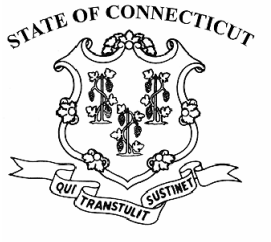

Substitute House Bill No. 7163

Public Act No. 07-252

AN ACT CONCERNING REVISIONS TO STATUTES RELATING TO THE DEPARTMENTS OF PUBLIC HEALTH AND SOCIAL SERVICES AND TOWN CLERKS.

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

Section 1. Section 1-43 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The use of the following form in the creation of a power of attorney is authorized, and, when used, it shall be construed in accordance with the provisions of this chapter:

"Notice: The powers granted by this document are broad and sweeping. They are defined in Connecticut Statutory Short Form Power of Attorney Act, sections 1-42 to 1-56, inclusive, of the general statutes, which expressly permits the use of any other or different form of power of attorney desired by the parties concerned. The grantor of any power of attorney or the attorney-in-fact may make application to a court of probate for an accounting as provided in subsection (b) of section 45a-175.

Know All Men by These Presents, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to Connecticut Statutory Short Form Power of Attorney Act:

That I .... (insert name and address of the principal) do hereby appoint .... (insert name and address of the agent, or each agent, if more than one is designated) my attorney(s)-in-fact TO ACT .....

If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word 'severally'. Failure to make any insertion or the insertion of the word 'jointly' shall require the agents to act jointly.

First: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent:

(Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to **[**(L)**]** (K), inclusive, shall automatically constitute an elimination also of subdivision **[**(M)**]** (L).)

To strike out any subdivision the principal must draw a line through the text of that subdivision AND write his initials in the box opposite.

(A)	real estate transactions;	( )
(B)	chattel and goods transactions;	( )
(C)	bond, share and commodity transactions;	( )
(D)	banking transactions;	( )
(E)	business operating transactions;	( )
(F)	insurance transactions;	( )
(G)	estate transactions;	( )
(H)	claims and litigation;	( )
(I)	personal relationships and affairs;	( )

(J)	benefits from military service;	( )
(K)	records, reports and statements;	( )
[(L)	health care decisions;	( )**]**
[(M)**]** (L)	all other matters;	( )

……

……

……

……

(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Statutory Short Form Power of Attorney Act.)

Second: With full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;

Third: Hereby ratifying and confirming all that said attorney(s) or substitute(s) do or cause to be done.

In Witness Whereof I have hereunto signed my name and affixed my seal this .... day of ...., 20...

.... (Signature of Principal) (Seal)

(ACKNOWLEDGMENT)"

The execution of this statutory short form power of attorney shall be duly acknowledged by the principal in the manner prescribed for the acknowledgment of a conveyance of real property.

No provision of this chapter shall be construed to bar the use of any other or different form of power of attorney desired by the parties concerned.

Every statutory short form power of attorney shall contain, in

boldface type or a reasonable equivalent thereof, the "Notice" at the beginning of this section.

(b) A power of attorney is a "statutory short form power of attorney", as this phrase is used in this chapter, when it is in writing, has been duly acknowledged by the principal and contains the exact wording of clause First set forth in subsection (a) of this section, except that any one or more of subdivisions (A) to **[**(M)**]** (K) may be stricken out and initialed by the principal, in which case the subdivisions so stricken out and initialed and also subdivision **[**(M)**]** (L) shall be deemed eliminated. A statutory short form power of attorney may contain modifications or additions of the types described in section 1-56.

(c) If more than one agent is designated by the principal, such agents, in the exercise of the powers conferred, shall act jointly unless the principal specifically provides in such statutory short form power of attorney that they are to act severally.

(d) (1) The principal may indicate that a power of attorney duly acknowledged in accordance with this section shall take effect upon the occurrence of a specified contingency, including a date certain or the occurrence of an event, provided that an agent designated by the principal executes a written affidavit in accordance with section 1-56h that such contingency has occurred.

(2) The principal may indicate the circumstance or date certain upon which the power of attorney shall cease to be effective.

Sec. 2. Section 1-55 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

In a statutory short form power of attorney, the language conferring general authority with respect to all other matters shall be construed to mean that the principal authorizes the agent to act as an alter ego of

the principal with respect to any matters and affairs not enumerated in sections 1-44 to 1-54, inclusive, except health care decisions, and which the principal can do through an agent.

