



House of Representatives

General Assembly

File No. 543

January Session, 2003

Substitute House Bill No. 6677

House of Representatives, April 24, 2003

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING REVISIONS TO CERTAIN DEPARTMENT OF PUBLIC HEALTH STATUTES.

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

1 Section 1. Section 19a-2a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 The Commissioner of Public Health shall employ the most efficient
4 and practical means for the prevention and suppression of disease and
5 shall administer all laws under the jurisdiction of the Department of
6 Public Health and the Public Health Code. He shall have responsibility
7 for the overall operation and administration of the Department of
8 Public Health. The commissioner shall have the power and duty to: (1)
9 Administer, coordinate and direct the operation of the department; (2)
10 adopt and enforce regulations, in accordance with chapter 54, as are
11 necessary to carry out the purposes of the department as established
12 by statute; (3) establish rules for the internal operation and
13 administration of the department; (4) establish and develop programs

14 and administer services to achieve the purposes of the department as
15 established by statute; (5) contract for facilities, services and programs
16 to implement the purposes of the department as established by statute;
17 (6) designate a deputy commissioner or other employee of the
18 department to sign any license, certificate or permit issued by said
19 department; (7) conduct a hearing, issue subpoenas, administer oaths,
20 compel testimony and render a final decision in any case when a
21 hearing is required or authorized under the provisions of any statute
22 dealing with the Department of Public Health; (8) with the health
23 authorities of this and other states, secure information and data
24 concerning the prevention and control of epidemics and conditions
25 affecting or endangering the public health, and compile such
26 information and statistics and shall disseminate among health
27 authorities and the people of the state such information as may be of
28 value to them; (9) annually issue a list of reportable diseases and
29 reportable laboratory findings and amend such list as he deems
30 necessary and distribute such list as well as any necessary forms to
31 each licensed physician and clinical laboratory in this state. He shall
32 prepare printed forms for reports and returns, with such instructions
33 as may be necessary, for the use of directors of health, boards of health
34 and registrars of vital statistics; (10) specify uniform methods of
35 keeping statistical information by public and private agencies,
36 organizations and individuals, including a client identifier system, and
37 collect and make available relevant statistical information, including
38 the number of persons treated, frequency of admission and
39 readmission, and frequency and duration of treatment. The client
40 identifier system shall be subject to the confidentiality requirements set
41 forth in section 17a-688 and regulations adopted thereunder. [; (11)
42 make an inspection, at least once each year, of all public hospitals,
43 asylums, prisons, schools and other institutions, within available
44 appropriations.] The commissioner may designate any person to
45 perform any of the duties listed in subdivision (7) of this section. He
46 shall have authority over directors of health and may, for cause,
47 remove any such director; but any person claiming to be aggrieved by
48 such removal may appeal to the Superior Court which may affirm or

49 reverse the action of the commissioner as the public interest requires.
50 He shall assist and advise local directors of health in the performance
51 of their duties, and may require the enforcement of any law, regulation
52 or ordinance relating to public health. When requested by local
53 directors of health, he shall consult with them and investigate and
54 advise concerning any condition affecting public health within their
55 jurisdiction. He shall investigate nuisances and conditions affecting, or
56 that he has reason to suspect may affect, the security of life and health
57 in any locality and, for that purpose, he, or any person authorized by
58 him so to do, may enter and examine any ground, vehicle, apartment,
59 building or place, and any person designated by him shall have the
60 authority conferred by law upon constables. Whenever he determines
61 that any provision of the general statutes or regulation of the Public
62 Health Code is not being enforced effectively by a local health
63 department, he shall forthwith take such measures, including the
64 performance of any act required of the local health department, to
65 ensure enforcement of such statute or regulation and shall inform the
66 local health department of such measures. In September of each year
67 he shall certify to the Secretary of the Office of Policy and Management
68 the population of each municipality. The commissioner may solicit and
69 accept for use any gift of money or property made by will or
70 otherwise, and any grant of or contract for money, services or property
71 from the federal government, the state or any political subdivision
72 thereof or any private source, and do all things necessary to cooperate
73 with the federal government or any of its agencies in making an
74 application for any grant or contract. The commissioner may establish
75 state-wide and regional advisory councils.

76 Sec. 2. Section 19a-14b of the general statutes is repealed and the
77 following is substituted in lieu thereof (*Effective October 1, 2003*):

78 (a) For the purposes of this section and sections 20-420 and 20-432,
79 the following terms shall have the following meanings unless the
80 context clearly denotes otherwise:

81 (1) "Radon diagnosis" means evaluating buildings found to have

82 levels of radon gas that are higher than the guidelines promulgated by
83 this state or the United States Environmental Protection Agency and
84 recommending appropriate remedies to eliminate radon.

85 (2) "Radon mitigation" means taking steps including, but not limited
86 to, installing ventilation systems, sealing entry routes for radon gas
87 and installing subslab depressurization systems to reduce radon levels
88 in buildings.

89 (3) ["Primary testing companies"] "Analytical measurement service
90 providers" means companies or individuals that have their own
91 analysis capability for radon measurement but may or may not offer
92 measurement services directly to the public.

