1016 changes that may occur to the property or to buildings on the property
1017 that may affect the installation or operation of such systems; and (3)
1018 procedures for the issuance of permits or approvals by said
1019 commissioner, a local director of health [,] or [a sanitarian] an
1020 environmental health specialist licensed pursuant to chapter 395. A
1021 permit or approval granted by said commissioner, such local director of
1022 health or such [sanitarian] environmental health specialist for an
1023 alternative on-site sewage treatment system pursuant to this section
1024 shall: (A) Not be inconsistent with the requirements of the federal Water
1025 Pollution Control Act, 33 USC 1251 et seq., the federal Safe Drinking
1026 Water Act, 42 USC 300f et seq., and the standards of water quality
1027 adopted pursuant to section 22a-426, as such laws and standards may
1028 be amended from time to time, (B) not be construed or deemed to be an
1029 approval for any other purpose, including, but not limited to, any
1030 planning and zoning or municipal inland wetlands and watercourses
1031 requirement, and (C) be in lieu of a permit issued under section 22a-430,
1032 as amended by this act, or 22a-430b. For purposes of this section,
1033 "alternative on-site sewage treatment system" means a sewage
1034 treatment system serving one or more buildings on a single parcel of
1035 property that utilizes a method of treatment other than a subsurface
1036 sewage disposal system and that involves a discharge of domestic
1037 sewage to the groundwaters of the state.

1038 (b) In establishing and defining categories of discharge that constitute
1039 alternative on-site sewage treatment systems pursuant to subsection (a)
1040 of this section, and in establishing minimum requirements for such
1041 systems pursuant to section 19a-36, said commissioner shall consider all
1042 relevant factors, including, but not limited to: (1) The impact that such
1043 systems or discharges may have individually or cumulatively on public
1044 health and the environment, (2) the impact that such systems and
1045 discharges may have individually or cumulatively on land use patterns,
1046 and (3) recommendations regarding responsible growth made to said
1047 commissioner by the Secretary of the Office of Policy and Management

1048 through the Office of Responsible Growth established by Executive
1049 Order No. 15 of Governor M. Jodi Rell.

1050 (c) The Commissioner of Energy and Environmental Protection shall
1051 retain jurisdiction over any alternative on-site sewage treatment system
1052 not under the jurisdiction of the Commissioner of Public Health. The
1053 provisions of title 22a shall apply to any such system not under the
1054 jurisdiction of the Commissioner of Public Health. The provisions of this
1055 section shall not affect any permit issued by the Commissioner of
1056 Energy and Environmental Protection prior to July 1, 2007, and the
1057 provisions of title 22a shall continue to apply to any such permit until
1058 such permit expires.

1059 (d) A permit or approval denied by the Commissioner of Public
1060 Health, a local director of health or [a sanitarian] an environmental
1061 health specialist pursuant to subsection (a) of this section shall be subject
1062 to an appeal in the manner provided in section 19a-229.

1063 Sec. 20. Subdivision (14) of section 19a-36g of the general statutes is
1064 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1065 *2024*):

1066 (14) "Food inspector" means a director of health, or his or her
1067 authorized agent, or a registered [sanitarian] environmental health
1068 specialist who has been certified as a food inspector by the
1069 commissioner;

1070 Sec. 21. Subsections (l) and (m) of section 19a-200 of the general
1071 statutes are repealed and the following is substituted in lieu thereof
1072 (*Effective July 1, 2024*):

1073 (l) On and after July 1, 1988, each city, town and borough shall
1074 provide for the services of [a sanitarian] an environmental health
1075 specialist licensed under chapter 395 to work under the direction of the
1076 local director of health. Where practical, the local director of health may
1077 act as the [sanitarian] environmental health specialist.

1078 (m) As used in this chapter, "authorized agent" means [a sanitarian]

1079 an environmental health specialist licensed under chapter 395 and any
1080 individual certified for a specific program of environmental health by
1081 the Commissioner of Public Health in accordance with the general
1082 statutes and regulations of Connecticut state agencies.

1083 Sec. 22. Subsection (a) of section 19a-206 of the general statutes is
1084 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1085 *2024*):

1086 (a) Town, city and borough directors of health or their authorized
1087 agents shall, within their respective jurisdictions, examine all nuisances
1088 and sources of filth injurious to the public health, cause such nuisances
1089 to be abated or remediated and cause to be removed all filth which in
1090 their judgment may endanger the health of the inhabitants. Any owner
1091 or occupant of any property who maintains such property, whether real
1092 or personal, or any part thereof, in a manner which violates the
1093 provisions of the Public Health Code enacted pursuant to the authority
1094 of sections 19a-36 and 19a-37, as amended by this act, shall be deemed
1095 to be maintaining a nuisance or source of filth injurious to the public
1096 health. Any local director of health or [his] a local director of health's
1097 authorized agent or [a sanitarian] an environmental health specialist
1098 authorized by such director may enter all places within [his] such
1099 director's jurisdiction where there is just cause to suspect any nuisance
1100 or source of filth exists, and abate or remediate or cause to be abated or
1101 remediated such nuisance and remove or cause to be removed such filth.

