



General Assembly

Substitute Bill No. 5836

February Session, 2000

***An Act Implementing The Legislative Commissioners'
Recommendations For Technical Revisions To Title 19a Of The
General Statutes And Certain Other Public Health Statutes.***

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

1 Section 1. Section 17a-248 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 As used in this section and sections 17a-248b to 17a-248g, inclusive,
4 as amended by this act, 38a-490a and [38a-516c] 38a-516a, unless the
5 context otherwise requires:

6 (1) "Commissioner" means the Commissioner of Mental Retardation.

7 (2) "Council" means the State Interagency Birth-to-Three
8 Coordinating Council established pursuant to section 17a-248b, as
9 amended by this act.

10 (3) "Early intervention services" means early intervention services,
11 as defined in 34 CFR Part 303.12, as [amended] from time to time
12 amended.

13 (4) "Eligible children" means children from birth to thirty-six months
14 of age, who are not eligible for special education and related services
15 pursuant to sections 10-76a to 10-76h, inclusive, as amended, and who
16 need early intervention services because such children are:

17 (A) Experiencing a significant developmental delay as measured by
18 standardized diagnostic instruments and procedures, including
19 informed clinical opinion, in one or more of the following areas: (i)
20 Cognitive development; (ii) physical development, including vision or
21 hearing; (iii) communication development; (iv) social or emotional
22 development; or (v) adaptive skills; or

23 (B) Diagnosed as having a physical or mental condition that has a
24 high probability of resulting in developmental delay.

25 (5) "Evaluation" means a multidisciplinary professional, objective
26 assessment conducted by appropriately qualified personnel in order to
27 determine a child's eligibility for early intervention services.

28 (6) "Individualized family service plan" means a written plan for
29 providing early intervention services to an eligible child and the child's
30 family.

31 (7) "Lead agency" means the Department of Mental Retardation, the
32 public agency responsible for the administration of the birth-to-three
33 system in collaboration with the participating [state] agencies.

34 (8) "Parent" means the child's parent or a person in a parental
35 relationship to the child. With respect to a child who has no parent or
36 person in a parental relationship, "parent" means the person
37 designated to serve in a parental relationship for the purposes of this
38 section and sections 17a-248b to 17a-248g, inclusive, as amended by
39 this act, 38a-490a and [38a-516c] 38a-516a, pursuant to regulations of
40 the Department of Mental Retardation, adopted in accordance with
41 chapter 54 in consultation with the Department of Children and
42 Families, for children in foster care.

43 (9) "Participating agencies" includes, but is not limited to, the
44 Departments of Education, Social Services, Public Health, Children
45 and Families and Mental Retardation, the Insurance Department, the
46 Board of Education and Services for the Blind, the Commission on the

47 Deaf and Hearing Impaired and the Office of Protection and Advocacy
48 for Persons with Disabilities.

49 (10) "Qualified personnel" means persons who meet the standards
50 specified in 34 CFR Part 303.12(e), as [amended] from time to time
51 amended, and who are licensed physicians or psychologists or persons
52 holding a state-approved or recognized license, certificate or
53 registration in one or more of the following fields: (A) Special
54 education, including teaching of the blind and the deaf; (B) speech and
55 language pathology and audiology; (C) occupational therapy; (D)
56 physical therapy; (E) social work; (F) nursing; (G) dietary or nutritional
57 counseling; and (H) other fields designated by the commissioner that
58 meet requirements that apply to the area in which the person is
59 providing early intervention services, provided there is no conflict
60 with existing professional licensing, certification and registration
61 requirements.

62 (11) "Region" means a region within the Department of Mental
63 Retardation.

64 (12) "Service coordinator" means a person carrying out service
65 coordination, as defined in 34 CFR Part 303.22, as [amended] from time
66 to time amended.

67 Sec. 2. Section 17a-248b of the general statutes, as amended by
68 section 28 of public act 99-2 of the June special session, is repealed and
69 the following is substituted in lieu thereof:

70 (a) The lead agency shall establish a State Interagency Birth-to-Three
71 Coordinating Council and shall provide staff assistance and other
72 resources to [such] the council. The council shall consist of the
73 following members, appointed by the Governor: (1) Six parents,
74 including minority parents, of children with disabilities twelve years of
75 age or younger, with knowledge of, or experience with, programs for
76 children from birth to thirty-six months of age with disabilities, at least
77 one of whom shall be a parent of a child six years of age or younger,

78 with a disability; (2) two members of the General Assembly at the time
79 of their appointment, one of whom shall be designated by the speaker
80 of the House of Representatives and one of whom shall be designated
81 by the president pro tempore of the Senate; (3) one person involved in
82 the training of personnel who provide early intervention services; (4)
83 one person who is a member of the American Academy of Pediatrics;
84 (5) one person from each of the participating [state] agencies, who shall
85 be designated by the commissioner or executive director of the
86 participating agency and who have authority to engage in policy
87 planning and implementation on behalf of the participating agency; (6)
88 five approved providers of early intervention services; and (7) a
89 representative of a Head Start program or agency. The Governor shall
90 designate the chairperson of the council who shall not be the designee
91 of the lead agency.