93 (4) ["Secondary testing companies"] "Residential measurement
94 service providers" means [companies] individuals that offer services
95 that include, but are not limited to, detector placement and home
96 inspection and consultation but do not have their own analysis
97 capability [. Such firms must] and utilize the services of [a primary
98 testing company or laboratory] an analytical measurement service
99 provider for [its] their detector analysis.

100 (5) "Residential mitigation service providers" means individuals that
101 offer services that include, but are not limited to, radon diagnosis or
102 radon mitigation.

103 [(b) The Department of Public Health shall publish a list from time
104 to time of: Companies that perform radon mitigation or diagnosis,
105 primary testing companies and secondary testing companies. A
106 company that performs radon mitigation shall appear on such list only
107 if evidence is presented, satisfactory to the Commissioner of Public
108 Health, that every employee that performs mitigation does so under
109 the direction of an onsite supervisor who is included in the current
110 proficiency report of the United States Environmental Protection
111 Agency National Radon Contractor Proficiency (RCP) Program. A
112 primary testing company and a secondary testing company shall
113 appear on such list only if evidence is presented, satisfactory to the

114 commissioner, that the company is included in the current proficiency
115 report of the United States Environmental Protection Agency National
116 Radon Measurement Proficiency (RMP) Program and persons or
117 companies performing radon diagnostic evaluation are included in the
118 current proficiency reports of both the National Radon Measurement
119 Proficiency (RMP) Program and the National Radon Contractor
120 Proficiency (RCP) Program.]

121 (b) The Department of Public Health shall maintain a list of
122 companies or individuals that are included in current lists of national
123 radon proficiency programs that have been approved by the
124 Commissioner of Public Health.

125 (c) The Department of Public Health shall adopt regulations, in
126 accordance with chapter 54, establishing safe levels of radon in potable
127 water.

128 Sec. 3. Subsection (a) of section 19a-36 of the general statutes is
129 repealed and the following is substituted in lieu thereof (*Effective*
130 *October 1, 2003*):

131 (a) The Commissioner of Public Health shall establish a Public
132 Health Code and, from time to time, amend the same. The Public
133 Health Code may provide for the preservation and improvement of
134 the public health. Said code may include regulations pertaining to
135 retail food establishments, including, but not limited to, food service
136 establishments, catering food service establishments and itinerant food
137 vending establishments. Drainage and toilet systems to be installed in
138 any house or building arranged or designed for human habitation, or
139 field sanitation provided for agricultural workers or migratory farm
140 laborers, shall conform to minimum requirements prescribed in said
141 code. Said code may include regulations requiring toilets and
142 handwashing facilities in large stores, as defined in such regulations,
143 in shopping centers and in places dispensing food or drink for
144 consumption on the premises, for the use of patrons of such
145 establishments, except that the provisions of such regulations shall not
146 apply to such establishments constructed or altered pursuant to plans

147 and specifications approved or building permits issued prior to
148 October 1, 1977. The provisions of such regulations (1) with respect to
149 the requirement of employing a qualified food operator and any
150 reporting requirements relative to such operator, shall not apply to an
151 owner or operator of a soup kitchen who relies exclusively on services
152 provided by volunteers, and (2) shall not prohibit the sale of food at a
153 noncommercial function such as an educational, religious, political or
154 charitable organization's bake sale or pot luck supper provided the
155 seller maintains such food under the temperature, pH level and water
156 activity level conditions which will inhibit the rapid and progressive
157 growth of infectious or toxigenic microorganisms. For the purposes of
158 this section, a "noncommercial function" means a function where food
159 is sold by a person not regularly engaged in the business of selling
160 such food. Each regulation adopted by the Commissioner of Public
161 Health shall state the date on which it shall take effect, and a copy
162 thereof, signed by the Commissioner of Public Health, shall be filed in
163 the office of the Secretary of the State and a copy sent by said
164 commissioner to each director of health, and such regulation shall be
165 published in such manner as the Commissioner of Public Health may
166 determine. Any person who violates any provision of the Public
167 Health Code shall be fined not more than one hundred dollars or
168 imprisoned not more than three months or both.

169 Sec. 4. Subdivision (3) of section 19a-111b of the general statutes is
170 repealed and the following is substituted in lieu thereof (*Effective*
171 *October 1, 2003*):

172 (3) The commissioner shall establish a program for the detection of
173 sources of lead poisoning. Within available appropriations, such
174 program shall include the identification of dwellings in which paint,
175 plaster or other accessible substances contain toxic levels of lead and
176 the inspection of areas surrounding such dwellings for lead-containing
177 materials. [Any person who detects a toxic level of lead, as defined by
178 the commissioner, shall report such findings to the commissioner. The
179 commissioner shall inform all interested parties, including but not
180 limited to, the owner of the building, the occupants of the building,

181 enforcement officials and other necessary parties.]