Sec. 3. Subsection (g) of section 17a-238 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(g) The commissioner's oversight and monitoring of the medical care of persons placed or treated under the direction of the commissioner does not include the authority to make treatment decisions, except in limited circumstances in accordance with statutory procedures. In the exercise of such oversight and monitoring responsibilities, the commissioner shall not impede or seek to impede a properly executed medical order to withhold cardiopulmonary resuscitation. For purposes of this subsection, "properly executed medical order to withhold cardiopulmonary resuscitation" means (1) a written order by the attending physician; (2) in consultation and with the consent of the patient or a person authorized by law; (3) when the attending physician is of the opinion that the patient is in a terminal condition, as defined in section 19a-570, which condition will result in death within days or weeks; and (4) when such physician has requested and obtained a second opinion from a Connecticut licensed physician in the appropriate specialty that confirms the patient's terminal condition; and includes the entry of such an order when the attending physician is of the opinion that the patient is in the final stage of a terminal condition but cannot state that the patient may be expected to expire during the next several days or weeks, or, in consultation with a physician qualified to make a neurological diagnosis, deems the patient to be permanently unconscious, provided the commissioner has reviewed the decision with the department's director of community medical services, the family and guardian of the patient and others **[**who**]** whom the commissioner deems appropriate,

and determines that the order is a medically acceptable decision.

Sec. 4. Subsection (a) of section 19a-7d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The Commissioner of Public Health may establish, within available appropriations, a program to provide three-year grants to community-based providers of primary care services in order to expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as **[**a**]** Medicaid **[**provider**]** providers, or provide nursing services in school-based health centers. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, "primary care clinicians" includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses,

physician assistants and dental hygienists.

Sec. 5. Subsection (a) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction which have no board or commission may take any of the following actions, singly or in combination, based on conduct which occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department;

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(6) Assess a civil penalty of up to **[**ten**]** twenty-five thousand dollars;

or

(7) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

Sec. 6. Section 19a-26 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The Department of Public Health may establish, maintain and control state laboratories to perform examinations of supposed morbid tissues, other laboratory tests for the diagnosis and control of preventable diseases, and laboratory work in the field of sanitation, environmental and occupational testing and research studies for the protection and preservation of the public health. Such laboratory services shall be performed upon the application of licensed physicians, other laboratories, licensed dentists, licensed podiatrists, local directors of health, public utilities or state departments or institutions, subject to regulations prescribed by the Commissioner of Public Health, and upon payment of any applicable fee as **[**hereinafter**]**

provided in this section. For such purposes the department may provide necessary buildings and apparatus, employ, subject to the provisions of chapter 67, administrative and scientific personnel and assistants and do all things necessary for the conduct of such laboratories. The Commissioner of Public Health **[**shall**]** may establish a schedule of fees, **[**based upon nationally recognized standards and performance measures for analytic work effort for such laboratory services,**]** provided the commissioner **[**(1) shall waive**]** waives the fees for local directors of health and local law enforcement agencies. **[**and (2)**]** If the commissioner establishes a schedule of fees, the commissioner may waive (1) the fees, in full or in part, for others if the commissioner determines that the public health requires a waiver, **[**. The commissioner may waive**]** and (2) fees for chlamydia and gonorrhea testing for nonprofit organizations if the organization provides combination chlamydia and gonorrhea test kits. The commissioner shall also establish a fair handling fee which a client of a state laboratory may charge a person or third party payer for arranging for the services of the laboratory. Such client shall not charge an amount in excess of such handling fee.

Sec. 7. Section 19a-121 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The Department of Public Health shall establish a grant program to provide funds to **[**private agencies which provide services to persons suffering from**]** qualifying individuals and organizations, including local health departments, that serve persons infected with and affected by human immunodeficiency virus ("HIV") or acquired immune deficiency syndrome ("AIDS"), **[**and**]** the families of such persons and persons at risk of contracting HIV or AIDS, or both. The grants shall be used for services including, but not limited to, education, counseling and prevention.

(b) Any agency **[**which**]** that receives funds from the department to

provide tests for **[**AIDS**]** HIV shall give priority to persons in high risk categories. **[**and shall establish a fee schedule based upon a person's ability to pay for such test.**]**

Sec. 8. Section 19a-121c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The Department of Public Health shall establish a public information program for the distribution of materials, including but not limited to, pamphlets, films and public service announcements, on HIV and AIDS.

Sec. 9. Section 19a-121f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

[(a) Any municipality, hospital, public or independent college or university or individual**]** Any qualifying individual or organization may apply to the Commissioner of Public Health for a grant-in-aid for a program established for the study or treatment of **[**acquired immune deficiency syndrome. Such grant shall be used (1) to conduct a study of (A) the effectiveness of procedures available for the prevention of AIDS, (B) testing procedures for the detection of the human immunodeficiency virus, (C) the means by which the transmission of AIDS from person to person can be effectively prevented, or (D) how the disease progresses in the victim, (2) for purposes of providing counseling or psychiatric assistance for persons infected by the human immunodeficiency virus and their families, and (3) the future state resources which will be necessary to address the AIDS epidemic in Connecticut**]** HIV or AIDS, or both. Any request for such grant shall be submitted in writing to the commissioner, in the form and manner prescribed by the commissioner.