92 (b) The Governor shall appoint all members of the council for terms
93 of three years.

94 (c) The council shall meet at least quarterly and shall provide public
95 notice of its meetings, which shall be open and accessible to the general
96 public. Special meetings may be called by the chairperson and shall be
97 called at the request of the [Commissioner of Mental Retardation]
98 commissioner.

99 (d) Council members who are parents of children with disabilities
100 shall be reimbursed for reasonable and necessary expenses incurred in
101 the performance of their duties [hereunder] under this section.

102 (e) The council shall: (1) Assist the lead agency in the effective
103 performance of the lead agency's responsibilities under section 17a-
104 248, as amended by this act, this section and sections 17a-248c to 17a-
105 248g, inclusive, as amended by this act, 38a-490a and [38a-516c] 38a-
106 516a, including identifying the sources of fiscal support for early
107 intervention services and programs, assignment of financial
108 responsibility to the appropriate agency, promotion of interagency
109 agreements and preparing applications and amendments required

110 pursuant to federal law; (2) advise and assist the commissioner and
111 other participating agencies in the development of standards and
112 procedures pursuant to said sections; (3) advise and assist the
113 commissioner and the Commissioner of Education regarding the
114 transition of children with disabilities to services provided under
115 sections 10-76a to 10-76h, inclusive, as amended; (4) advise and assist
116 the commissioner in identifying barriers that impede timely and
117 effective service delivery, including advice and assistance with regard
118 to interagency disputes; and (5) prepare and submit an annual report
119 in accordance with section 11-4a to the Governor and the General
120 Assembly on the status of the birth-to-three system. At least thirty
121 days prior to the commissioner's final approval of rules and
122 regulations pursuant to section 17a-248, as amended by this act, this
123 section, sections 17a-248c to 17a-248g, inclusive, as amended by this
124 act, 38a-490a and [38a-516c] 38a-516a, other than emergency rules and
125 regulations, the commissioner shall submit proposed rules and
126 regulations to the council for its review. The council shall review all
127 proposed rules and regulations and report its recommendations
128 thereon to the commissioner within thirty days. The commissioner
129 shall not act in a manner inconsistent with the recommendations of the
130 council without first providing the reasons for such action. The
131 council, upon a majority vote of its members, may require that an
132 alternative approach to the proposed rules and regulations be
133 published with a notice of the proposed rules and regulations
134 pursuant to chapter 54. When an alternative approach is published
135 pursuant to this section, the commissioner shall state the reasons for
136 not selecting such alternative approach.

137 Sec. 3. Subsection (a) of section 17a-248c of the general statutes is
138 repealed and the following is substituted in lieu thereof:

139 (a) The commissioner shall establish at least one local interagency
140 coordinating council in each region of the state. The council shall
141 consist of at least four members who are parents of children aged birth
142 to three with disabilities or of children aged three through twelve with

143 disabilities. Each such council shall also include a representative from
144 the medical community, at least three public or private providers of
145 early intervention services, at least one child care provider or
146 representative of child care providers, regional representatives of
147 participating agencies, if appropriate, and a representative of at least
148 one local public school district. The commissioner may waive one or
149 more of the [foregoing] membership composition requirements set
150 forth in this subsection in those regions where such requirements
151 cannot reasonably be met.

152 Sec. 4. Section 17a-248d of the general statutes is repealed and the
153 following is substituted in lieu thereof:

154 (a) [Effective July 1, 1996, the] The lead agency, in coordination with
155 the participating agencies and in consultation with the council, shall
156 establish and maintain a state-wide birth-to-three system of early
157 intervention services pursuant to Part H of the Individuals with
158 Disabilities Education Act, 20 USC 1471 et seq., for eligible children
159 and families of such children.

160 (b) The state-wide system shall include a system for compiling data
161 on the number of eligible children in the state in need of appropriate
162 early intervention services, the number of such eligible children and
163 their families served, the types of services provided and other
164 information as deemed necessary by the lead agency.

165 (c) The state-wide system shall include a comprehensive child-find
166 system and public awareness program to ensure that eligible children
167 are identified, located, referred to the system and evaluated. The
168 following persons and entities, within two working days of identifying
169 a child from birth to three years of age suspected of having a
170 developmental delay or of being at risk of having a developmental
171 delay, shall refer the parent of such child to the early intervention
172 system unless the person knows the child has already been referred:
173 (1) Hospitals; (2) child health care providers; (3) local school districts;
174 (4) public health facilities; (5) early intervention service providers; (6)

175 participating agencies; and (7) such other social service and health care
176 agencies and providers as the commissioner specifies in regulation.