1102 Sec. 23. Subsections (c) and (d) of section 19a-242 of the general
1103 statutes are repealed and the following is substituted in lieu thereof
1104 (*Effective July 1, 2024*):

1105 (c) On and after July 1, 1988, each district health department shall
1106 provide for the services of [a sanitarian] an environmental health
1107 specialist licensed under chapter 395 to work under the direction of the
1108 district director of health. Where practical, the district director of health
1109 may act as the [sanitarian] environmental health specialist.

1110 (d) As used in this chapter, "authorized agent" means [a sanitarian]

1111 an environmental health specialist licensed under chapter 395 and any
1112 individual certified for a specific program of environmental health by
1113 the Commissioner of Public Health in accordance with the general
1114 statutes and regulations of Connecticut state agencies.

1115 Sec. 24. Subdivision (2) of section 20-358 of the general statutes is
1116 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1117 *2024*):

1118 (2) ["Sanitarian"] "Environmental health specialist" means a person
1119 trained in environmental health who is qualified to carry out
1120 educational and investigational duties in the fields of environmental
1121 health such as investigation of air, water, sewage, foodstuffs, housing
1122 and refuse by observing, sampling, testing and reporting and who is
1123 licensed pursuant to section 20-361, as amended by this act; and

1124 Sec. 25. Section 20-360 of the general statutes is repealed and the
1125 following is substituted in lieu thereof (*Effective July 1, 2024*):

1126 Applications for licensure shall be on forms prescribed by the
1127 commissioner. The licensure fee for [a sanitarian] an environmental
1128 health specialist shall be eighty dollars for initial licensure. Each license
1129 shall be renewed annually in accordance with the provisions of section
1130 19a-88, as amended by this act. The fee for license renewal shall be forty
1131 dollars.

1132 Sec. 26. Subsection (a) of section 20-361 of the general statutes is
1133 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1134 *2024*):

1135 (a) Except as provided in section 20-365, as amended by this act, no
1136 person shall be licensed as [a sanitarian] an environmental health
1137 specialist who does not prove to the satisfaction of the commissioner
1138 that such person holds a degree from an accredited college or university
1139 following four years of study and has two years of full-time experience,
1140 or the equivalent, in the field of environmental health acceptable to the
1141 commissioner. An applicant who successfully completes a special

1142 training course in environmental health approved by the commissioner
1143 may substitute such course for six months of such required experience
1144 in the field of environmental health. The applicant shall also be required
1145 to pass a written or oral examination in the science of environmental
1146 health as determined by the commissioner. An applicant for licensure
1147 shall not be required to be licensed while completing the work
1148 experience requirements of this section, provided, on and after January
1149 1, 1998, such experience shall be completed under the supervision of [a
1150 sanitarian] an environmental health specialist licensed pursuant to this
1151 chapter or licensed, certified or registered in the jurisdiction in which
1152 such experience was completed.

1153 Sec. 27. Section 20-362 of the general statutes is repealed and the
1154 following is substituted in lieu thereof (*Effective July 1, 2024*):

1155 (a) No person shall engage in, practice [,] or offer to perform the work
1156 of [a sanitarian] an environmental health specialist, as defined in section
1157 20-358, as amended by this act, unless [he] such person is licensed
1158 pursuant to section 20-361, as amended by this act.

1159 (b) No person shall use the title of licensed [sanitarian] environmental
1160 health specialist unless [he] such person is the holder of a current license
1161 issued by the commissioner under the provisions of this chapter. A
1162 holder of a current license may append to his or her name the letters
1163 ["R.S." "R.E.H.S.". Any certificate granted by the commissioner prior to
1164 October 1, 1995, shall be deemed a valid license permitting continuance
1165 of practice subject to the provisions of chapter 395.

1166 Sec. 28. Section 20-365 of the general statutes is repealed and the
1167 following is substituted in lieu thereof (*Effective July 1, 2024*):

1168 (a) The commissioner may, upon receipt of an application and the
1169 payment of a fee of forty dollars, issue a license to any person who holds
1170 a license or certificate of registration issued to [him] such person by
1171 proper authority of any state, territory or possession of the United
1172 States, provided the requirements for the license, registration or
1173 certification of [sanitarians] environmental health specialists under

1174 which such license or certificate of registration was issued shall not
1175 conflict with the provisions of this chapter and shall be of a standard
1176 equal to or higher than that specified in section 20-361, as amended by
1177 this act.