[(b) The Commissioner of Public Health shall adopt regulations, and may adopt emergency regulations, in accordance with the provisions

of chapter 54, which establish all necessary guidelines and procedures for the administration of such grant program.**]**

Sec. 10. Subsection (i) of section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to **[**its**]** their existing **[**fleet**]** fleets pursuant to subsection (h) of this section. The application shall require **[**the**]** an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed to be used, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection (h) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one year period preceding the date of the application.

Sec. 11. Section 19a-322 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The managers of each crematory shall keep books of record, which shall be open at reasonable times for inspection, in which shall be entered the name, age, sex and residence of each person whose body is cremated, together with the authority for such cremation and the disposition of the ashes. The owner or superintendent shall complete the cremation permit required by section 19a-323, retain a copy for record and immediately forward the original permit to the registrar of the town in which the death occurred. The registrar shall keep the cremation permit on file and record it with other vital statistics. When any body is removed from this state for the purpose of cremation, the

person having the legal custody and control of such body shall cause a certificate to be procured from the person in charge of the crematory in which such body is incinerated, stating the facts called for in this section, and cause such certificate to be filed for record with the registrar of the town in which the death occurred. Each crematory shall retain on its premises, for not less than three years after final disposition of cremated remains, books of record, copies of cremation permits, cremation authorization documentation and documentation of receipt of cremated remains.

Sec. 12. Subsection (a) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

As used in this chapter and sections 17b-261e, 38a-498b and 38a-525b:

(a) "Institution" means a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded.

Sec. 13. Subsection (l) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective*

October 1, 2007):

(l) "Assisted living services agency" means an **[**institution**]** agency that provides, among other things, nursing services and assistance with activities of daily living to a population that is chronic and stable.

Sec. 14. Subdivision (3) of subsection (c) of section 19a-561 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(3) An affidavit signed by the applicant disclosing any matter in which the applicant (A) has been convicted of an offense classified as a felony under section 53a-25 or pleaded nolo contendere to a felony charge, or (B) has been held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property, **[**;**]** or (C) is subject to a currently effective injunction or restrictive or remedial order of a court of record at the time of application, or (D) within the past five years has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, but not limited to, actions affecting the operation of a nursing facility, residential care home or any facility subject to sections 17b-520 to 17b-535, inclusive, or a similar statute in another state or country.

Sec. 15. Subsection (a) of section 19a-562 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section and section 19a-562a, as amended by this act, "Alzheimer's special care unit or program" means any nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice or adult foster home that

locks, secures, segregates or provides a special program or unit for residents with a diagnosis of probable Alzheimer's disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, and that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer's disease or dementia.

Sec. 16. Subsection (c) of section 19a-562 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(c) Each Alzheimer's special care unit or program shall develop a standard disclosure form for compliance with subsection (b) of this section and shall annually review and verify the accuracy of the information provided by Alzheimer's special care units or programs. Each Alzheimer's special care unit or program shall update any significant **[**changes**]** change to the information reported pursuant to subsection (b) of this section not later than thirty days after such change.

Sec. 17. Section 19a-562a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

Each Alzheimer's special care unit or program shall annually provide Alzheimer's and dementia specific training to all licensed and registered direct care staff who provide direct patient care to residents enrolled in Alzheimer's special care units or programs. Such requirements shall include, but not be limited to, (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment and not less than three hours of such training annually thereafter, and (2) annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff.

Sec. 18. Section 19a-570 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

For purposes of this section **[**,**]** and sections 19a-571 to 19a-580c, inclusive:

(1) "Advance health care directive" or "advance directive" means a writing executed in accordance with the provisions of this chapter, including, but not limited to, a living will, or an appointment of health care representative, or both;

(2) "Appointment of health care representative" means a document executed in accordance with section 19a-575a, as amended by this act, or 19a-577 that appoints a health care representative to make health care decisions for the declarant in the event the declarant becomes incapacitated;

(3) "Attending physician" means the physician selected by, or assigned to, the patient, who has primary responsibility for the treatment and care of the patient;

(4) "Beneficial medical treatment" includes the use of medically appropriate treatment, including surgery, treatment, medication and the utilization of artificial technology to sustain life;

(5) "Health care representative" means the individual appointed by a declarant pursuant to an appointment of health care representative for the purpose of making health care decisions on behalf of the declarant;

(6) "Incapacitated" means being unable to understand and appreciate the nature and consequences of health care decisions, including the benefits and disadvantages of such treatment, and to reach and communicate an informed decision regarding the treatment;

(7) "Life support system" means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness, including, but not limited to, mechanical or electronic devices, including artificial means of providing nutrition or hydration;

(8) "Living will" means a written statement in compliance with section 19a-575a, as amended by this act, containing a declarant's wishes concerning any aspect of his or her health care, including the withholding or withdrawal of life support systems;

(9) "Next of kin" means any member of the following classes of persons, in the order of priority listed: (A) The spouse of the patient; (B) an adult son or daughter of the patient; (C) either parent of the patient; (D) an adult brother or sister of the patient; and (E) a grandparent of the patient;

(10) "Permanently unconscious" means an irreversible condition in which the individual is at no time aware of himself or herself or the environment and shows no behavioral response to the environment and includes permanent coma and persistent vegetative state;

(11) "Terminal condition" means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short time period, **[**time,**]** in the opinion of the attending physician.