177 (d) The commissioner, in coordination with the participating [state]
178 agencies and in consultation with the council, shall adopt regulations,
179 pursuant to chapter 54, to carry out the provisions of section 17a-248,
180 as amended by this act, and sections 17a-248b to 17a-248g, inclusive, as
181 amended by this act, 38a-490a and [38a-516c] 38a-516a.

182 Sec. 5. Section 17a-248g of the general statutes is repealed and the
183 following is substituted in lieu thereof:

184 (a) Subject to the provisions of this section, funds appropriated to
185 the lead agency for purposes of section 17a-248, as amended by this
186 act, sections 17a-248b to 17a-248f, inclusive, as amended by this act,
187 this section and sections 38a-490a and [38a-516c] 38a-516a shall not be
188 used to satisfy a financial commitment for services that would have
189 been paid from another public or private source but for the enactment
190 of said sections, except for federal funds available pursuant to Part H
191 of the Individuals with Disabilities Education Act, 20 USC 1471 et seq.,
192 except that whenever considered necessary to prevent the delay in the
193 receipt of appropriate early intervention services by the eligible child
194 or family in a timely fashion, funds provided under said sections may
195 be used to pay the service provider pending reimbursement from the
196 public or private source that has ultimate responsibility for the
197 payment.

198 (b) Nothing in section 17a-248, as amended by this act, sections 17a-
199 248b to 17a-248f, inclusive, as amended by this act, this section and
200 sections 38a-490a and [38a-516c] 38a-516a shall be construed to permit
201 the Department of Social Services or any other state agency to reduce
202 medical assistance pursuant to this chapter or other assistance or
203 services available to eligible children. Notwithstanding any [other
204 provisions] provision of the general statutes, costs incurred for early
205 intervention services that otherwise qualify as medical assistance that
206 are furnished to an eligible child who is also eligible for benefits

207 pursuant to this chapter shall be considered medical assistance for
208 purposes of payments to providers and state reimbursement to the
209 extent that federal financial participation is available for such services.

210 (c) Providers of early intervention services shall, in the first instance
211 and where applicable, seek payment from all third-party payers prior
212 to claiming payment from the birth-to-three system for services
213 rendered to eligible children, provided, for the purpose of seeking
214 payment from the Medicaid program or from other third-party payers
215 as agreed upon by the provider, the obligation to seek payment shall
216 not apply to a payment from a third-party payer who is not prohibited
217 from applying such payment, and who will apply such payment, to an
218 annual or lifetime limit specified in the third-party payer's policy or
219 contract.

220 (d) The [Commissioner of Mental Retardation] commissioner, in
221 consultation with the Office of Policy and Management and the
222 Insurance Commissioner, shall adopt regulations, pursuant to chapter
223 54, providing public reimbursement for deductibles and copayments
224 imposed under an insurance policy or health benefit plan to the extent
225 that such deductibles and copayments are applicable to early
226 intervention services.

227 (e) The [Commissioner of Mental Retardation] commissioner shall
228 establish a schedule of fees based on a sliding scale for early
229 intervention services. The schedule of fees shall consider the cost of
230 such services relative to the financial resources of the parents or legal
231 guardians of eligible children. The Department of Mental Retardation
232 may assign its right to collect fees to a designee or provider
233 participating in the early intervention program and providing services
234 to a recipient in order to assist the provider in obtaining payment for
235 such services. The commissioner may implement procedures for the
236 collection of the schedule of fees while in the process of adopting such
237 criteria in regulation provided the commissioner prints notice of
238 intention to adopt the regulations in the Connecticut Law Journal

239 within twenty days of implementing the policy. Such collection
240 procedures and schedule of fees shall be valid until the time the final
241 regulations are effective.

242 (f) The [Commissioner of Mental Retardation] commissioner shall
243 develop and implement procedures to hold a recipient harmless for the
244 impact of pursuit of payment for early intervention services against
245 lifetime insurance limits.

246 (g) Notwithstanding any provision of title 38a relating to the
247 permissible exclusion of payments for services under governmental
248 programs, no such exclusion shall apply with respect to payments
249 made pursuant to section 17a-248, as amended by this act, sections 17a-
250 248b to 17a-248f, inclusive, as amended by this act, this section and
251 sections 38a-490a and [38a-516c] 38a-516a. Except as provided in this
252 subsection, nothing in this section shall increase or enhance coverages
253 provided for within an insurance contract subject to the provisions of
254 section 10-94f, subsection (a) of section 10-94g, subsection (a) of section
255 17a-219b, subsection (a) of section 17a-219c, sections 17a-248, as
256 amended by this act, 17a-248b to 17a-248f, inclusive, as amended by
257 this act, this section, and sections 19a-1c, as amended, 38a-490a and
258 [38a-516c] 38a-516a.