182 Sec. 5. Section 19a-229 of the general statutes is repealed and the
183 following is substituted in lieu thereof (*Effective October 1, 2003*):

184 [(a)] Any person aggrieved by an order issued by a town, city or
185 borough director of health may [, not later than forty-eight hours after
186 the making of such order,] appeal to the Commissioner of Public
187 Health not later than three business days after the date of such
188 person's receipt of such order, who shall thereupon immediately notify
189 the authority from whose order the appeal was taken, and examine
190 into the merits of such case, and may vacate, modify or affirm such
191 order.

192 [(b)] Notwithstanding the requirements of subsection (a) of this
193 section, any person aggrieved by an order regarding lead paint
194 abatement under section 19a-111c may appeal to the commissioner not
195 later than three business days after the receipt of such order.]

196 Sec. 6. Section 19a-269 of the general statutes is repealed and the
197 following is substituted in lieu thereof (*Effective October 1, 2003*):

198 (a) The Commissioner of Public Health shall: (1) Recommend
199 minimum criteria for dialysis facilities and transplantation centers; (2)
200 recommend medical criteria for eligibility of kidney disease patients
201 for any available state assistance; (3) recommend programs of
202 detection, prevention and public education concerning kidney disease;
203 (4) recommend research into problems associated with kidney disease;
204 (5) review all existing medical and social programs related to kidney
205 disease to assure that all patients shall receive, with a minimum of
206 duplication of financial and physical resources, the best possible health
207 care.

208 [(b)] The Commissioner of Public Health shall, on or before
209 November 30, 1978, and annually thereafter, report to the Governor
210 and to the General Assembly the results of his studies and
211 recommendations for such executive and legislative action as he finds

212 beneficial to the public interest.]

213 [(c)] (b) In the performance of his duties, the Commissioner of
214 Public Health may order the preparation of books, reports and records
215 and may pay for the expert advisors and assistants for making his
216 studies and formulating his recommendations from funds made
217 available by the Department of Public Health from the appropriation
218 to said Department of Public Health.

219 Sec. 7. (NEW) (*Effective October 1, 2003*) (a) As used in this section,
220 "homeopathic physician" means a physician who prescribes the single
221 remedy in the minimum dose in potentized form, selected from the
222 law of similars.

223 (b) Subject to the provisions of this section, no person shall practice
224 as a homeopathic physician until such person has obtained a license to
225 practice medicine and surgery from the Department of Public Health
226 in accordance with chapter 370 of the general statutes. No license as a
227 homeopathic physician shall be required of a graduate of any school or
228 institution giving instruction in the healing arts who is completing a
229 post-graduate medical training in homeopathy pursuant to subsection
230 (c) of this section.

231 (c) Applicants for licensure as a homeopathic physician shall, in
232 addition to meeting the requirements of section 20-10 of the general
233 statutes, have successfully completed not less than one hundred
234 twenty hours of post-graduate medical training in homeopathy offered
235 by an institution approved by the Connecticut Homeopathic Medical
236 Examining Board or the American Institute of Homeopathy, or one
237 hundred twenty hours of post-graduate medical training in
238 homeopathy under the direct supervision of a licensed homeopathic
239 physician, which shall consist of thirty hours of theory and ninety
240 hours of clinical practice. The Connecticut Homeopathic Medical
241 Examining Board shall approve any training completed under the
242 direction of a licensed homeopathic physician.

243 Sec. 8. (NEW) (*Effective October 1, 2003*) Notwithstanding the

244 provisions of section 20-37 of the general statutes, the Department of
245 Public Health may grant a license by endorsement to a natureopathic
246 physician who presents evidence satisfactory to the Commissioner of
247 Public Health that the applicant is licensed or certified as a
248 natureopathic physician, or as a person entitled to perform similar
249 services under a different designation, in another state or jurisdiction
250 whose requirements for practicing in such capacity are substantially
251 similar to or higher than those of this state. The department may
252 require such applicant to provide evidence satisfactory to the
253 commissioner that the applicant understands Connecticut laws and
254 regulations relating to the practice of natureopathy. The fee for such
255 license shall be four hundred fifty dollars. No license shall be issued
256 under this section to any applicant against whom professional
257 disciplinary action is pending or who is the subject of an unresolved
258 complaint.

259 Sec. 9. Subdivision (5) of subsection (b) of section 20-9 of the general
260 statutes is repealed and the following is substituted in lieu thereof
261 (*Effective October 1, 2003*):

262 (5) Any physician or surgeon [then actually] residing out of this
263 state who holds a current license in good standing in another state and
264 who is employed to come into this state to treat, operate or prescribe
265 for any injury, deformity, ailment or disease from which the person
266 who employed such physician, or the person on behalf of whom such
267 physician is employed, is suffering at the time when such nonresident
268 physician or surgeon is so employed, provided such physician or
269 surgeon may practice in this state without a Connecticut license for a
270 period not to exceed thirty consecutive days.