Sec. 19. Section 19a-575a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) Any person eighteen years of age or older may execute a document that contains health care instructions, the appointment of a health care representative, the designation of a conservator of the person for future incapacity and a document of anatomical gift. Any

such document shall be signed and dated by the maker with at least two witnesses and may be in the substantially following form:

THESE ARE MY HEALTH CARE INSTRUCTIONS.

MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

FOR MY FUTURE INCAPACITY

AND

MY DOCUMENT OF ANATOMICAL GIFT

To any physician who is treating me: These are my health care instructions including those concerning the withholding or withdrawal of life support systems, together with the appointment of my health care representative, the designation of my conservator of the person for future incapacity and my document of anatomical gift. As my physician, you may rely on these health care instructions and any decision made by my health care representative or conservator of my person, if I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care.

I, ..., the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I

am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to: Artificial respiration, cardiopulmonary resuscitation and artificial means of providing nutrition and hydration. I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

I appoint .... to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care representative is authorized to make any and all health care decisions for me, including (1) the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law **[**, including, but not limited to,**]** such as for psychosurgery or shock therapy, as defined in section 17a-540, and (2) the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If .... is unwilling or unable to serve as my health care representative, I appoint .... to be my alternative health care representative.

If a conservator of my person should need to be appointed, I designate .... be appointed my conservator. If .... is unwilling or unable to serve as my conservator, I designate ..... No bond shall be required

of either of them in any jurisdiction.

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

I give: (check one)

…. (1) any needed organs or parts
…. (2) only the following organs or parts ….

to be donated for: (check one)

(1) …. any of the purposes stated in subsection (a) of section 19a-279f of the general statutes
(2) …. these limited purposes ….

These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

Date …., 20..

…. L.S.

This document was signed in our presence by .... the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

....	….
(Witness)	(Witness)
….	….

(Number and Street)	(Number and Street)
….	….
(City, State and Zip Code)	(City, State and Zip Code)

STATE OF CONNECTICUT }
ss. ....
COUNTY OF ....

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request, and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this .... day of .... 20...

….	….
(Witness)	(Witness)

Subscribed and sworn to before me this .... day of .... 20..

….
Commissioner of the Superior Court
Notary Public
My commission expires: ….

(Print or type name of all persons signing under all signatures)

(b) Except as provided in section 19a-579b, an appointment of health

care representative may only be revoked by the declarant, in writing, and the writing shall be signed by the declarant and two witnesses.

(c) The attending physician or other health care provider shall make the revocation of an appointment of health care representative a part of the declarant's medical record.

(d) In the absence of knowledge of the revocation of an appointment of health care representative, a person who carries out an advance directive pursuant to the provisions of this chapter shall not be subject to civil or criminal liability or discipline for unprofessional conduct for carrying out such advance directive.

(e) The revocation of an appointment of health care representative does not, of itself, revoke the living will of the declarant.

Sec. 20. Section 19a-577 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

Any person eighteen years of age or older may execute a document that may, but need not be, in substantially the following form:

DOCUMENT CONCERNING THE APPOINTMENT
OF HEALTH CARE REPRESENTATIVE

"I understand that, as a competent adult, I have the right to make decisions about my health care. There may come a time when I am unable, due to incapacity, to make my own health care decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and health care wishes. By signing this appointment of health care representative, I appoint a health care representative with legal authority to make health care decisions on my behalf in such case or at such time.

I appoint .... (Name) to be my health care representative. If my

attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment, my health care representative is authorized to (1) accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law, **[**including, but not limited to,**]** such as for psychosurgery or shock therapy, as defined in section 17a-540, and (2) make the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in a living will, or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If this person is unwilling or unable to serve as my health care representative, I appoint .... (Name) to be my alternative health care representative."

"This request is made, after careful reflection, while I am of sound mind."

.... (Signature)
.... (Date)

This document was signed in our presence, by the above-named .... (Name) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

.... (Witness)
.... (Address)
.... (Witness)

.... (Address)

Sec. 21. Section 19a-580f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) An advance directive properly executed prior to October 1, 2006, shall have the same legal force and effect as if it had been executed in accordance with the provisions of this chapter.

(b) An appointment of health care agent properly executed prior to October 1, 2006, shall have the same legal force and effect as if it had been executed in accordance with the provisions of this chapter in effect at the time of its execution.

(c) A power of attorney for health care decisions properly executed prior to October 1, 2006, shall have the same power and effect as provided under section 1-55 of the general statutes in effect at the time of its execution.