1178 (b) Nothing in section 19a-200, as amended by this act, subsection (a)
1179 of section 19a-206, as amended by this act, or sections 19a-207, 19a-242,
1180 as amended by this act, 20-358, as amended by this act, or 20-360 to 20-
1181 365, inclusive, as amended by this act, shall prevent any of the following
1182 persons from engaging in the performance of their duties: (1) Any
1183 person certified by the Department of Public Health as a food or sewage
1184 inspector in accordance with regulations adopted pursuant to section
1185 19a-36, (2) any person employed by a local health department
1186 performing the duties of a lead inspector who complies with training
1187 standards established pursuant to section 20-479, (3) a director of health
1188 acting pursuant to section 19a-200, as amended by this act, or section
1189 19a-244, (4) any employee of a water utility or federal or state agency
1190 performing [his] such employee's duties in accordance with applicable
1191 statutes and regulations, (5) any person employed by a local health
1192 department working under the direct supervision of a licensed
1193 [sanitarian] environmental health specialist, (6) any person licensed or
1194 certified by the Department of Public Health in a specific program
1195 performing certain duties that are included within the duties of [a
1196 sanitarian] an environmental health specialist, or (7) a student enrolled
1197 in an accredited academic program leading to a degree in environmental
1198 health or completing a special training course in environmental health
1199 approved by the commissioner, provided such student is clearly
1200 identified by a title [which] that indicates such student's status as a
1201 student.

1202 Sec. 29. Subsection (g) of section 22a-430 of the 2024 supplement to
1203 the general statutes is repealed and the following is substituted in lieu
1204 thereof (*Effective July 1, 2024*):

1205 (g) The commissioner shall, by regulation adopted prior to October 1,
1206 1977, establish and define categories of discharges that constitute

1207 household and small commercial subsurface sewage disposal systems
1208 for which the commissioner shall delegate to the Commissioner of
1209 Public Health the authority to issue permits or approvals and to hold
1210 public hearings in accordance with this section, on and after said date.
1211 Not later than July 1, 2025, the commissioner shall amend such
1212 regulations to establish and define categories of discharges that
1213 constitute small community sewerage systems and household and small
1214 commercial subsurface sewage disposal systems. The Commissioner of
1215 Public Health shall, pursuant to section 19a-36, establish minimum
1216 requirements for small community sewerage systems and household
1217 and small commercial subsurface sewage disposal systems and
1218 procedures for the issuance of such permits or approvals by the local
1219 director of health or [a sanitarian] an environmental health specialist
1220 registered pursuant to chapter 395. As used in this subsection, small
1221 community sewerage systems and household and small commercial
1222 disposal systems shall include those subsurface sewage disposal
1223 systems with a capacity of ten thousand gallons per day or less.
1224 Notwithstanding any provision of the general statutes (1) the
1225 regulations adopted by the commissioner pursuant to this subsection
1226 that are in effect as of July 1, 2017, shall apply to household and small
1227 commercial subsurface sewage disposal systems with a capacity of
1228 seven thousand five hundred gallons per day or less, and (2) the
1229 regulations adopted by the commissioner pursuant to this subsection
1230 that are in effect as of July 1, 2025, shall apply to small community
1231 sewerage systems, household systems and small commercial subsurface
1232 sewerage disposal systems with a capacity of ten thousand gallons per
1233 day or less. Any permit denied by the Commissioner of Public Health,
1234 or a director of health or registered [sanitarian] environmental health
1235 specialist shall be subject to hearing and appeal in the manner provided
1236 in section 19a-229. Any permit granted by the Commissioner of Public
1237 Health, or a director of health or registered [sanitarian] environmental
1238 health specialist on or after October 1, 1977, shall be deemed equivalent
1239 to a permit issued under subsection (b) of this section.