271 Sec. 10. Section 20-74c of the general statutes is repealed and the
272 following is substituted in lieu thereof (*Effective October 1, 2003*):

273 [The commissioner may waive the examination for any person
274 certified as an occupational therapist registered (OTR) or as a certified
275 occupational therapy assistant (COTA) by the American Occupational
276 Therapy Association, if the commissioner considers the requirements

277 for certification to be equivalent to the requirements for licensure in
278 this chapter. The commissioner may waive the examination for any
279 applicant who shall present proof of current licensure as an
280 occupational therapist or an occupational therapy assistant in another
281 state, the District of Columbia, or any territory of the United States
282 which requires standards for licensure considered by the
283 commissioner to be equivalent to the requirements for licensure of this
284 chapter in respect to examination, education, and experience.]
285 Notwithstanding the provisions of section 20-74b, the commissioner
286 may grant a license by endorsement to an occupational therapist or
287 occupational therapy assistant who presents evidence satisfactory to
288 the commissioner that the applicant is licensed or certified as an
289 occupational therapist or occupational therapy assistant, or as a person
290 entitled to perform similar services under a different designation, in
291 another state or jurisdiction whose requirements for practicing in such
292 capacity are substantially similar to those of this state. No license shall
293 be issued under this section to any applicant against whom
294 professional disciplinary action is pending or who is the subject of an
295 unresolved complaint.

296 Sec. 11. Section 20-90 of the general statutes is repealed and the
297 following is substituted in lieu thereof (*Effective October 1, 2003*):

298 (a) Said board may adopt a seal. The Commissioner of Public
299 Health, with advice and assistance from the board, and in consultation
300 with the State Board of Education, shall [promulgate] adopt
301 regulations, in accordance with the provisions of chapter 54,
302 permitting and setting standards for courses for the training of
303 practical nurses to be offered in high schools and vocational schools for
304 students who have not yet acquired a high school diploma. Students
305 who satisfactorily complete courses approved by said Board of
306 Examiners for Nursing, with the consent of the Commissioner of
307 Public Health, as meeting such standards shall be given credit for each
308 such course toward the requirements for a practical nurse's license. All
309 schools of nursing in this state, except such schools accredited by the
310 National League for Nursing or other [successor] professional

311 accrediting association approved by the United States Department of
312 Education and recognized by the Commissioner of Public Health, and
313 all schools for training licensed practical nurses and all hospitals
314 connected [therewith, which] to such schools that prepare persons for
315 examination under the provisions of this chapter, shall be visited
316 periodically by a representative of the Department of Public Health
317 who shall be a registered nurse or a person experienced in the field of
318 nursing education. The board shall keep a list of all nursing programs
319 and all programs for training licensed practical nurses [which] that are
320 approved by it, with the consent of the Commissioner of Public Health,
321 as maintaining the standard for the education of nurses and the
322 training of licensed practical nurses as established by the
323 commissioner. The board shall consult, where possible, with nationally
324 recognized accrediting agencies when approving schools.

325 Sec. 12. Subsection (a) of section 20-102cc of the general statutes is
326 repealed and the following is substituted in lieu thereof (*Effective*
327 *October 1, 2003*):

328 (a) The Department of Public Health shall receive, investigate and
329 prosecute complaints against individuals who are providing or have
330 provided services as a nurse's aide in a chronic and convalescent
331 nursing home or rest home with nursing supervision. The grounds for
332 complaint shall include resident abuse, resident neglect,
333 misappropriation of resident property, and fraud or deceit in obtaining
334 or attempting to obtain a registration as a nurse's aide. A nurse's aide
335 shall be given written notice by certified mail by the commissioner of
336 any complaint against him or her. [The] A nurse's aide [may, within
337 thirty days of the date of the notice, make] who wishes to appeal a
338 complaint against him or her shall, not later than thirty days after the
339 date of the mailing, file with the department a request in writing for a
340 hearing to contest the complaint. The commissioner shall render a
341 finding on such complaint, and, if a hearing is requested, it shall be
342 conducted pursuant to chapter 54. The commissioner shall have the
343 authority to render a finding and enter such finding on the registry
344 against an individual who is providing or has provided services as a

345 nurse's aide in a chronic and convalescent nursing home or rest home
346 with nursing supervision, without regard to whether such individual
347 is on the registry or has obtained registration as a nurse's aide from the
348 department.

349 Sec. 13. Section 20-195d of the general statutes is repealed and the
350 following is substituted in lieu thereof (*Effective October 1, 2003*):

351 The department is authorized to conduct investigations and take
352 disciplinary actions as set forth in section 19a-17 for any of the
353 following reasons: (1) Fraud or material deception in procuring or
354 attempting to procure licensure; (2) illegal conduct, incompetence or
355 negligence in carrying out professional functions; (3) any
356 occupationally disabling emotional disorder or mental illness; (4)
357 physical illness including, but not limited to, deterioration through the
358 aging process; (5) abuse or excessive use of drugs, including alcohol,
359 narcotics or chemicals; (6) fraud or material deception in the course of
360 professional activities; (7) wilful and significant falsification of entries
361 in any hospital, patient or other record; and (8) violation of any
362 provision of this chapter, any regulation adopted pursuant to this
363 chapter, or any provisions of subdivision (6) of subsection (a) of section
364 19a-14. The commissioner may order a license holder to submit to a
365 reasonable physical or mental examination if his physical or mental
366 capacity to practice safely is the subject of an investigation. The
367 commissioner may petition the superior court for the judicial district of
368 Hartford to enforce such order or any action taken pursuant to section
369 19a-17.