Sec. 22. Subsection (c) of section 20-8a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(c) The Commissioner of Public Health shall establish a list of twenty-four persons who may serve as members of medical hearing panels established pursuant to subsection (g) of this section. Persons appointed to the list shall serve as members of the medical hearing panels and provide the same services as members of the Connecticut Medical Examining Board. Members from the list serving on such panels shall not be voting members of the Connecticut Medical Examining Board. The list shall consist of twenty-four members appointed by the commissioner, at least eight of whom shall be physicians, as defined in section 20-13a, with at least one of such physicians being a graduate of a medical education program accredited by the American Osteopathic Association, at least one of

whom shall be a physician assistant licensed pursuant to section 20-12b, and nine of whom shall be members of the public. No professional member of the list shall be an elected or appointed officer of a professional society or association relating to such member's profession at the time of appointment to the list or have been such an officer during the year immediately preceding such appointment to the list. A licensed professional appointed to the list shall be a practitioner in good professional standing and a resident of this state. All vacancies shall be filled by the commissioner. Successors and **[**appointments**]** members appointed to fill a vacancy on the list shall possess the same qualifications as those required of the member succeeded or replaced. No person whose spouse, parent, brother, sister, child or spouse of a child is a physician, as defined in section 20-13a, or a physician assistant, as defined in section 20-12a, shall be appointed to the list as a member of the public. Each person appointed to the list shall serve without compensation at the pleasure of the commissioner. Each medical hearing panel shall consist of three members, one of whom shall be a member of the Connecticut Medical Examining Board, one of whom shall be a physician or physician assistant, as appropriate, and one of whom shall be a public member. The physician and public member may be a member of the board or a member from the list established pursuant to this subsection.

Sec. 23. Subdivision (7) of subsection (a) of section 20-74s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(7) "Supervision" means the regular on-site observation of the functions and activities of an alcohol and drug counselor in the performance of his or her duties and responsibilities to include a review of the records, reports, treatment plans or recommendations **[**developed by a licensed alcohol and drug counselor**]** with respect to an individual or group.

Sec. 24. Subsection (t) of section 20-74s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(t) Nothing in this section shall be construed to apply to the activities and services of a person licensed **[**or certified**]** in this state to practice medicine and surgery, psychology, marital and family therapy, clinical social work, **[**chiropractic, acupuncture, physical therapy, occupational therapy, nursing or any other profession licensed or certified by the state, when**]** professional counseling, advanced practice registered nursing or registered nursing, when such person is acting within the scope of the person's **[**profession or occupation**]** license and doing work of a nature consistent with **[**a**]** that person's **[**training**]** license, provided the person does not hold himself or herself out to the public as possessing a license or certification issued pursuant to this section.

Sec. 25. Subsection (a) of section 20-54 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) No person other than those described in section 20-57 and those to whom a license has been reissued as provided by section 20-59 shall engage in the practice of podiatry in this state until such person has presented to the department satisfactory evidence that such person **[**has had a high school education or its equivalent,**]** has received a diploma or other certificate of graduation from an accredited school or college of chiropody or podiatry approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, nor shall any person so practice until such person has obtained a license from the Department of Public Health after meeting the requirements of this chapter. A graduate of an approved school of chiropody or podiatry subsequent to July 1, 1947, shall present satisfactory evidence that he or she has been a resident student through not less than four

graded courses of not less than thirty-two weeks each in such approved school and has received the degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent degree; and, if a graduate of an approved chiropody or podiatry school subsequent to July 1, 1951, that he or she has completed, before beginning the study of podiatry, a course of study of an academic year of not less than thirty-two weeks' duration in a college or scientific school approved by said board with the consent of the Commissioner of Public Health, which course included the study of chemistry and physics or biology; and if a graduate of an approved college of podiatry or podiatric medicine subsequent to July 1, 1971, that he or she has completed a course of study of two such prepodiatry college years, including the study of chemistry, physics or mathematics and biology, and that he or she received the degree of D.P.M., Doctor of Podiatric Medicine. No provision of this section shall be construed to prevent graduates of a podiatric college, approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, from receiving practical training in podiatry in a residency program in an accredited hospital facility which program is accredited by the Council on Podiatric Education.

Sec. 26. Subsection (a) of section 20-71 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The Department of Public Health may issue a license to practice physical therapy without examination, on payment of a fee of two hundred twenty-five dollars, to an applicant who is a physical therapist registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapists in such state, territory, province or country **[**were, at the time of application, similar to**]** are deemed by the department to be

equivalent to, or higher than **[**the requirements in force in this state**]** those prescribed in this chapter.

Sec. 27. Subsection (b) of section 20-71 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) The department may issue a physical therapist assistant license without examination, on payment of a fee of one hundred fifty dollars, to an applicant who is a physical therapist assistant registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapist assistants in such state, territory, province or country **[**were, at the time of application, similar to**]** are deemed by the department to be equivalent to, or higher than **[**the requirements in force in this state**]** those prescribed in this chapter.