1240 Sec. 30. Section 20-435 of the general statutes is repealed and the
1241 following is substituted in lieu thereof (*Effective October 1, 2024*):

1242 On and after one year following the effective date of regulations
1243 adopted pursuant to section 20-440, no person shall provide services as
1244 an asbestos contractor in this state without a license issued by the
1245 [commissioner] Commissioner of Public Health. Applications for such
1246 license shall be made to the [department] Department of Public Health
1247 on forms provided by it, shall be accompanied by a fee of six hundred
1248 twenty-five dollars and shall contain such information regarding the
1249 applicant's qualifications as the department may require in regulations
1250 adopted pursuant to section 20-440, including, but not limited to,
1251 demonstrating that all employees have passed a training course
1252 approved by the department and have been issued a certificate by the
1253 department. The department shall approve the technical, equipment
1254 and personnel resources of each applicant. No person shall be issued a
1255 license to act as an asbestos contractor unless he obtains such approval.
1256 The commissioner may issue a license under this section to any person
1257 who is licensed in another state under a law which provides standards
1258 which are equal to or higher than those of Connecticut and is not subject
1259 to any unresolved complaints or pending disciplinary actions. Licenses
1260 issued pursuant to this section shall be renewed annually in accordance
1261 with the provisions of section 19a-88, as amended by this act, upon
1262 payment of a fee of six hundred twenty-five dollars.

1263 Sec. 31. Subsection (b) of section 19a-566 of the 2024 supplement to
1264 the general statutes is repealed and the following is substituted in lieu
1265 thereof (*Effective from passage*):

1266 (b) [Each birth center shall be accredited by the Commission for the
1267 Accreditation of Birth Centers on or before the effective date of its
1268 licensure and maintain such accreditation during the time it is licensed.]
1269 Each birth center seeking initial licensure pursuant to the provisions of
1270 this section shall submit a complete application for accreditation to the
1271 Commission for the Accreditation of Birth Centers before the date on
1272 which the birth center submits an application for initial licensure to the
1273 Commissioner of Public Health. The commissioner shall issue an initial
1274 license to a birth center if the commissioner determines that such birth
1275 center complies with the requirements established pursuant to the

1276 provisions of this section. Such initial license shall be valid for one year,
 1277 except the commissioner may, in the commissioner's discretion, extend
 1278 an initial licensure period for not more than one year while a birth center
 1279 is completing accreditation. Each birth center shall be accredited by the
 1280 Commission for the Accreditation of Birth Centers on or before the date
 1281 on which the birth center renews its license and maintain such
 1282 accreditation thereafter. After the conclusion of the initial licensure
 1283 period, each birth center license shall be renewable biennially (1) after
 1284 an unscheduled inspection of the birth center is conducted by the
 1285 Department of Public Health, (2) upon the filing of a report regarding
 1286 the birth center's operations by the birth center, in a form and manner
 1287 prescribed by the commissioner, and approval of such report by the
 1288 commissioner, and (3) if there is satisfactory evidence of continuing
 1289 compliance with the provisions of this section, as determined by the
 1290 commissioner. If a birth center loses its accreditation, the birth center
 1291 shall immediately notify the [Commissioner of Public Health]
 1292 commissioner, in a form and manner prescribed by the commissioner,
 1293 and cease providing birth center services to patients until authorized by
 1294 the commissioner to reinstate such services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2024	7-48(c)
Sec. 2	October 1, 2024	7-51(a)(1)
Sec. 3	July 1, 2024	8-3i
Sec. 4	from passage	19a-6i(a) and (b)
Sec. 5	July 1, 2024	19a-36i
Sec. 6	July 1, 2024	19a-88(g)(1)
Sec. 7	from passage	19a-580h(b) and (c)
Sec. 8	October 1, 2024	20-123b
Sec. 9	from passage	25-32(n)
Sec. 10	from passage	7-36
Sec. 11	from passage	19a-320
Sec. 12	from passage	19a-322
Sec. 13	from passage	19a-323
Sec. 14	from passage	20-207
Sec. 15	July 1, 2024	19a-197a

Sec. 16	<i>from passage</i>	19a-37
Sec. 17	<i>from passage</i>	19a-332
Sec. 18	<i>July 1, 2024</i>	19a-14(c)(4)
Sec. 19	<i>July 1, 2024</i>	19a-35a
Sec. 20	<i>July 1, 2024</i>	19a-36g(14)
Sec. 21	<i>July 1, 2024</i>	19a-200(l) and (m)
Sec. 22	<i>July 1, 2024</i>	19a-206(a)
Sec. 23	<i>July 1, 2024</i>	19a-242(c) and (d)
Sec. 24	<i>July 1, 2024</i>	20-358(2)
Sec. 25	<i>July 1, 2024</i>	20-360
Sec. 26	<i>July 1, 2024</i>	20-361(a)
Sec. 27	<i>July 1, 2024</i>	20-362
Sec. 28	<i>July 1, 2024</i>	20-365
Sec. 29	<i>July 1, 2024</i>	22a-430(g)
Sec. 30	<i>October 1, 2024</i>	20-435
Sec. 31	<i>from passage</i>	19a-566(b)