259 Sec. 6. Subsection (b) of section 17a-667 of the general statutes, as
260 amended by section 35 of public act 99-2 of the June special session, is
261 repealed and the following is substituted in lieu thereof:

262 (b) The council shall consist of the following members: (1) The
263 Secretary of the Office of Policy and Management, or [his] the
264 secretary's designee; (2) the Commissioners of Children and Families,
265 Consumer Protection, Correction, Education, Higher Education,
266 Mental Health and Addiction Services, Motor Vehicles, Public Health,
267 Public Safety, Social Services [,] and Transportation and the Insurance
268 Commissioner, or their designees; (3) the Chief Court Administrator,
269 or [his] the Chief Court Administrator's designee; (4) the [chairman]
270 chairperson of the Board of Parole, or [his] the chairperson's designee;

271 (5) the Chief State's Attorney, or [his] the Chief State's Attorney's
272 designee; (6) the Chief Public Defender, or [his] the Chief Public
273 Defender's designee; and (7) the cochairpersons and ranking members
274 of the joint standing committees of the General Assembly having
275 cognizance of matters relating to public health, criminal justice and
276 appropriations, or their designees. The Commissioner of Mental
277 Health and Addiction Services shall be [chairman] chairperson of the
278 council. The Office of Policy and Management shall, within available
279 appropriations, provide staff for the council. [The chairman of the
280 council shall schedule the first meeting of the council to be held not
281 later than October 1, 1997.]

282 Sec. 7. Section 17a-688 of the general statutes, as amended by section
283 5 of public act 99-234, is repealed and the following is substituted in
284 lieu thereof:

285 (a) All records maintained by the court of cases coming before it
286 under the provisions of sections 17a-465a, 17a-673, as amended, and
287 17a-680 to 17a-690, inclusive, as amended, shall be sealed and available
288 only to the respondent or [his] the respondent's counsel unless the
289 court, after hearing held with notice to the respondent, determines
290 such record should be disclosed for cause shown.

291 (b) Medical treatment facilities shall keep and submit such records
292 of all persons examined, admitted or treated pursuant to sections
293 17a-465a, 17a-673, as amended, and 17a-680 to 17a-690, inclusive, as
294 amended, as may be required by the department.

295 (c) No person, hospital [,] or treatment facility [or the department]
296 may disclose or permit the disclosure of, nor may the department
297 disclose or permit the disclosure of, the identity, diagnosis, prognosis
298 or treatment of any such patient that would constitute a violation of
299 federal statutes concerning confidentiality of alcohol or drug patient
300 records and any regulations pursuant thereto, [or as they] as such
301 federal statutes and regulations may be amended from time to time.
302 The department shall adopt regulations, in accordance with chapter 54,

303 to protect the confidentiality of any such information that is obtained
304 by [it] the department.

305 (d) If the person seeking treatment or rehabilitation for alcohol
306 dependence or drug dependence is a minor, the fact that the minor
307 sought such treatment or rehabilitation or that [he] the minor is
308 receiving such treatment or rehabilitation, shall not be reported or
309 disclosed to the parents or legal guardian of the minor without [his]
310 the minor's consent. The minor may give legal consent to receipt of
311 such treatment and rehabilitation. A minor shall be personally liable
312 for all costs and expenses for alcohol and drug dependency treatment
313 afforded [him at his] to the minor at the minor's request under section
314 17a-682.

315 (e) The commissioner may use or make available to authorized
316 persons information from patients' records for purposes of conducting
317 scientific research, management audits, financial audits [,] or program
318 evaluation, provided such information shall not be utilized in a
319 manner that discloses a patient's name or other identifying
320 information.

321 Sec. 8. Subsection (b) of section 19a-17n of the general statutes is
322 repealed and the following is substituted in lieu thereof:

323 (b) The participating physician shall not accept compensation for
324 providing health care services from patients served pursuant to this
325 section and section 19a-17m, nor from clinics serving these patients. As
326 used in this [act] section and section 19a-17m, "compensation" means
327 any remuneration of value to the participating physician for services
328 provided by the physician, but shall not be construed to include any
329 nominal copayments charged by the clinic, nor reimbursement of
330 related expenses of a participating physician authorized by the clinic in
331 advance of being incurred.