Sec. 28. Subsection (b) of section 20-73d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) Each insurance company **[**which**]** that issues professional liability insurance, as defined in subdivision (10) of subsection (b) of section 38a-393, shall on and after January 1, 2007, render to the Commissioner of Public Health a true record of the names and addresses, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such **[**cancellation or refusal**]** cancellations or refusals to renew said policies for the year ending on the thirty-first day of December next preceding.

Sec. 29. Subsection (b) of section 20-126d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) Each insurance company that issues professional liability insurance, as defined in subdivision (4) of subsection (b) of section 38a-393, shall on and after January 1, 2007, render to the Commissioner of Public Health a true record of the names and addresses, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such **[**cancellation or refusal**]** cancellations or refusals to renew said policies for the year ending on the thirty-first day of December next preceding.

Sec. 30. Section 20-130 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

Each person, before beginning the practice of optometry in this state, except as hereinafter provided, shall present to the Department of Public Health satisfactory evidence that **[**he has a qualifying academic certificate from the Commissioner of Education showing that he has been graduated after a four years' course of study in a public high school approved by the State Board of Education, or has a preliminary education equivalent thereto, and**]** such person has been graduated from a school of optometry approved by the board of examiners with the consent of the Commissioner of Public Health. **[**and maintaining a course of study of not less than four years.**]** The board shall consult, where possible, with nationally recognized accrediting agencies when approving schools of optometry. **[**No school of optometry shall be approved unless it has a minimum requirement of a course of study of one thousand attendance hours. No school shall be disapproved by the board solely because it is located in a country other than the United States or its territories or possessions. The qualifications of any applicant who has not been graduated from an approved public high school shall be determined by the State Board of Education by adequate preliminary examination, the fee for which shall be twenty-five dollars.**]** All applicants shall be required to **[**take**]** successfully complete an examination **[**conducted**]** prescribed by the

Department of Public Health [under the supervision] with the consent of the board of examiners, in theoretic, practical and physiological optics, theoretic and practical optometry, ocular pharmacology, treatment and management of ocular disease, and the anatomy and physiology of the eye; and said department shall determine the qualifications of the applicant and, if they are found satisfactory, shall give a license to that effect. Passing scores shall be established by the department with the consent of the board. The department may, upon receipt of four hundred fifty dollars, [accept and approve, in lieu of the examination required in this section, a diploma of the National Board of Examiners in Optometry, subject to the same conditions as hereinafter set forth for acceptance, in lieu of examination, of a license from a board of examiners in optometry of any state or territory of the United States or the District of Columbia and may issue to such person a statement certifying to the fact that such person has been found qualified to practice optometry. Any] issue a license to any person who is a currently practicing competent practitioner who [presents to the Department of Public Health a certified copy or certificate of registration or license, which was] holds (1) a license issued to [him] such person after examination by a board of registration in optometry in any other state or territory of the United States in which the requirements for registration are deemed by the department to be equivalent to, or higher than, those prescribed in this chapter, or (2) a Council on Endorsed Licensure Mobility for Optometrists certificate issued by the Association of Regulatory Boards of Optometry, or its successor organization. [, may be given a license without examination, provided such state shall accord a like privilege to holders of licenses issued by this state. The fee for such license shall be four hundred fifty dollars. The times and places of examination of applicants shall be determined by the department. Each applicant shall pay to the department the sum of fifty dollars before examination. No person otherwise qualified under the provisions of this section shall be denied the right to apply for or receive an optometrist's license solely because

he is not a citizen of the United States.**]** No license shall be issued **[**without examination**]** under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. **[**The department shall inform the board annually of the number of applications it receives for licensure without examination under this section.**]**

Sec. 31. Subsection (b) of section 20-162r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall **[**either maintain credentialing as a respiratory therapist, issued by the National Board for Respiratory Care, or its successor organization, or**]** earn a minimum of six hours of continuing education within the preceding registration period. Such continuing education shall (1) be directly related to respiratory therapy; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Association for Respiratory Care, regionally accredited institutions of higher education, or a state or local health department.

Sec. 32. Subsection (g) of section 20-222 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(g) Any person, firm, partnership or corporation engaged in the funeral service business shall maintain at the address of record of the funeral service business identified on the certificate of inspection:

(1) All records relating to contracts for funeral services, prepaid

funeral contracts or escrow accounts shall, **[**be maintained at the address of record of the funeral home identified on the certificate of inspection**]** for a period of not less than three years after the death of the individual for whom funeral services were provided;

(2) Copies of all death certificates, burial permits, authorizations for cremation, documentation of receipt of cremated remains and written agreements used in making arrangements for final disposition of dead human bodies, including, but not limited to, copies of the final bill and other written evidence of agreement or obligation furnished to consumers, for a period of not less than three years after such final disposition; and

(3) Copies of price lists, for a period of not less than three years from the last date such lists were distributed to consumers.

