



General Assembly

Substitute Bill No. 396

February Session, 2006

* SB00396KIDPH_030906 *

AN ACT IMPLEMENTING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING IN THIS STATE.

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

1 Section 1. Section 19a-111a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2006*):

3 (a) The [Commissioner] Department of Public Health shall be the
4 lead state agency for lead poisoning prevention in this state. The
5 Commissioner of Public Health shall (1) identify the state and local
6 agencies in this state with responsibilities related to lead poisoning
7 prevention, and (2) schedule a meeting of such state agencies and
8 representative local agencies at least once annually in order to
9 coordinate lead poisoning prevention efforts in this state.

10 (b) The commissioner shall establish a lead poisoning prevention
11 program [. Such program shall] to provide screening, diagnosis,
12 consultation, inspection and treatment services, including, but not
13 limited to, the prevention and elimination of lead poisoning through
14 research, abatement, education and epidemiological and clinical
15 activities. Such program shall include, but need not be limited to, the
16 screening services provided pursuant to section 2 of this act.

17 [(b)] (c) Within available appropriations, the [Commissioner of
18 Public Health] commissioner may contract with individuals, groups or

19 agencies for the provision of necessary services and enter into
20 assistance agreements with municipalities, cities, boroughs or district
21 departments of health or special service districts for the development
22 and implementation of comprehensive lead poisoning prevention
23 programs consistent with the provisions of sections 19a-110 to 19a-
24 111c, inclusive.

25 Sec. 2. (NEW) (*Effective October 1, 2006*) (a) Each primary care
26 provider giving pediatric care to a child six years of age or under in
27 this state shall take or cause to be taken a blood sample from each such
28 child for the purpose of conducting blood lead screening in accordance
29 with this section. Each primary care provider shall also arrange for
30 lead risk assessments in accordance with subsection (b) of this section.
31 The requirements of this section shall not apply to any child whose
32 parent or guardian objects to a blood test as being in conflict with the
33 parent or guardian's religious tenets and practices. For the purposes of
34 this section, a "child six years of age or under" means a child (1) six
35 years of age or under, or (2) whose chronological age is over six years
36 but who is developmentally delayed or has a loss of cognitive skill for
37 no identified reason.

38 (b) (1) Lead screening shall be conducted at least annually for each
39 child between six and thirty six months of age. Additional screening
40 shall be conducted as clinically indicated as determined by the primary
41 care provider. For purposes of this section, clinically indicated
42 screening shall include, but not be limited to, screening for a child
43 who:

44 (A) Has never been screened for blood lead, in which case the child
45 shall be immediately screened regardless of other risk factors; or

46 (B) Has a clinical record or exhibits symptoms indicative of elevated
47 blood lead levels, which symptoms may include, but need not be
48 limited to, neurological symptoms, hyperactivity, behavioral
49 disorders, abdominal pain or developmental delays.

50 (2) In addition to such screening, a risk assessment shall be
51 conducted at least annually for each child between thirty-seven and
52 seventy-two months of age. Such risk assessment shall comply with
53 standards established by the Commissioner of Public Health, and shall
54 include, but need not be limited to, questions to determine whether the
55 child:

56 (A) Is exhibiting a habit of eating nonfood substances;

57 (B) Has a prior confirmed venous blood lead level equal to or
58 greater than ten micrograms per deciliter; or

59 (C) Resides in a residence constructed before 1978 that has
60 undergone major renovations that may increase the risk of lead
61 exposure.

62 Sec. 3. Section 19a-110 of the general statutes is repealed and the
63 following is substituted in lieu thereof (*Effective October 1, 2006*):

64 (a) [Each institution licensed under the provisions of sections 19a-
65 490 to 19a-503, inclusive, and each private clinical laboratory licensed
66 under section 19a-30 shall, within] Not later than forty-eight hours [of
67 receipt of knowledge thereof,] after receiving or completing a report of
68 a person found to have a level of lead in the blood equal to or greater
69 than ten micrograms per deciliter of blood or any other abnormal body
70 burden of lead, each institution licensed under sections 19a-490 to 19a-
71 503, inclusive, as amended, and each clinical laboratory licensed under
72 section 19a-30 shall report to (1) the Commissioner of Public Health,
73 and to the director of health of the town, city or borough in which the
74 person resides: [(1)] (A) The name, full residence address, date of birth,
75 gender, race and ethnicity of each person found to have a level of lead
76 in the blood equal to or greater than ten micrograms per deciliter of
77 blood or any other abnormal body burden of lead; [(2)] (B) the name,
78 address and telephone number of the health care provider who
79 ordered the test; [(3)] (C) the sample collection date, analysis date, type
80 and blood lead analysis result; and [(4)] (D) such other information as