370 Sec. 14. Section 20-198 of the general statutes is repealed and the
371 following is substituted in lieu thereof (*Effective October 1, 2003*):

372 No person shall be granted such a license until the department finds
373 that [he] such person (1) was graduated with the degree of doctor of
374 veterinary medicine, or its equivalent, from a school of veterinary
375 medicine, surgery or dentistry which, at the time such person
376 graduated, was accredited by the American Veterinary Medical
377 Association if such school is located in the United States, its territories

378 or Canada, or (2) if graduated from a school located outside of the
379 United States, its territories or Canada, has demonstrated to the
380 satisfaction of the department that [he] such person has completed a
381 degree program equivalent in level, content and purpose to the degree
382 of doctor of veterinary medicine as granted by a school of veterinary
383 medicine, surgery or dentistry which is accredited by the American
384 Veterinary Medical Association. No person who was graduated from a
385 school of veterinary medicine, surgery or dentistry which is located
386 outside the United States, its territories or Canada shall be granted a
387 license unless [he] such person has also received certification from the
388 Educational Commission for Foreign Veterinary Graduates [of the
389 American Veterinary Medical Association] or Program for the
390 Assessment of Veterinary Education Equivalence. The department
391 may, under such regulations as the Commissioner of Public Health
392 may adopt, with the advice and assistance of the board, deny eligibility
393 for licensure to a graduate of a school which has been found to have
394 provided fraudulent or inaccurate documentation regarding either the
395 school's educational program or the academic credentials of graduates
396 of the school's program or to have failed to meet educational standards
397 prescribed in such regulations.

398 Sec. 15. Section 20-200 of the general statutes is repealed and the
399 following is substituted in lieu thereof (*Effective October 1, 2003*):

400 [The] Notwithstanding the provisions of section 20-198, as amended
401 by this act, the Department of Public Health may [without
402 examination] issue a license by endorsement to any veterinarian of
403 good professional character who is currently licensed and practicing in
404 some other state or territory, having requirements for admission
405 determined by the department to be at least equal to the requirements
406 of this state, [upon certificate from the board of examiners or like
407 board of the state or territory in which such veterinarian was a
408 practitioner certifying to his competency and that he is a veterinarian
409 of professional attainment and] upon the payment of a fee of four
410 hundred fifty dollars to said department. [The Department of Public
411 Health,] Notwithstanding the provisions of section 20-198, as amended

412 by this act, the department may, upon payment of a fee of four
413 hundred fifty dollars, issue a license without examination to a
414 currently practicing, competent veterinarian in another state or
415 territory who (1) [graduated with the degree of doctor of veterinary
416 medicine, or its equivalent, from a school of veterinary medicine,
417 surgery or dentistry which at the time he graduated was accredited by
418 the American Veterinary Medical Association; (2)] holds a current
419 valid license in good professional standing issued after examination by
420 another state or territory which maintains licensing standards which,
421 except for examination, are commensurate with this state's standards,
422 and [(3)] (2) has worked continuously as a licensed veterinarian in an
423 academic or clinical setting in another state or territory for a period of
424 not less than five years immediately preceding the application for
425 licensure without examination. No license shall be issued under this
426 section to any applicant against whom professional disciplinary action
427 is pending or who is the subject of an unresolved complaint. The
428 department shall inform the board annually of the number of
429 applications it receives for licensure under this section.

430 Sec. 16. Subsection (n) of section 25-32 of the general statutes is
431 repealed and the following is substituted in lieu thereof (*Effective*
432 *October 1, 2003*):

433 (n) (1) On and after the effective date of regulations adopted under
434 this subsection, no person may operate any water treatment plant or
435 water distribution system that treats or supplies water used or
436 intended for use by the public, test any backflow prevention device, or
437 perform a cross connection survey without a certificate issued by the
438 commissioner under this subsection. The commissioner shall adopt
439 regulations, in accordance with chapter 54, to provide: (A) Standards
440 for the operation of such water treatment plants and water distribution
441 systems; (B) standards and procedures for the issuance of certificates to
442 operators of such water treatment plants and water distribution
443 systems; (C) procedures for the renewal of such certificates every three
444 years; [and] (D) standards for training required for the issuance or
445 renewal of a certificate; and (E) standards and procedures for the

446 issuance and renewal of certificates to persons who test backflow
447 prevention devices or perform cross connection surveys. Such
448 regulations shall be consistent with applicable federal law and
449 guidelines for operator certification programs promulgated by the
450 United States Environmental Protection Agency, and shall be adopted
451 and filed with the Secretary of the State pursuant to section 4-172 not
452 later than February 1, 2001.