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill makes various changes to public health-related statutes that are not anticipated to result in a fiscal impact to the state or municipalities.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**sHB 5290****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE
PUBLIC HEALTH STATUTES.**

TABLE OF CONTENTS:

SUMMARY§ 1 — BIRTH CERTIFICATES

Creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created, to seek a court order for the certificate before the child's first birthday

§ 2 — ACCESS TO CERTAIN VITAL RECORDS

Gives a person's legal custodian the right to access the person's birth or fetal death certificate and specifies that for guardians, this right applies to legal guardians

§ 3 — AQUIFER PROTECTION AREAS OR WATERSHEDS

Clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed

§ 4 — SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE

Broadens the qualification criteria for one of the governor's appointees to the SBHC Advisory Committee

§ 5 — FOOD ESTABLISHMENTS

Requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements; removes the requirement for food establishments to register with DPH before receiving their local permit

§ 6 — ONLINE LICENSE RENEWAL

Generally expands DPH's online license renewal system to include all DPH-licensed professions, rather than just a subset of providers

§ 7 — MOLST

Removes the requirement that a witness sign the form before a patient may participate in the medical orders for life-sustaining treatment program

§ 8 — DENTAL SEDATION OR ANESTHESIA

Streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location; requires DPH to post online a list of required equipment, personnel, and emergency medications for dental

locations that administer moderate or deep sedation or anesthesia; and makes other changes to this permit process

§ 9 — WATER OPERATORS-IN-TRAINING

Codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training

§§ 10-14 — ALKALINE HYDROLYSIS

Defines cremation as including “alkaline hydrolysis” (a flameless cremation method), allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation

§ 15 — EMS ADMINISTRATION OF EPINEPHRINE

Requires EMS personnel trained in administering epinephrine to do so only if the medication is available, and provides that emergency medical responders’ training in this regard must be limited to methods that are within their scope of practice

§ 16 — WELLS

Clarifies and revises certain provisions on private and semipublic well testing, such as specifying that (1) DPH or the local health authority (with DPH’s approval) may share test results with certain people (such as the current or prospective property owner) and (2) newly constructed wells must not be used for domestic purposes until the local health authority determines that their test results are satisfactory

§ 17 — SUSPECT ASBESTOS-CONTAINING MATERIALS

Specifies that asbestos abatement includes actions relating to suspect asbestos-containing materials

§§ 18-29 — ENVIRONMENTAL HEALTH SPECIALISTS

Updates statutory terminology by replacing the term “sanitarian” with “environmental health specialist”

§ 30 — TECHNICAL CHANGES

Makes technical changes

§ 31 — BIRTH CENTERS

Allows birth centers to become licensed while in the process of applying for accreditation and sets conditions for license renewal

SUMMARY

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs. A section-by-section analysis follows.

EFFECTIVE DATE: Various; see below.

§ 1 — BIRTH CERTIFICATES

Creates a process for a parent of a child born outside of a hospital or other institution, if the birth certificate has not been created, to seek a court order for the certificate before the child's first birthday

Under existing law, when a birth occurs outside of an institution, the physician or midwife in attendance must prepare and file the birth certificate, or if one of these providers are not in attendance, the parent must do so. The bill specifies that the provider or parent must do so according to procedures in existing regulations. For example, parents in this situation must complete a draft certificate and give certain documents to the town registrar of vital statistics to verify the birth circumstances.

Existing law allows a parent (or legal guardian) who is unable to comply with these requirements to request that DPH issue a delayed birth registration after the child is at least one year old, and if that is denied, the parent may petition the probate court for an order requiring DPH to prepare the certificate (CGS § 7-57).

The bill provides a process for a parent whose child was born outside an institution, but who cannot provide the required information to the town registrar of vital statistics, to seek a probate court order for a birth certificate during the child's first year. Specifically, the parent may petition the probate court in the district where the birth occurred to seek an order requiring the birth town's registrar to create and file the certificate. The court process under the bill (see below) is similar to the existing court process for delayed birth registration for children one year old or older.

EFFECTIVE DATE: October 1, 2024

Probate Court Process for Birth Certificate in Child's First Year

Under the bill, a parent petitioning the probate court in these cases must include with the petition the affidavits and other documentary evidence submitted to the local registrar as required by regulations. The court must schedule a hearing, with notice given to the petitioner, the child's other parent or legal guardian if not the petitioner, the town registrar, and anyone else the court determines has an interest in the

hearing.

At the hearing, the registrar or registrar's authorized representative may appear and testify. The petitioner has the burden of proving, by a preponderance of the evidence, the child's parentage and that the birth occurred on the date and at the place alleged. If the court finds that the petitioner meets this burden, it must issue an order directing the registrar to prepare, register, and file the birth certificate.