332 Sec. 9. Section 19a-58 of the general statutes is repealed and the
333 following is substituted in lieu thereof:

334 The Department of Public Health shall develop a pamphlet which:
335 (1) Specifies the indicators for high risk of hearing impairment in
336 infants; (2) explains the diagnostic procedures which should be carried
337 out to determine whether a hearing impairment actually exists or may
338 potentially develop and where such diagnostic services are available;
339 (3) alerts parents to the resources available for the treatment and
340 education of infants and children that develop hearing impairments; []
341 and (4) contains any other information the department deems
342 necessary. The Department of Public Health shall make the pamphlet
343 available to hospitals and physicians for distribution to the parents or
344 guardians of infants that have been identified as having high risk for
345 hearing impairment. The Commissioner of Public Health shall adopt
346 regulations, in accordance with the provisions of chapter 54, to
347 develop indicators of high risk of infant hearing impairment. In
348 developing such indicators, the commissioner shall consult with
349 persons, including but not limited to, pediatricians, otolaryngologists
350 and audiologists.

351 Sec. 10. Subsection (b) of section 19a-59 of the general statutes, as
352 amended by section 36 of public act 99-2 of the June special session, is
353 repealed and the following is substituted in lieu thereof:

354 (b) The Department of Public Health shall establish a plan to
355 implement and operate a program of early identification of infant
356 hearing impairment. The purpose of such plan shall be to: (1) Identify
357 infants at high risk of having hearing impairments; (2) notify parents
358 of such infants of the risk; (3) inform parents of resources available to
359 them for further testing and treatment, including rehabilitation
360 services for such infants; [] and (4) inform parents of financial
361 assistance available through the Department of Public Health,
362 including, but not limited to, parental eligibility criteria, which may
363 result in reduced cost or no cost to parents for testing, evaluation or
364 treatment, including rehabilitation of such infants. The department
365 shall develop such plan in consultation with persons including, but not
366 limited to, pediatricians, otolaryngologists, audiologists, educators and

367 parents of deaf and hearing impaired children.

368 Sec. 11. Subsection (a) of section 19a-87b of the general statutes is
369 repealed and the following is substituted in lieu thereof:

370 (a) No person, group of persons, association, organization,
371 corporation, institution or agency, public or private, shall maintain a
372 family day care home, as defined in section 19a-77, without a license
373 issued by the Commissioner of Public Health. Licensure forms shall be
374 obtained from the Department of Public Health. Applications for
375 licensure shall be made to the [Commissioner of Public Health]
376 commissioner on forms provided by the department and shall contain
377 the information required by regulations adopted under this section.
378 The licensure and application forms shall contain a notice that false
379 statements made therein are punishable in accordance with section
380 53a-157b. Applicants shall state, in writing, that they are in compliance
381 with the regulations adopted by the [Commissioner of Public Health]
382 commissioner pursuant to subsection [(b)] (c) of this section. Before a
383 family day care home license is granted, the department shall make an
384 inquiry and investigation which shall include a visit and inspection of
385 the premises for which the license is requested. Any inspection
386 conducted by the department shall include an inspection for evident
387 sources of lead poisoning. The department shall provide for a chemical
388 analysis of any paint chips found on such premises. The commissioner
389 shall not require an annual inspection for homes seeking license
390 renewal or for licensed homes, except that the commissioner shall
391 make unannounced visits, during customary business hours, to at least
392 thirty-three and one-third per cent of the licensed family day care
393 homes each year. A licensed family day care home shall not be subject
394 to any conditions on the operation of such home by local officials,
395 other than those imposed by the department pursuant to this
396 subsection, if the home complies with all local codes and ordinances
397 applicable to single and multifamily dwellings.

398 Sec. 12. Subsection (d) of section 19a-87b of the general statutes is

399 repealed and the following is substituted in lieu thereof:

400 (d) Applications for initial licensure under this section shall be
401 accompanied by a fee of [ten dollars and such licenses shall be issued
402 for a term of one year, except that, on and after December 31, 1995,
403 such applications shall be accompanied by a fee of] twenty dollars and
404 such licenses shall be issued for a term of two years. Applications for
405 renewal of licenses granted under this section shall be accompanied by
406 a fee of [ten dollars and such licenses shall be renewed for a term of
407 one year, except that, for licenses expiring on and after December 31,
408 1995, applications for renewal shall be accompanied by a fee of] twenty
409 dollars and such licenses shall be renewed for a term of two years. No
410 such license shall be renewed unless the licensee certifies that the
411 children enrolled in the family day care home have received age-
412 appropriate immunization in accordance with regulations adopted
413 pursuant to subsection [(b)] (c) of this section.