453 (2) The commissioner may take any disciplinary action set forth in
454 section 19a-17, except for the assessment of a civil penalty under
455 subdivision (6) of subsection (a) of [said] section 19a-17, against an
456 operator, a person who tests backflow prevention devices or a person
457 who performs cross connection surveys holding a certificate issued
458 under this subsection for any of the following reasons: (A) Fraud or
459 material deception in procuring a certificate, the renewal of a
460 certificate or the reinstatement of a certificate; (B) fraud or material
461 deception in the performance of the certified operator's professional
462 activities; (C) incompetent, negligent or illegal performance of the
463 certified operator's professional activities; (D) conviction of the
464 certified operator for a felony; or (E) failure of the certified operator to
465 complete the training required under subdivision (1) of this subsection.

466 Sec. 17. Section 20-478 of the general statutes is repealed and the
467 following is substituted in lieu thereof (*Effective October 1, 2003*):

468 The commissioner shall adopt regulations, in accordance with the
469 provisions of chapter 54, to administer the provisions of sections 20-
470 475 and 20-476. Such regulations shall include, but not be limited to,
471 [the following: (1) Standards] standards for licensure of lead abatement
472 contractors and lead consultant contractors [; (2) passing scores for
473 licensure examination of lead abatement contractors and lead
474 consultant contractor and (3)] and standards for certification of lead
475 consultants, lead abatement supervisors and lead abatement workers.

476 Sec. 18. Section 25-40 of the general statutes is repealed and the
477 following is substituted in lieu thereof (*Effective October 1, 2003*):

478 Town, city and borough directors of health shall, when in their
479 judgment health may be menaced or impaired through a water supply,
480 send, subject to the approval of the Department of Public Health,
481 samples of such water to said department for examination and
482 analysis. Said department shall perform such examination and analysis
483 without charge unless such town, city or borough is to be reimbursed
484 for the expense of any such examination and analysis, and in such
485 event a fee shall be charged in accordance with a schedule of fees
486 [directly related to operating costs] to be established by the
487 Commissioner of Public Health. Any person, firm or corporation
488 which operates or maintains a laboratory in which any determination,
489 examination or analysis is made of any sample of water or sewage as a
490 basis for advice as to the sanitary quality of such water or sewage or as
491 to any possible danger to health involved, unless such laboratory has
492 been approved specifically for that purpose by the Department of
493 Public Health, after meeting the requirements established by said
494 department, shall be fined not more than one hundred dollars.

495 Sec. 19. Section 19a-490d of the general statutes is repealed and the
496 following is substituted in lieu thereof (*Effective October 1, 2003*):

497 Each health care facility or institution licensed by the Department of
498 Public Health pursuant to this chapter, [shall,] if advised by the federal
499 Occupational Safety and Health Administration, and each health care
500 facility or institution that employs state employees, except the dental
501 clinics operated by The University of Connecticut Health Center and
502 its divisions, dental services provided by the Department of Mental
503 Health and Addiction Services at Connecticut Valley Hospital and
504 Department of Correction managed health care dental services, the
505 school of dental medicine of The University of Connecticut and the
506 dental clinics of said school until such time as manufacturers have
507 designed and are making needles that have self-contained secondary
508 precautionary type sheathing devices for dental medicine, shall use
509 only injectable equipment having self-contained secondary
510 precautionary type sheathing devices or alternate devices designed to
511 prevent accidental needlestick injuries. The provisions of this section

512 shall not apply to any drug or biologic product that is prepackaged
513 with an administration system or used in a prefilled syringe and is
514 approved for commercial distribution or investigational use by the
515 federal Food and Drug Administration, provided a sharp object injury
516 protection disposal system is in place.

517 Sec. 20. Subsection (b) of section 19a-111a of the general statutes is
518 repealed and the following is substituted in lieu thereof (*Effective*
519 *October 1, 2003*):

520 (b) Within available appropriations, the Commissioner of Public
521 Health may contract with individuals, groups or agencies for the
522 provision of necessary services and enter into assistance agreements
523 with municipalities, cities, boroughs or district departments of health
524 or special service districts for the development and implementation of
525 comprehensive lead poisoning prevention programs consistent with
526 the provisions of sections 19a-110 to [19a-111d] 19a-111c, inclusive.

527 Sec. 21. Section 19a-111b of the general statutes is repealed and the
528 following is substituted in lieu thereof (*Effective October 1, 2003*):

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

531 (1) The commissioner shall institute an educational and publicity
532 program in order to inform the general public, teachers, social workers
533 and other human services personnel; owners of residential property,
534 and in particular, buildings constructed prior to 1950; and health
535 services personnel of the danger, frequency and sources of lead
536 poisoning and methods of preventing such poisoning;

537 (2) The commissioner shall establish an early diagnosis program to
538 detect cases of lead poisoning. Such program shall include, but not be
539 limited to, the routine examination of children under the age of six in
540 accordance with protocols promulgated by the National Centers for
541 Disease Control. Results equal to or greater than the levels specified in
542 section 19a-110 from any examination pursuant to sections 19a-110 to

543 [19a-111d] 19a-111c, inclusive, shall be provided to the child's parent
 544 or legal guardian, the local director of health and the commissioner;
 545 and

546 (3) The commissioner shall establish a program for the detection of
 547 sources of lead poisoning. Within available appropriations, such
 548 program shall include the identification of dwellings in which paint,
 549 plaster or other accessible substances contain toxic levels of lead and
 550 the inspection of areas surrounding such dwellings for lead-containing
 551 materials. Any person who detects a toxic level of lead, as defined by
 552 the commissioner, shall report such findings to the commissioner. The
 553 commissioner shall inform all interested parties, including but not
 554 limited to, the owner of the building, the occupants of the building,
 555 enforcement officials and other necessary parties.