In these proceedings, the court, on its own motion or that of a party, can order genetic testing to determine parentage, under existing procedures for these tests. The petitioner must pay for any test the court orders, unless the court finds the person to be indigent; in that case, DPH must pay for it. If the test shows at least a 99% probability that a person is the parent of the child, there is a rebuttable presumption that the person is the parent.

§ 2 — ACCESS TO CERTAIN VITAL RECORDS

Gives a person's legal custodian the right to access the person's birth or fetal death certificate and specifies that for guardians, this right applies to legal guardians

The bill gives a person's legal custodian the right to access the person's certified birth and fetal death records and certificates.

Existing law gives this access to, among other eligible parties, a person's child, grandchild, spouse, parent, grandparent, or guardian. The bill specifies that for guardians, this right applies to someone's legal guardian.

EFFECTIVE DATE: October 1, 2024

§ 3 — AQUIFER PROTECTION AREAS OR WATERSHEDS

Clarifies notice requirements for zoning-related applications that could impact an aquifer protection area or water company's watershed

Under current law, applicants generally must notify water companies and DPH when seeking local approval for certain projects in aquifer protection areas or a water company's watershed. The bill (1) specifies that this notice requirement instead applies when the application concerns land that (in whole or part) is within those areas or watersheds

and (2) makes conforming changes (e.g., requiring the applicant to determine if the land, rather than project, is within one of these watersheds by using maps posted on DPH's website).

As under existing law, (1) these requirements apply to certain applications, petitions, requests, or plans filed with a municipality's zoning commission or board of appeals, and (2) the company and DPH have the right to be heard at any hearing on these applications.

EFFECTIVE DATE: July 1, 2024

§ 4 — SCHOOL-BASED HEALTH CENTER ADVISORY COMMITTEE

Broadens the qualification criteria for one of the governor's appointees to the SBHC Advisory Committee

By law, the governor appoints two members to the School-Based Health Center (SBHC) Advisory Committee. Current law requires one of these members to be a representative of a hospital-sponsored SBHC. The bill additionally allows this member to be a children's hospital staff member or a pediatric health care clinician.

As under existing law, the governor's other appointee to the committee must be a representative of the Connecticut Chapter of the American Academy of Pediatrics.

By law, the 20-member committee advises the DPH commissioner on specified issues related to SBHCs and expanded school health sites.

EFFECTIVE DATE: Upon passage

§ 5 — FOOD ESTABLISHMENTS

Requires DPH to notify, rather than consult with, DCP before granting a variance from food code requirements; removes the requirement for food establishments to register with DPH before receiving their local permit

The bill eliminates the requirement that the DPH commissioner consult with the Department of Consumer Protection (DCP) commissioner when granting a food establishment a variance from food code requirements, and instead requires the DPH commissioner to notify the DCP commissioner before granting a variance. As under

existing law, the DPH commissioner may grant a variance if she determines that doing so would not result in a health hazard or nuisance.

The bill also removes the requirement that food establishments register with DPH and provide proof of registration to the local health director before the local director issues a permit to the establishment. Under current law, this registration requirement applies to food establishments, with limited exceptions. Existing law requires food establishments, before operating, to get a permit from the local health director for the municipality in which they are located.

EFFECTIVE DATE: July 1, 2024

§ 6 — ONLINE LICENSE RENEWAL

Generally expands DPH's online license renewal system to include all DPH-licensed professions, rather than just a subset of providers

Existing law generally requires physicians, dentists, nurses, and nurse-midwives to renew their licenses through DPH's online renewal system and to pay professional service fees online using a credit card or electronic funds transfer. The bill generally extends these requirements to other DPH-licensed professions.

As under existing law, the bill provides an exception in extenuating circumstances, in which case DPH can allow the licensee to renew the license using a paper form and pay the professional service fees by check or money order. These circumstances include not having access to a credit card, which the licensee must document by submitting a notarized affidavit to DPH to that effect.

EFFECTIVE DATE: July 1, 2024

§ 7 — MOLST

Removes the requirement that a witness sign the form before a patient may participate in the medical orders for life-sustaining treatment program

By law, DPH oversees a "medical orders for life-sustaining treatment" (MOLST) program. A MOLST is a medical order written by a physician, advanced practice registered nurse (APRN), or physician

assistant to effectuate a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty.

By law, to agree to participate, a patient or the patient's legally authorized representative must sign the MOLST form. The bill removes the current requirement that a witness also sign it.