414 Sec. 13. Subsection (c) of section 19a-87e of the general statutes is
415 repealed and the following is substituted in lieu thereof:

416 (c) Any person who is licensed to conduct, operate or maintain a
417 family day care home shall notify the commissioner of any conviction
418 of the owner, conductor, operator or maintainer of the family day care
419 home or of any person residing in the household or any person
420 employed [therein] in such family day care home in a position
421 connected with the provision of care to a child receiving child day care
422 services, of a crime which affects the commissioner's discretion under
423 subsection (a) of this section, immediately upon obtaining knowledge
424 of such conviction. Failure to comply with the notification requirement
425 of this subsection may result in the suspension or revocation of the
426 license or [take] the taking of any other action against a license set
427 forth in regulation adopted pursuant to section 19a-79 and shall subject
428 the licensee to a civil penalty of not more than one hundred dollars per
429 day for each day after the person obtained knowledge of the
430 conviction.

431 Sec. 14. Section 19a-88 of the general statutes, as amended by section
432 17 of public act 99-102, section 4 of public act 99-249 and section 61 of
433 public act 99-2 of the June special session, is repealed and the following
434 is substituted in lieu thereof:

435 (a) Each person holding a license to practice dentistry, optometry,
436 midwifery or dental hygiene shall, annually, during the month of [his]
437 such person's birth, register with the Department of Public Health,
438 upon payment of the professional services fee for class I, as defined in
439 section 33-182l in the case of a dentist, the professional services fee for
440 class H, as defined in section 33-182l in the case of an optometrist,
441 [except that in the fiscal year ending June 30, 1993, optometrists shall
442 pay a fee of three hundred seventy-five dollars,] five dollars in the case
443 of a midwife, and fifty dollars in the case of a dental hygienist, on
444 blanks to be furnished by the department for such purpose, giving
445 [his] such person's name in full, [his] such person's residence and
446 business address and such other information as the department
447 requests.

448 (b) Each person holding a license to practice medicine, surgery,
449 podiatry, chiropractic or natureopathy shall, annually, during the
450 month of [the] such person's birth, register with the Department of
451 Public Health, upon payment of the professional services fee for class I,
452 as defined in section 33-182l, on blanks to be furnished by the
453 department for such purpose, giving [his] such person's name in full,
454 [his] such person's residence and business address and such other
455 information as the department requests.

456 (c) (1) Each person holding a license to practice as a registered
457 nurse, shall, annually, during the month of such person's birth, register
458 with the Department of Public Health, upon payment of the
459 professional services fee for class B, as defined in section 33-182l, on
460 blanks to be furnished by the department for such purpose, giving
461 such person's name in full, [with] such person's residence and business
462 address and such other information as the department requests. Each

463 person holding a license to practice as a registered nurse who has
464 retired from the profession may renew such license, but the fee shall be
465 ten per cent of the professional services fee for class B, as defined in
466 section 33-1821. Any license provided by the department at a reduced
467 fee shall indicate that the registered nurse is retired.

468 (2) Each person holding a license as an advanced practice registered
469 nurse shall, annually, during the month of such person's birth, register
470 with the Department of Public Health, upon payment of the
471 professional services fee for class C, as defined in section 33-1821, on
472 blanks to be furnished by the department for such purpose, giving
473 such person's name in full, [with] such person's residence and business
474 address and such other information as the department requests. No
475 such license shall be renewed unless the department is satisfied that
476 the person maintains current certification as either a nurse practitioner,
477 a clinical nurse specialist or a nurse anesthetist from one of the
478 following national certifying bodies which certify nurses in advanced
479 practice: The American Nurses' Association, the Nurses' Association of
480 the American College of Obstetricians and Gynecologists Certification
481 Corporation, the National Board of Pediatric Nurse Practitioners and
482 Associates or the American Association of Nurse Anesthetists. Each
483 person holding a license to practice as an advanced practice registered
484 nurse who has retired from the profession may renew such license, but
485 the fee shall be ten per cent of the professional services fee for class C,
486 as defined in section 33-1821. Any license provided by the department
487 at a reduced fee shall indicate that the advanced practice registered
488 nurse is retired.

489 (3) Each person holding a license as a licensed practical nurse shall,
490 annually, during the month of such person's birth, register with the
491 Department of Public Health, upon payment of the professional
492 services fee for class A, as defined in section 33-1821, on blanks to be
493 furnished by the department for such purpose, giving such person's
494 name in full, [with] such person's residence and business address and
495 such other information as the department requests. Each person

496 holding a license to practice as a licensed practical nurse who has
497 retired from the profession may renew such license, but the fee shall be
498 ten per cent of the professional services fee for class A, as defined in
499 section 33-182l. Any license provided by the department at a reduced
500 fee shall indicate that the licensed practical nurse is retired.

501 (4) Each person holding a license as a nurse-midwife shall, annually,
502 during the month of such person's birth, register with the Department
503 of Public Health, upon payment of the professional services fee for
504 class C, as defined in section 33-182l, on blanks to be furnished by the
505 department for such purpose, giving such person's name in full, [with]
506 such person's residence and business address and such other
507 information as the department requests. No such license shall be
508 renewed unless the department is satisfied that the person maintains
509 current certification from the American College of Nurse-Midwives.