556 Sec. 22. (*Effective October 1, 2003*) Section 19a-111d of the general
 557 statutes is repealed.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>
Sec. 5	<i>October 1, 2003</i>
Sec. 6	<i>October 1, 2003</i>
Sec. 7	<i>October 1, 2003</i>
Sec. 8	<i>October 1, 2003</i>
Sec. 9	<i>October 1, 2003</i>
Sec. 10	<i>October 1, 2003</i>
Sec. 11	<i>October 1, 2003</i>
Sec. 12	<i>October 1, 2003</i>
Sec. 13	<i>October 1, 2003</i>
Sec. 14	<i>October 1, 2003</i>
Sec. 15	<i>October 1, 2003</i>
Sec. 16	<i>October 1, 2003</i>
Sec. 17	<i>October 1, 2003</i>
Sec. 18	<i>October 1, 2003</i>
Sec. 19	<i>October 1, 2003</i>

Sec. 20	<i>October 1, 2003</i>
Sec. 21	<i>October 1, 2003</i>
Sec. 22	<i>October 1, 2003</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Department of Public Health	General Fund - Revenue Gain	Potential Minimal	Potential Minimal

Municipal Impact: None

Explanation

This bill makes various changes, which have fiscal impacts as follows:

Section 1 repeals obsolete language and has no associated fiscal impact.

Section 2 removes obsolete statutory references and makes changes that have no associated fiscal impact.

Section 3 conforms statute to current practice and results in no fiscal impact.

Section 4 removes redundant statutory language and has no associated fiscal impact.

Section 5 makes a change that has no associated fiscal impact.

Section 6 repeals an obsolete reporting requirement and has no associated fiscal impact.

Section 7 makes changes regarding the licensure of homeopathic physicians, on and after October 1, 2003, which have no associated fiscal impact.

Sections 8, 10, and 15 allow the Department of Public Health to license by endorsement specified professionals holding current licenses in good standing in another state having similar licensure standards to Connecticut. To the extent that additional persons seek licensure as a veterinarian, occupational therapist, occupational therapy assistant, or natureopathic physician, the department will experience a workload increase and a minimal revenue gain from the collection of initial and renewal licensure fees of \$450, \$100, \$100 and \$450, respectively.

Section 9 makes a change that has no associated fiscal impact.

Section 11 authorizes certain nursing schools that are now accredited by the National League for Nursing to opt to use another recognized accrediting body and so allow for continued exemption from routine survey visits by DPH. No fiscal impact is anticipated to result from this change.

Section 12 makes a change that has no associated fiscal impact.

Section 13 makes a change that has no associated fiscal impact.

Section 14 may result in a minimal number of additional persons seeking licensure as a veterinarian. The department will experience a workload increase and a minimal revenue gain from the collection of initial and renewal licensure fees of \$450.

Section 16 conforms statute to current practice and results in no fiscal impact.

Section 17 repeals an obsolete statutory reference and has no associated fiscal impact.

Section 18 makes Section 25-40 CGS consistent with Section 19a-26 CGS, which was modified by PA 99-125 in response to a finding of the Auditors of Public Accounts that indicated that the State Laboratory's schedule of fees was not uniformly compliant with previous law (which required the fees to be directly related to operating costs). The

Department of Public Health has stated that it intends to make no immediate change to its fee schedule for water testing as a result.

Section 19 makes additional state institutions, when providing dental care, exempt from a requirement to only use safe needle devices. Due to the fact that comparable safety needles for dental use do not presently exist, no money has been budgeted under the University of Connecticut Health Center, the Department of Mental Health and Addiction Services or the Department of Correction for this purpose. Consequently, exempting them from this requirement will not result in any fiscal impact. The exemption will be in place until adequate safety needles become available.

Sections 20 - 22 repeal obsolete statutory references and have no associated fiscal impact.

OLR Bill Analysis

sHB 6677

AN ACT CONCERNING REVISIONS TO CERTAIN DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES**SUMMARY:**

This bill makes a number of substantive and technical changes to Department of Public Health (DPH) statutes. The bill exempts dental clinics operated by the UConn Health Center and its divisions, dental services provided by the Department of Mental Health and Addiction Services at Connecticut Valley Hospital, and Department of Correction managed health care dental services from the requirement that health care facilities with public employees use only safe needle devices until manufacturers design and make needles with self-contained secondary, precautionary-type sheathing devices for dental medicine.