EFFECTIVE DATE: Upon passage

§ 8 — DENTAL SEDATION OR ANESTHESIA

Streamlines the process for dentists seeking a moderate sedation or general anesthesia permit for multiple locations after they have been approved for one location; requires DPH to post online a list of required equipment, personnel, and emergency medications for dental locations that administer moderate or deep sedation or anesthesia; and makes other changes to this permit process

Under existing law, dentists must obtain a DPH permit to administer moderate or deep sedation or general anesthesia. The bill makes several changes to this law, as described below.

EFFECTIVE DATE: October 1, 2024

Reinstated Permits and Other Miscellaneous Changes

Under existing law, a dentist must meet certain requirements to obtain an initial permit, including (1) having an approved person complete an on-site evaluation meeting certain criteria, (2) complying with specified guidelines from the American Dental Association (ADA), and (3) paying a \$200 application fee. The bill specifies that these criteria also apply for a dentist seeking reinstatement of a lapsed permit.

It also specifies that (1) dentists (for an initial or reinstated permit) must comply with the ADA guidelines referenced in the law or successor guidelines; (2) for permit renewal, the required on-site evaluation must have occurred within the prior five years; and (3) the State Dental Commission, rather than just the DPH commissioner as under current law, may deny or revoke a permit based on disciplinary action against the dentist.

Process to Approve Additional Facilities

Under the bill, an applicant with an existing permit may administer moderate sedation or general anesthesia at an additional facility that has had an approved on-site evaluation (following existing procedures) or waiver of this requirement. The commissioner may grant the waiver if the facility has been evaluated within the prior five years in connection with an initial permit or reinstatement of a lapsed permit. A waiver applicant must apply in writing, as DPH specifies. The commissioner may impose any conditions deemed appropriate when granting the waiver, or may revoke a waiver upon a finding that a patient's health, safety, or welfare has been jeopardized

Required Equipment, Personnel, and Medications

The bill requires the commissioner, in consultation with the Connecticut Society of Oral and Maxillofacial Surgeons' Anesthesia Committee, to post on DPH's website a list of required equipment, personnel, and emergency medications for dental facilities that administer moderate sedation, deep sedation, or general anesthesia. The commissioner must also distribute the list to all dentists with these permits.

Under the bill, these dentists must maintain all required equipment, personnel, and medications at each facility where the sedation or anesthesia will occur.

§ 9 — WATER OPERATORS-IN-TRAINING

Codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training

The bill codifies existing practice by authorizing DPH to issue certificates for water treatment plant or water distribution system operators-in-training. It prohibits anyone from operating these plants or distribution systems as an operator-in-training without a DPH certificate and requires DPH's regulations to include standards and procedures for issuing these certificates. As under existing law for operators, the operator-in-training certificate fee is \$224. The certificate is valid for six years and is not renewable. (Operator certificates are

valid for three years and are renewable.)

The bill also makes conforming changes, such as applying the same grounds for disciplinary action against operators-in-training as already apply to operators.

EFFECTIVE DATE: Upon passage

§§ 10-14 — ALKALINE HYDROLYSIS

Defines cremation as including “alkaline hydrolysis” (a flameless cremation method), allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a funeral home, and otherwise subjects this practice to the same laws as standard cremation

Current law grants funeral directors the authority to engage in consultations about alkaline hydrolysis as a method for the disposition of human remains, but does not otherwise specifically regulate this practice. Generally, “alkaline hydrolysis” is a flameless cremation method that uses water, chemicals, heat, and pressure to accelerate a body’s natural decomposition.

The bill defines “cremation” as the disposition of a body through incineration or alkaline hydrolysis, and a “crematory” as an establishment at which human remains are reduced to bone fragments through either practice. It allows a crematory to perform alkaline hydrolysis only if it is located on the grounds of a licensed funeral home.

Otherwise, the bill subjects alkaline hydrolysis to the same requirements as incineration under existing law (e.g., the required cremation certificate and related recordkeeping requirements). The bill specifies that alkaline hydrolysis may not be performed without the required cremation permit.

The bill makes related conforming changes.

EFFECTIVE DATE: Upon passage

§ 15 — EMS ADMINISTRATION OF EPINEPHRINE

Requires EMS personnel trained in administering epinephrine to do so only if the medication is available, and provides that emergency medical responders’ training in this regard must be limited to methods that are within their scope of practice

Under current law, starting July 1, 2024, emergency medical services (EMS) personnel must administer epinephrine using certain equipment (e.g., automatic prefilled cartridge injectors) under specified conditions, including that the professional is trained to do so and determines that administering epinephrine is necessary to treat the person. The bill specifies that they are required to administer epinephrine only when it is available. By law, all licensed or certified ambulances must be equipped with this medication.