81 the commissioner may require, and (2) the health care provider who
82 ordered the test, the results of the test. With respect to a child six years
83 of age or under, as defined in section 2 of this act, not later than
84 seventy-two hours after the provider receives such results, the
85 provider shall make reasonable efforts to notify the parent or guardian
86 of the child of the blood lead analysis results. Any institution or
87 laboratory making an accurate report in good faith shall not be liable
88 for the act of disclosing said report to the commissioner or to the
89 director of health. The commissioner, after consultation with the Chief
90 Information Officer of the Department of Information Technology,
91 shall determine the method and format of transmission of data
92 contained in said report.

93 (b) Each institution or laboratory that conducts lead testing
94 pursuant to subsection (a) of this section shall, at least monthly, submit
95 to the Commissioner of Public Health a comprehensive report that
96 includes: (1) The name, full residence address, date of birth, gender,
97 race and ethnicity of each person tested pursuant to subsection (a) of
98 this section regardless of the level of lead in the blood; (2) the name,
99 address and telephone number of the health care provider who
100 ordered the test; (3) the sample collection date, analysis date, type and
101 blood lead analysis result; (4) laboratory identifiers; and (5) such other
102 information as the commissioner may require. Any institution or
103 laboratory making an accurate report in good faith shall not be liable
104 for the act of disclosing said report to the commissioner. The
105 commissioner, after consultation with the Chief Information Officer,
106 shall determine the method and format of transmission of data
107 contained in said report.

108 (c) Whenever an institutional laboratory or private clinical
109 laboratory conducting blood lead tests pursuant to this section refers a
110 blood lead sample to another laboratory for analysis, the laboratories
111 may agree on which laboratory will report in compliance with
112 subsections (a) and (b) of this section, but both laboratories shall be
113 accountable to insure that reports are made. The referring laboratory

114 shall insure that the requisition slip includes all of the information that
115 is required in subsections (a) and (b) of this section and that this
116 information is transmitted with the blood specimen to the laboratory
117 performing the analysis.

118 (d) The director of health of the town, city or borough shall provide
119 or cause to be provided, to the parent or guardian of a child reported,
120 pursuant to subsection (a) of this section, with information describing
121 the dangers of lead poisoning, precautions to reduce the risk of lead
122 poisoning, information about potential eligibility for services for
123 children from birth to three years of age pursuant to sections 17a-248
124 to 17a-248g, inclusive, and laws and regulations concerning lead
125 abatement. Said information shall be developed by the Department of
126 Public Health and provided to each local and district director of health.
127 Such director shall conduct an on-site investigation of the source of the
128 lead causing a confirmed venous blood lead level equal to or greater
129 than ten micrograms per deciliter and take further action pursuant to
130 section 19a-111, as amended by this act, if the on-site investigation
131 does not identify the source of the lead exposure.

132 Sec. 4. Section 19a-111 of the general statutes is repealed and the
133 following is substituted in lieu thereof (*Effective October 1, 2006*):

134 Upon receipt of each report of confirmed venous blood lead level
135 equal to or greater than twenty micrograms per deciliter of blood, or
136 after an on-site investigation conducted pursuant to section 19a-110, as
137 amended by this act, fails to identify the source of lead exposure, the
138 local director of health shall make or cause to be made an
139 epidemiological investigation of the source of the lead causing the
140 increased lead level or abnormal body burden and shall order action to
141 be taken by the appropriate person or persons responsible for the
142 condition or conditions which brought about such lead poisoning as
143 may be necessary to prevent further exposure of persons to such
144 poisoning. In the case of any residential unit where such action will not
145 result in removal of the hazard within a reasonable time, the local
146 director of health shall utilize such community resources as are