The bill also:

1. gives DPH the authority to promulgate regulations on retail food establishments, catering establishments, and itinerant food vending establishments;
2. gives someone aggrieved by an order of a local health director three business days, instead of 48 hours, to appeal to DPH;
3. defines "homeopathic physician" and establishes training requirements for such physicians;
4. allows DPH to license by endorsement a natureopathic physician licensed in another state with requirements substantially similar to Connecticut's, and sets a \$450 license fee;
5. allows DPH to license by endorsement occupational therapists and occupational therapy assistants licensed or certified in another state with standards substantially similar to Connecticut's;
6. allows a physician licensed in another state who is employed in this state by an individual to treat his ailment, injury, or disease to

- practice in the state without a Connecticut license for up to 30 consecutive days;
7. recognizes certification by the Program for the Assessment of Veterinary Education equivalence when licensing foreign-educated veterinarians, in addition to the currently recognized Educational Commission for Foreign Veterinary Graduates;
 8. allows DPH to license by endorsement a veterinarian licensed in another state with requirements substantially similar to Connecticut's;
 9. clarifies that DPH can investigate and take disciplinary actions against marital and family therapists for violation of statutes and regulations concerning their licensure;
 10. clarifies the deadline by which a nurse's aide can appeal a complaint against her;
 11. gives DPH the authority to certify people who test backflow prevention devices and perform cross-connection surveys, and requires DPH to adopt related regulations;
 12. requires DPH to maintain a list of companies and individuals performing radon analytical measurement services and residential mitigation services instead of a list based on a federal program;
 13. changes criteria related to DPH's determination of fees for water supply testing;
 14. repeals a requirement that DPH adopt regulations on certification criteria and procedures for lead inspectors and lead abatement and removal contractors because this requirement has been superceded by another statute requiring such regulation;
 15. repeals a statute requiring DPH to establish, by regulation, passing scores for licensure examinations of lead abatement contractors and lead consultant contractors;
 16. repeals a provision requiring the reporting of toxic lead levels to DPH;

17. repeals a requirement for DPH to annually report to the governor and legislature on recommendations for executive and legislative action beneficial to the public interest;
18. repeals an apparently obsolete provision requiring DPH to annually inspect certain facilities; and
19. makes technical changes.

EFFECTIVE DATE: October 1, 2003

HOMEOPATHIC PHYSICIANS

Homeopathy is a system of medicine that attempts to stimulate the body to recover itself. It is based on the “law of similars” which looks for the one substance that, if administered in minute doses to a sick person, would produce similar symptoms in a healthy person if administered in large doses. Under the bill, a homeopathic physician must be licensed to practice medicine and surgery and successfully complete at least 120 hours of post-graduate medical training in homeopathy in an approved institution or 120 hours of post-graduate medical training under the direct supervision of a licensed homeopathic physician. The latter training must include 30 hours of theory and 90 hours of clinical practice. The existing Homeopathic Medical Examining Board must approve the training done under a licensed homeopathic physician.

BACKFLOW PREVENTION DEVICES

The bill gives DPH the authority to certify people who test backflow prevention devices and perform cross-connection surveys. DPH must adopt regulations on standards and procedures for issuing and renewing certificates for these activities. The bill also allows DPH to take a variety of disciplinary actions against testers of backflow devices and those doing cross-connection surveys for incompetence, illegal performance, negligence, fraud in obtaining a certificate, fraud or material deception in performing professional activities, a felony conviction, or failure to complete training.

WATER SUPPLY TESTING FEES

DPH performs examinations and analyses of water samples submitted

by local health directors when they believe public health is threatened. DPH does this examination without charge unless the town is to be reimbursed for the costs of the examination. In that case, a fee is charged according to a schedule of fees established by DPH directly related to operating costs. This bill removes the requirement that the fees be directly related to operating costs.

RADON SERVICE COMPANIES

Current law requires DPH to publish a list of companies performing radon mitigation or diagnosis, and radon testing companies who are listed with the federal Environmental Protection Agency's (EPA) Radon Proficiency Program. Apparently, EPA has not provided this service since 1998. Instead, the bill requires DPH to maintain a list of companies or individuals doing radon analytical measurement services and residential mitigation services. The list must contain only those who are included on current lists of national radon proficiency programs approved by DPH. The bill also makes related definitional changes concerning radon service providers.

LEAD ABATEMENT CONTRACTORS

The bill repeals a law requiring DPH to establish, by regulation, passing scores for licensure examinations of lead abatement contractors and lead consultant contractors. In practice, lead abatement contractors and lead consultant contractors are primarily business entities, rather than individuals, that must be licensed by DPH but do not have to meet "passing scores." Workers for such businesses, such as lead consultants, lead abatement supervisors, and lead abatement workers must be certified by DPH.

TOXIC LEAD LEVEL REPORTING

The bill repeals a provision requiring a person detecting a toxic lead level to report it to DPH. The DPH commissioner in turn must inform all interested parties, including the building's owner and occupants, as well as enforcement entities. This statute apparently is not consistent with DPH regulations in the Public Health Code that require inspectors to report such toxic lead levels (DPH Regs., Sec. 19a-111-3(d)).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 0