Sec. 33. Section 20-363 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The commissioner may refuse to issue or renew or may suspend or revoke a license or take any of the actions set forth in section 19a-17 upon proof that the applicant or license holder (1) has employed or knowingly cooperated in fraud or material deception in order to obtain **[**his**]** a license or has engaged in fraud or material deception in the course of professional services or activities at any place; (2) has been guilty of illegal, incompetent or negligent conduct in his or her practice; **[**or**]** (3) has violated any provision of this chapter or any regulation adopted **[**hereunder**]** under this chapter; (4) has been found guilty or convicted as a result of an act which constitutes a felony under (A) the laws of this state, (B) federal law, or (C) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or (5) has been subject to disciplinary action similar to that specified in section 19a-17 by a duly authorized professional disciplinary agency of any state, the

District of Columbia, a United States possession or territory, or a foreign jurisdiction. The commissioner may petition the superior court for the judicial district of Hartford to enforce any action taken pursuant to section 19a-17. Before the commissioner may suspend, revoke or refuse to renew a license or take such other action, **[**he**]** the commissioner shall give the applicant or license holder notice and opportunity for hearing as provided in the regulations adopted by the commissioner.

Sec. 34. Section 20-54 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) No person other than those described in section 20-57 and those to whom a license has been reissued as provided by section 20-59 shall engage in the practice of podiatry in this state until such person has presented to the department satisfactory evidence that such person has had a high school education or its equivalent, has received a diploma or other certificate of graduation from an accredited school or college of chiropody or podiatry approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health nor shall any person so practice until such person has obtained a license from the Department of Public Health after meeting the requirements of this chapter. A graduate of an approved school of chiropody or podiatry subsequent to July 1, 1947, shall present satisfactory evidence that he or she has been a resident student through not less than four graded courses of not less than thirty-two weeks each in such approved school and has received the degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent degree; and, if a graduate of an approved chiropody or podiatry school subsequent to July 1, 1951, that he or she has completed, before beginning the study of podiatry, a course of study of an academic year of not less than thirty-two weeks' duration in a college or scientific school approved by said board with the consent of the Commissioner

of Public Health, which course included the study of chemistry and physics or biology; and if a graduate of an approved college of podiatry or podiatric medicine subsequent to July 1, 1971, that he or she has completed a course of study of two such prepodiatry college years, including the study of chemistry, physics or mathematics and biology, and that he or she received the degree of D.P.M., Doctor of Podiatric Medicine. No provision of this section shall be construed to prevent graduates of a podiatric college, approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, from receiving practical training in podiatry in a residency program in an accredited hospital facility which program is accredited by the Council on Podiatric Education.

(b) A licensed podiatrist who is board qualified or certified by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine may engage in the medical and nonsurgical treatment of the ankle and the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the nonsurgical treatment of manifestations of systemic diseases as they appear on the ankle. Such licensed podiatrist shall restrict treatment of displaced ankle fractures to the initial diagnosis and the initial attempt at closed reduction at the time of presentation and shall not treat tibial pilon fractures. For purposes of this **[**subsection**]** section, "ankle" means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.

(c) No licensed podiatrist may independently engage in the surgical treatment of the ankle, including the surgical treatment of the

anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, until such licensed podiatrist has obtained a permit from the Department of Public Health after meeting the requirements set forth in subsection (d) or (e) of this section, as appropriate. No licensed podiatrist who applies for a permit to independently engage in the surgical treatment of the ankle shall be issued such permit unless (1) the commissioner is satisfied that the applicant is in compliance with all requirements set forth in subsection (d) or (e) of this section, as appropriate, and (2) the application includes payment of a fee in the amount of one hundred dollars. For purposes of this section, "surgical treatment of the ankle" does not include the performance of total ankle replacements or the treatment of tibial pilon fractures.

(d) The Department of Public Health may issue a permit to independently engage in standard ankle surgery procedures to any licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization; (2) (A) graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) is board qualified, but not board certified, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; or (3) (A) graduated before June 1, 2006, from a

residency program in podiatric medicine and surgery that was at least two-years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; except that a licensed podiatrist who meets the qualifications of subdivision (2) of this subsection may not perform tibial and fibular osteotomies until such licensed podiatrist holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Medicine, or its successor organization. For purposes of this subsection, "standard ankle surgery procedures" includes soft tissue and osseous procedures.

(e) The Department of Public Health may issue a permit to independently engage in advanced ankle surgery procedures to any licensed podiatrist who has obtained a permit under subsection (d) of this section, or who meets the qualifications necessary to obtain a permit under said subsection (d), provided such licensed podiatrist: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures; or (2) (A) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two-years in duration and was accredited by the Council on Podiatric Medical Education at the time

of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures. For purposes of this subsection, "advanced ankle surgery procedures" includes ankle fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae, and insertion and removal of retrograde tibiotalocalcaneal intramedullary rods and locking screws up to the level of the myotendinous junction of the triceps surae, but does not include the surgical treatment of complications within the tibial diaphysis related to the use of such external fixation pins.