510 (5) Each person holding a license to practice physical therapy shall,
511 annually, during the month of such person's birth, register with the
512 Department of Public Health, upon payment of the professional
513 services fee for class B, as defined in section 33-182l, on blanks to be
514 furnished by the department for such purpose, giving such person's
515 name in full, [with] such person's residence and business address and
516 such other information as the department requests.

517 (6) Each person holding a license as a physician assistant shall,
518 annually, during the month of such person's birth, register with the
519 Department of Public Health, upon payment of a fee of seventy-five
520 dollars, on blanks to be furnished by the department for such purpose,
521 giving such person's name in full, [with] such person's residence and
522 business address and such other information as the department
523 requests. No such license shall be renewed unless the department is
524 satisfied that the practitioner has met the mandatory continuing
525 medical education requirements of the National Commission on
526 Certification of Physician Assistants or a successor organization for the
527 certification or recertification of physician assistants that may be

528 approved by the department and has passed any examination or
529 continued competency assessment the passage of which may be
530 required by said commission for maintenance of current certification
531 by said commission.

532 (d) No provision of this section shall be construed to apply to any
533 person practicing Christian Science.

534 (e) Each person holding a license or certificate issued under section
535 19a-514, 20-74s, as amended, 20-195cc or 20-206ll and chapters 370 to
536 373, inclusive, 375, 378 to 381a, inclusive, 383 to 388, inclusive, 393a,
537 395, 398, 399 or 400a and section 20-206n, 20-206o or section 56 of [this
538 act] public act 99-2 of the June special session shall, annually, during
539 the month of [the applicant's] such person's birth, apply for renewal of
540 such license or certificate to the Department of Public Health, giving
541 [the applicant's] such person's name in full, [the applicant's] such
542 person's residence and business address and such other information as
543 the department requests. Each person holding a license or certificate
544 issued pursuant to section 20-475 or 20-476 shall, annually, during the
545 month of [the applicant's] such person's birth, apply for renewal of
546 such license or certificate to the department. Each entity holding a
547 license issued pursuant to section 20-475 shall, annually, during the
548 anniversary month of initial licensure, apply for renewal of such
549 license or certificate to the department.

550 (f) Any person or entity which fails to comply with the provisions of
551 this section shall be notified by the department that [his] such person's
552 or entity's license or certificate shall become void ninety days after the
553 time for its renewal under this section unless it is so renewed. Any
554 such license shall become void upon the expiration of such ninety-day
555 period.

556 Sec. 15. Section 19a-91 of the general statutes is repealed and the
557 following is substituted in lieu thereof:

558 The Department of Public Health may [make] adopt such

559 regulations, in accordance with chapter 54, concerning the preparation
560 and transportation of the bodies of deceased persons to be removed
561 from or into the limits of any town or into any adjoining state, as the
562 public health and welfare may require. Such regulations shall be
563 signed by the Commissioner of Public Health, and a copy thereof shall
564 be mailed to each town clerk, licensed embalmer and funeral director
565 at least fifteen days before [the same] such regulations take effect. Any
566 person who violates any regulation of [said] the department [made]
567 adopted pursuant to the provisions of this section shall be fined not
568 more than fifty dollars.

569 Sec. 16. Section 19a-113 of the general statutes is repealed and the
570 following is substituted in lieu thereof:

571 The Commissioner of Public Health shall [establish] adopt, in
572 accordance with chapter 54, and enforce regulations concerning the
573 quality of the compressed air sold for use in self-contained underwater
574 breathing apparatus. No compressed air shall be sold or distributed for
575 such use unless it complies with the standards of quality established
576 by [said] the commissioner. Any person who violates the provisions of
577 this section shall be fined not more than five hundred dollars or
578 imprisoned not more than five months, or both.

579 Sec. 17. Section 19a-183 of the general statutes is repealed and the
580 following is substituted in lieu thereof:

581 There shall be established an emergency medical services council in
582 each region. A region shall be composed of the towns so designated by
583 the commissioner. Opportunity for membership shall be available to
584 all appropriate representatives of emergency medical services
585 including, but not limited to, one representative from each of the
586 following: [(a)] (1) Local governments; [, (b)] (2) fire and law
587 enforcement officials; [, (c)] (3) medical and nursing professions,
588 including mental health, paraprofessional and other allied health
589 professionals; [, (d)] (4) providers of ambulance services, at least one of
590 which shall be a member of a volunteer ambulance association; [, (e)]

591 ~~(5)~~ institutions of higher education; [~~(f)~~] ~~(6)~~ federal agencies involved
592 in the delivery of health care; [~~(g)~~] ~~and (7)~~ consumers. All
593 emergency medical services councils, including those in existence on
594 July 1, 1974, shall submit to the [Commissioner of Public Health]
595 commissioner information concerning the organizational structure and
596 council bylaws for [his] the commissioner's approval. The
597 commissioner shall foster the development of emergency medical
598 services councils in each region.