147 available to effect relocation of any family occupying such unit. The
148 local director of health may permit occupancy in said residential unit
149 during abatement if, in his judgment, occupancy would not threaten
150 the health and well-being of the occupants. The local director of health
151 shall, within thirty days of the conclusion of his investigation, report to
152 the Commissioner of Public Health the result of such investigation and
153 the action taken to insure against further lead poisoning from the same
154 source, including any measures taken to effect relocation of families.
155 Such report shall include information relevant to the identification and
156 location of the source of lead poisoning and such other information as
157 the commissioner may require pursuant to regulations adopted in
158 accordance with [the provisions of] chapter 54. The commissioner shall
159 maintain comprehensive records of all reports submitted pursuant to
160 this section and section 19a-110. Such records shall be geographically
161 indexed in order to determine the location of areas of relatively high
162 incidence of lead poisoning. The commissioner shall prepare a
163 quarterly summary of such records which he shall keep on file and
164 release upon request. The commissioner shall establish, in conjunction
165 with recognized professional medical groups, guidelines consistent
166 with the National Centers for Disease Control for assessment of the
167 risk of lead poisoning, screening for lead poisoning and treatment and
168 follow-up care of individuals including children with lead poisoning,
169 women who are pregnant and women who are planning pregnancy.
170 Nothing in this section shall be construed to prohibit a local building
171 official from requiring abatement of sources of lead.

172 Sec. 5. Subsection (b) of section 10-206 of the 2006 supplement to the
173 general statutes is repealed and the following is substituted in lieu
174 thereof (*Effective October 1, 2006*):

175 (b) Each local or regional board of education shall require each child
176 to have a health assessment prior to public school enrollment. The
177 assessment shall include: (1) A physical examination which shall
178 include hematocrit or hemoglobin tests, height, weight, blood
179 pressure, and, beginning with the 2003-2004 school year, a chronic

180 disease assessment which shall include, but not be limited to, asthma
181 as defined by the Commissioner of Public Health pursuant to
182 subsection (c) of section 19a-62a, and, beginning with the 2007-2008
183 school year, blood lead screening pursuant to section 2 of this act. The
184 assessment form shall include (A) a check box for the provider
185 conducting the assessment, as provided in subsection (a) of this
186 section, to indicate an asthma diagnosis, (B) screening questions
187 relating to appropriate public health concerns to be answered by the
188 parent or guardian, and (C) screening questions to be answered by
189 such provider; (2) an updating of immunizations as required under
190 section 10-204a, provided a registered nurse may only update said
191 immunizations pursuant to a written order by a physician or physician
192 assistant, licensed pursuant to chapter 370, or an advanced practice
193 registered nurse, licensed pursuant to chapter 378; (3) vision, hearing,
194 speech and gross dental screenings; and (4) such other information,
195 including health and developmental history, as the physician feels is
196 necessary and appropriate. The assessment shall also include tests for
197 tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead
198 levels in the blood where the local or regional board of education
199 determines after consultation with the school medical advisor and the
200 local health department, or in the case of a regional board of education,
201 each local health department, that such tests are necessary, provided a
202 registered nurse may only perform said tests pursuant to the written
203 order of a physician or physician assistant, licensed pursuant to
204 chapter 370, or an advanced practice registered nurse, licensed
205 pursuant to chapter 378.

206 Sec. 6. (NEW) (*Effective October 1, 2006*) Each individual health
207 insurance policy providing coverage of the type specified in
208 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
209 statutes delivered, issued for delivery, amended, renewed or
210 continued in this state on or after October 1, 2006, shall provide
211 coverage for blood lead screening and risk assessments ordered by a
212 primary care provider pursuant to section 2 of this act.

213 Sec. 7. Subsection (b) of section 38a-535 of the general statutes is
214 repealed and the following is substituted in lieu thereof (*Effective*
215 *October 1, 2006*):

216 (b) [Every] Each group health insurance policy providing coverage
217 of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of
218 section 38a-469 delivered, issued for delivery or renewed on or after
219 October 1, 1989, or continued as defined in section 38a-531, on or after
220 October 1, 1990, shall provide benefits for preventive pediatric care for
221 any child covered by the policy or contract at approximately the
222 following age intervals: Every two months from birth to six months of
223 age, every three months from nine to eighteen months of age and
224 annually from two through six years of age. Any such policy may
225 provide that services rendered during a periodic review shall be
226 covered to the extent that such services are provided by or under the
227 supervision of a single physician during the course of one visit. Each
228 such policy shall also provide coverage for blood lead screening and
229 risk assessments ordered by a primary care provider pursuant to
230 section 2 of this act. Such benefits shall be subject to any policy
231 provisions which apply to other services covered by such policy.