Existing law requires EMS personnel to be trained on administering epinephrine. The bill requires this training to be in line with national standards that the DPH commissioner recognizes, rather than from an organization she designates. Under the bill, emergency medical responders (EMRs) need only be trained to use means of administering epinephrine that are within an EMR's scope of practice.

Additionally, the bill provides that EMS personnel's administration of epinephrine must be under written protocols and standing orders of a physician serving as an EMS medical director, rather than an emergency department director as under current law.

EFFECTIVE DATE: July 1, 2024

§ 16 — WELLS

Clarifies and revises certain provisions on private and semipublic well testing, such as specifying that (1) DPH or the local health authority (with DPH's approval) may share test results with certain people (such as the current or prospective property owner) and (2) newly constructed wells must not be used for domestic purposes until the local health authority determines that their test results are satisfactory

Disclosure of Test Results

By law, an environmental laboratory that conducts a water quality test on a private or semipublic well must report the results to DPH and the local health authority. Current law makes the test results confidential, along with information obtained from any related investigation or morbidity and mortality study. The bill specifies that DPH and the local health authority, with the commissioner's approval, may disclose the test results or investigation information to the following:

1. the property owner,
2. a prospective buyer who has signed a purchase contract,
3. a state agency's agent, or
4. other people or entities when disclosure is needed for DPH or the local health authority to carry out their duties under law or regulation.

Testing of New Wells

By law, property owners must test the water quality of newly constructed private or semipublic wells, and the testing must screen for several contaminants. Under current law, this must include testing for lead. The bill instead requires lead testing only if the well is built for an existing structure, in which case a first draw sample from the existing plumbing system must be tested for lead. Under the bill, a "first draw sample" is a one-liter sample of tap water that has been standing in plumbing pipes for at least six hours and collected without flushing the tap.

The bill requires the property owner to submit the test results to the local health authority, rather than DPH, in a form and manner DPH sets. The local health authority must then determine whether the test results comply with the maximum contaminant levels set by DPH regulations. The bill prohibits a newly built private or semipublic well from being used for domestic purposes (e.g., drinking, cooking, bathing, or washing dishes or clothes) until the local health authority determines that the test results are satisfactory.

EFFECTIVE DATE: Upon passage

§ 17 — SUSPECT ASBESTOS-CONTAINING MATERIALS

Specifies that asbestos abatement includes actions relating to suspect asbestos-containing materials

Existing law sets various requirements and standards related to asbestos abatement and generally defines this as the removal, encapsulation, enclosure, renovation, repair, demolition, or other

disturbance of asbestos-containing materials. The bill specifies that asbestos abatement includes these actions for “suspect asbestos-containing materials,” which the bill defines as interior and exterior materials with a reasonable likelihood of containing asbestos due to their appearance, composition, and use.

EFFECTIVE DATE: Upon passage

§§ 18-29 — ENVIRONMENTAL HEALTH SPECIALISTS

Updates statutory terminology by replacing the term “sanitarian” with “environmental health specialist”

The bill replaces the term “sanitarian” with “environmental health specialist” throughout the statutes. By law, these DPH-licensed professionals must be trained in environmental health and qualified to perform related duties such as investigating air, water, and food.

EFFECTIVE DATE: July 1, 2024

§ 30 — TECHNICAL CHANGES

Makes technical changes

The bill makes technical changes in a law on asbestos contractors.

EFFECTIVE DATE: October 1, 2024

§ 31 — BIRTH CENTERS

Allows birth centers to become licensed while in the process of applying for accreditation and sets conditions for license renewal

The bill eliminates the requirement for birth centers to be accredited by the Commission for the Accreditation of Birth Centers on or before the effective date of their licensure. Instead, it requires initial licensure applicants to have applied in full to the commission for accreditation before applying to DPH for licensure. If the center meets the bill’s requirements, DPH must issue the license. Under the bill, the initial license is generally valid for one year, but the commissioner may extend it for a second year while the center is completing accreditation.

The bill requires birth centers to be accredited by the time of their first license renewal. After that, as under current law, the center must

maintain its accreditation and the license must be renewed every two years.

Under the bill, birth center licenses may be renewed:

1. after an unscheduled DPH inspection;
2. upon DPH’s approval of a report from the birth center on its operations, filed in a form and manner DPH sets; and
3. if the commissioner determines that there is evidence showing that the center has continued to comply with the bill’s requirements.

Under existing law, if a birth center loses accreditation, it must immediately notify the DPH commissioner and stop providing birth center services to patients until the commissioner authorizes it to reinstate services. The bill specifies that DPH sets the form and manner of this notice.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 11 (03/22/2024)