599 Sec. 18. Subsection (a) of section 19a-215 of the general statutes is
600 repealed and the following is substituted in lieu thereof:

601 (a) For the purposes of this section:

602 (1) "Commissioner's list of reportable diseases and laboratory
603 findings" means the list developed pursuant to section [19a-5] 19a-2a.

604 (2) "Confidential" means confidentiality of information pursuant to
605 section 19a-25.

606 (3) "Health care provider" means a person who has direct or
607 supervisory responsibility for the delivery of health care or medical
608 services, [~~This shall include~~] including licensed physicians, nurse
609 practitioners, nurse midwives, physician assistants, nurses, dentists,
610 medical examiners and administrators, superintendents and managers
611 of health care facilities.

612 Sec. 19. Section 19a-240 of the general statutes is repealed and the
613 following is substituted in lieu thereof:

614 [The word "board", as] As used in this chapter, unless the context
615 otherwise requires, "board" means a board of a district department of
616 health created as provided [herein, unless the context otherwise
617 indicates] in section 19a-241, as amended.

618 Sec. 20. Subsection (a) of section 19a-243 of the general statutes, as
619 amended by section 11 of public act 99-234, is repealed and the

620 following is substituted in lieu thereof:

621 (a) Each [such] board may make and adopt reasonable rules and
622 regulations for the promotion of general health within the district not
623 in conflict with law or with the Public Health Code. The powers of
624 each district shall include but not be limited to the following
625 enumerated powers: (1) To sue and be sued; (2) to make and execute
626 contracts and other instruments necessary or convenient to the exercise
627 of the powers of the health district; (3) to make and from time to time
628 amend and repeal bylaws, rules and regulations; (4) to acquire real
629 estate; (5) to provide for the financing of the programs, projects or
630 other functions of the district in the manner described in subsection (b)
631 of this section; and (6) to have [whatever] such other powers as are
632 necessary to properly carry out [their] its powers as an independent
633 entity of government.

634 Sec. 21. Section 19a-330 of the general statutes is repealed and the
635 following is substituted in lieu thereof:

636 Any person who uses or produces any carcinogenic substance in the
637 manufacture of any item, product or material shall make an annual
638 report to the Commissioner of Environmental Protection and the
639 Commissioner of Public Health. [which] Such report shall include:
640 [(A)] (1) The method of disposal of any waste generated by the
641 manufacture of such item, product or material; [, (B)] (2) the amount of
642 each such carcinogenic substance used or produced during the
643 preceding year; [, (C)] (3) the amount of each such carcinogenic
644 substance currently being held in inventory; [, and (D)] and (4) the
645 method used to transport such carcinogenic substances.

646 Sec. 22. Section 19a-331 of the general statutes is repealed and the
647 following is substituted in lieu thereof:

648 The Commissioner of Public Health shall, by means of regulations
649 adopted in accordance with [the provisions of] chapter 54, identify
650 substances, including gases, chemicals or metals, which are designated

651 human carcinogens. [and said] The commissioner may [promulgate]
652 adopt regulations, in accordance with chapter 54, to implement the
653 provisions of this chapter.

654 Sec. 23. Subdivision (1) of section 19a-630 of the general statutes, as
655 amended by section 2 of public act 99-172, is repealed and the
656 following is substituted in lieu thereof:

657 (1) "Health care facility or institution" means any facility or
658 institution engaged primarily in providing services for the prevention,
659 diagnosis or treatment of human health conditions, including, but not
660 limited to: [, outpatient] Outpatient clinics; [,] free standing outpatient
661 surgical facilities; [,] imaging centers; [,] home health agencies, as
662 defined in section 19a-490; clinical laboratory or central service
663 facilities serving one or more health care facilities, practitioners or
664 institutions; hospitals; residential care homes; nursing homes; rest
665 homes; nonprofit health centers; diagnostic and treatment facilities;
666 rehabilitation facilities; [,] and mental health facilities. [,] health care
667 facility or institution] "Health care facility or institution" includes any
668 parent company, subsidiary, affiliate [,] or joint venture, or any
669 combination thereof, of [a health care] any such facility or institution, [,]
670 but not including] but does not include any health care facility
671 operated by a nonprofit educational institution solely for the students,
672 faculty and staff of such institution and their dependents, or any
673 Christian Science sanatorium operated, or listed and certified, by the
674 First Church of Christ, Scientist, Boston, Massachusetts.

675 Sec. 24. This act shall take effect from its passage.

PH Committee Vote: Yea 25 Nay 0 JFS