232 Sec. 8. (NEW) (*Effective July 1, 2006*) (a) There is established a lead
233 safe account, which shall be a separate, nonlapsing account within the
234 General Fund. The account may contain any moneys required by law
235 to be deposited in the account. The account shall be used by the
236 Department of Economic and Community Development for the
237 purpose of providing financial assistance for the remediation or
238 removal of lead from residential real property.

239 (b) The Department of Economic and Community Development
240 shall establish programs to provide financial assistance to owners of
241 residential real property, including, but not limited to, owners of
242 residential rental property. The Commissioner of Economic and
243 Community Development may enter into an agreement with a
244 nonprofit organization or the Department of Social Services to
245 implement such programs.

246 Sec. 9. (NEW) (*Effective from passage*) (a) Not later than January 1,
247 2007, the Department of Education, after consultation with the
248 Department of Public Health, shall develop guidelines for:

249 (1) The management of students in public schools with a blood lead
250 level equal to or greater than ten micrograms per deciliter, which
251 guidelines shall include, but need not be limited to: (A) A process for
252 developing individualized action plans for each such student, (B)
253 education and training for school personnel, including pupil personnel
254 service providers, on the management of such students, including, but
255 not limited to, the establishment of an in-service training program for
256 school personnel and health care providers who provide services to
257 students identified pursuant to subparagraph (C) of this subdivision,
258 provided such education and training shall (i) be included in any
259 continuing education requirement for such personnel and providers,
260 and (ii) comply with federal requirements with respect to such
261 students, and (C) a plan for identifying and evaluating such students
262 who may qualify for special education and related services under the
263 federal Individuals with Disabilities Education Act, 20 USC 1400 et
264 seq., as amended from time to time, or services under Section 504 of
265 the federal Rehabilitation Act of 1973, 29 USC 794 et seq., as amended
266 from time to time; and

267 (2) Lead-safe practices in the management of school programs and
268 facilities to prevent exposure to lead contaminants, including day-to-
269 day management of potential sources of exposure such as art supplies
270 and school renovations and repairs.

271 (b) Not later than July 1, 2007, each local and regional board of
272 education, after consultation with the local or district health
273 department, shall implement a plan based on the guidelines developed
274 pursuant to subsection (a) of this section.

275 Sec. 10. (NEW) (*Effective October 1, 2006*) Not later than January 1,
276 2007, the Commissioner of Public Health shall review the data
277 collected by the Department of Public Health regarding lead poisoning

278 to determine if it is recorded in a format that is compatible with the
279 information reported by institutions and laboratories pursuant to
280 section 19a-110 of the general statutes, as amended by this act. If the
281 commissioner finds that such data should be reported in a different
282 manner, the commissioner shall adopt regulations, in accordance with
283 chapter 54 of the general statutes, to establish the manner for reporting
284 such data.

285 Sec. 11. Section 19a-111c of the general statutes is repealed and the
286 following is substituted in lieu thereof (*Effective October 1, 2006*):

287 (a) The owner of any dwelling in which the paint, plaster or other
288 [materials] material is found to contain toxic levels of lead and in
289 which children [under the age of six] six years of age or under, as
290 defined in section 2 of this act reside, shall abate, remediate or manage
291 such dangerous materials consistent with regulations adopted
292 pursuant to this section. The Commissioner of Public Health shall
293 adopt regulations, in accordance with [the provisions of] chapter 54,
294 establishing [removal and] requirements and procedures for testing,
295 remediation, abatement [requirements and procedures for] and
296 management of materials containing toxic levels of lead.

297 (b) The Commissioner of Public Health may adopt regulations, in
298 accordance with chapter 54, to regulate paint removal from the exterior
299 of any building or structure. For the purposes of such regulations,
300 structure means any large edifice and includes, but is not limited to, a
301 bridge, dam, framework or tank. Such regulations shall: (1) Require
302 that notice be given to the local director of health, five business days
303 prior to the commencement of any abrasive blasting, power sanding,
304 hydro-blasting, similar abrasive paint removal operation, open flame
305 burning, or power washing that will disturb more than two square feet
306 of paint and that may result in the release of visible dust, debris, mist
307 or contaminated liquids from the exterior of a residential or public
308 building that was constructed prior to December 31, 1978, or from the
309 exterior of a commercial building or structure regardless of the date of
310 construction, (2) authorize the local health department to establish and

311 collect notification fees to offset costs related to program
312 administration, oversight and management, and (3) establish: (A)
313 Definitions, (B) applicability and exemption criteria, (C) procedures for
314 submission of notifications, (D) appropriate work practices, and (E)
315 penalties for noncompliance.

316 (c) The commissioner shall authorize the use of any liquid,
317 cementitious or flexible lead encapsulant product which complies with
318 an appropriate standard for such products developed by the American
319 Society for Testing and Materials or similar testing organization
320 acceptable to the commissioner for the abatement [of toxic levels of
321 lead, unless the commissioner disapproves the use of any such
322 product] and remediation of lead hazards. The commissioner shall
323 maintain a list of all such approved lead encapsulant products that
324 may be used in this state for the abatement [of toxic levels of lead] and
325 remediation of lead hazards.

326 Sec. 12. Subsection (e) of section 19a-206 of the general statutes is
327 repealed and the following is substituted in lieu thereof (*Effective*
328 *October 1, 2006*):

329 (e) When such nuisance is abated or remediated or the source of
330 filth is removed from private property, or when the failure of an owner
331 to abate or remediate a nuisance has resulted in the relocation of a
332 tenant or tenants by order of the director of health, such abatement,
333 [or] remediation, removal or relocation shall be at the expense of the
334 owner or, where applicable, occupant of such property, or both, and
335 damages and costs for such abatement [or] remediation, removal or
336 relocation may be recovered against them by the town, city or borough
337 in a civil action as provided in subsection (b) or in a separate civil
338 action brought by the director of health or any official of such city,
339 town or borough authorized to institute civil actions. When the owner
340 is responsible for such expense, the entire amount expended by the
341 city, town, borough or district department of health as set forth in this
342 section, including attorney's fees and associated costs, shall be secured
343 by a lien on the property for the benefit of the city, town, borough or

344 district department of health. Any lien for such funds that have been
345 expended by the city, town, borough or district department of health
346 shall have the same priority as a lien for municipal taxes.

347 Sec. 13. Section 47a-52 of the general statutes is repealed and the
348 following is substituted in lieu thereof (*Effective October 1, 2006*):

349 (a) As used in this section, "rented dwelling" means any structure or
350 portion thereof which is rented, leased, or hired out to be occupied as
351 the home or residence of one or two families and any mobile
352 manufactured home in a mobile manufactured home park which,
353 although owned by its resident, sits upon a space or lot which is
354 rented, leased or hired out, but shall not include a tenement house as
355 defined in section 19a-355 or in section 47a-1.

356 (b) "Department of health" means the health authority of each city,
357 borough or town, by whatever name such health authority may be
358 known.

359 (c) When any defect in the plumbing, sewerage, water supply,
360 drainage, lighting, ventilation, or sanitary condition of a rented
361 dwelling, or of the premises on which it is situated, in the opinion of
362 the department of health of the municipality [wherein] where such
363 dwelling is located, constitutes a danger to life or health, the
364 department may order the responsible party to correct the same in
365 such manner as it specifies. If the order is not complied with within the
366 time limit set by the department, the person in charge of the
367 department may institute a civil action for injunctive relief, in
368 accordance with chapter 916, to require the abatement of such danger.

369 (d) Paint on the exposed surfaces of any such rented dwelling or
370 dwelling unit shall not be cracked, chipped, blistered, flaking, loose, or
371 peeling. Paint on the exposed surfaces of a rented dwelling that was
372 constructed prior to 1978 shall be presumed to be lead-based paint.
373 The owner may rebut the presumption of lead-based paint by
374 producing paint analyses results that have been generated at the

375 owner's expense by a licensed lead consultant contractor utilizing
376 testing procedures consistent with sections 19a-111-1 to 19a-111-11,
377 inclusive, of the regulations of Connecticut state agencies. The director
378 of health of the municipality or health district where such dwelling is
379 located may order the responsible party to remediate hazardous paint
380 conditions and shall require the use of lead-safe work practices
381 consistent with methods described in lead-safe work practices training
382 courses that have been approved by the United States Department of
383 Housing and Urban Development pursuant to 24 CFR 35.1330(a)(4).
384 Lead hazard remediation shall be conducted by individuals who have
385 successfully completed such approved lead-safe work practices
386 training courses or are certified lead abatement supervisors or certified
387 lead abatement workers or are working under the constant on-site
388 supervision of a certified lead abatement supervisor.

389 ~~[(d)]~~ (e) When the department of health certifies that any such
390 rented dwelling or premises are unfit for human habitation, by reason
391 of defects which may cause sickness or endanger the health of the
392 occupants, the department may issue an order requiring the rented
393 dwelling, premises or any portion thereof to be vacated within not less
394 than twenty-four hours or more than ten days.

395 ~~[(e)]~~ (f) Any person who violates or assists in violating, or fails to
396 comply with, any provision of this section or any legal order of a
397 department of health made under any such provision shall be fined
398 not more than two hundred dollars or imprisoned not more than sixty
399 days or both.

400 ~~[(f)]~~ (g) Any person aggrieved by an order issued under this section
401 may appeal, pursuant to section 19a-229, to the Commissioner of
402 Public Health.

403 Sec. 14. Section 47a-54f of the general statutes is repealed and the
404 following is substituted in lieu thereof (*Effective October 1, 2006*):

405 (a) In each tenement, lodging or boarding house the walls of any

406 court, shaft, hall or room shall be whitewashed or painted a light color
407 whenever, in the opinion of the board of health or enforcing agency,
408 such whitewashing or painting is needed for the better lighting of any
409 room, hall or water closet compartment.

410 (b) Paint on the [accessible] exposed surfaces of a tenement house
411 shall not be cracked, chipped, blistered, flaking, loose, or peeling. [so
412 as to constitute a health hazard.] Paint on the exposed surfaces of a
413 tenement house that was constructed prior to 1978 shall be presumed
414 to be lead-based paint. The owner may rebut the presumption of lead-
415 based paint by producing paint analyses results that have been
416 generated at the owner's expense by a licensed lead consultant
417 contractor utilizing testing procedures consistent with sections 19a-
418 111-1 to 19a-111-11, inclusive, of the regulations of Connecticut state
419 agencies. The director of health of the municipality or health district
420 where such tenement house is located may order the responsible party
421 to remediate hazardous paint conditions and shall require the use of
422 lead-safe work practices consistent with methods described in lead-
423 safe work practices training courses that have been approved by the
424 United States Department of Housing and Urban Development
425 pursuant to 24 CFR 35.1330(a)(4). Lead hazard remediation shall be
426 conducted by individuals who have successfully completed such
427 approved lead-safe work practices training courses or are certified lead
428 abatement supervisors or certified lead abatement workers or are
429 working under the constant on-site supervision of a certified lead
430 abatement supervisor.

431 Sec. 15. (*Effective July 1, 2006*) The sum of two million dollars is
432 appropriated to the Department of Economic and Community
433 Development, from the General Fund, for the fiscal year ending June
434 30, 2007, for the purpose of providing financial assistance for the
435 remediation or removal of lead from residential real property.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2006</i>	19a-111a
Sec. 2	<i>October 1, 2006</i>	New section
Sec. 3	<i>October 1, 2006</i>	19a-110
Sec. 4	<i>October 1, 2006</i>	19a-111
Sec. 5	<i>October 1, 2006</i>	10-206(b)
Sec. 6	<i>October 1, 2006</i>	New section
Sec. 7	<i>October 1, 2006</i>	38a-535(b)
Sec. 8	<i>July 1, 2006</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>October 1, 2006</i>	New section
Sec. 11	<i>October 1, 2006</i>	19a-111c
Sec. 12	<i>October 1, 2006</i>	19a-206(e)
Sec. 13	<i>October 1, 2006</i>	47a-52
Sec. 14	<i>October 1, 2006</i>	47a-54f
Sec. 15	<i>July 1, 2006</i>	New section

KID

Joint Favorable Subst. C/R

PH