(f) A licensed podiatrist who (1) graduated from a residency program in podiatric medicine and surgery that was at least two years in duration and was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (2) (A) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, (B) is board qualified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, or (C) is board certified in foot and ankle surgery by the American Board of Podiatric Surgery, or its successor organization, may engage in the surgical treatment of the ankle, including standard and advanced ankle surgery procedures, without a permit issued by the department in accordance with subsection (d) or (e) of this section, provided such licensed podiatrist is performing such procedures under the direct supervision of a physician or surgeon licensed under chapter 370 who maintains hospital privileges to perform such procedures or under the direct

supervision of a licensed podiatrist who has been issued a permit under the provisions of subsection (d) or (e) of this section, as appropriate, to independently engage in standard or advanced ankle surgery procedures.

(g) The Commissioner of Public Health shall appoint an advisory committee to assist and advise the commissioner in evaluating applicants' training and experience in midfoot, rearfoot and ankle procedures for purposes of determining whether such applicants should be permitted to independently engage in standard or advanced ankle surgery procedures pursuant to subsection (d) or (e) of this section. The advisory committee shall consist of four members, two of whom shall be podiatrists recommended by the Connecticut Podiatric Medical Association and two of whom shall be orthopedic surgeons recommended by the Connecticut Orthopedic Society.

(h) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to implement the provisions of subsections (c) to (f), inclusive, of this section. Such regulations shall include, but not be limited to, the number and types of procedures required for an applicant's training or experience to be deemed acceptable for purposes of issuing a permit under subsection (d) or (e) of this section. In identifying the required number and types of procedures, the commissioner shall seek the advice and assistance of the advisory committee appointed under subsection (g) of this section and shall consider nationally recognized standards for accredited residency programs in podiatric medicine and surgery for midfoot, rearfoot and ankle procedures. The commissioner may issue permits pursuant to subsections (c) to (e), inclusive, of this section prior to the effective date of any regulations adopted pursuant to this section.

(i) The Department of Public Health's issuance of a permit to a licensed podiatrist to independently engage in the surgical treatment of the ankle shall not be construed to obligate a hospital or outpatient

surgical facility to grant such licensed podiatrist privileges to perform such procedures at the hospital or outpatient surgical facility.

Sec. 35. Section 20-59 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The board may take any of the actions set forth in section 19a-17, as amended by this act, for any of the following reasons: (1) Procurement of a license by fraud or material deception; (2) conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of podiatry; (3) fraudulent or deceptive conduct in the course of professional services or activities; (4) illegal or incompetent or negligent conduct in the practice of podiatry; (5) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other drugs having a similar effect; (6) aiding and abetting the practice of podiatry by an unlicensed person or a person whose license has been suspended or revoked; (7) mental illness or deficiency of the practitioner; (8) physical illness or loss of motor skill, including but not limited to, deterioration through the aging process, of the practitioner; (9) undertaking or engaging in any medical practice beyond the privileges and rights accorded to the practitioner of podiatry by the provisions of this chapter; (10) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-58a; (11) independently engaging in the performance of ankle surgery procedures without a permit, in violation of section 20-54, as amended by this act; or **[**(11)**]** (12) violation of any provision of this chapter or any regulation adopted hereunder. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17, as

amended by this act. The clerk of any court in this state in which a person practicing podiatry has been convicted of any crime shall, upon such conviction, make written report, in duplicate, to the Department of Public Health of the name and residence of such person, the crime of which such person was convicted and the date of conviction; and said department shall forward one of such duplicate reports to the board.

Sec. 36. Section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) (1) A school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school may administer, subject to the provisions of subdivision (2) of this subsection, medicinal preparations, including such controlled drugs as the Commissioner of Consumer Protection may, by regulation, designate, to any student at such school pursuant to the written order of a physician licensed to practice medicine, or a dentist licensed to practice dental medicine in this or another state, or an optometrist licensed to practice optometry in this state under chapter 380, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. The administration of medicinal preparations by a nurse licensed pursuant to the provisions of chapter 378, a principal, teacher, licensed physical or occupational therapist employed by a school district, or coach shall be under the general supervision of a school

nurse. No such school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to subsection (d) of this section shall be liable to such student or a parent or guardian of such student for civil damages for any personal injuries **[**which**]** that result from acts or omissions of such school nurse or other nurse, principal, teacher, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional administering medication pursuant to subsection (d) of this section in administering such preparations **[**which**]** that may constitute ordinary negligence. This immunity **[**shall**]** does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(2) Each local and regional board of education that allows a school nurse or, in the absence of such nurse, any other nurse licensed pursuant to the provisions of chapter 378, including a nurse employed by, or providing services under the direction of a local or regional board of education at, a school-based health clinic, who shall administer medical preparations only to students enrolled in such school-based health clinic in the absence of a school nurse, the principal, any teacher, licensed physical or occupational therapist employed by a school district, or coach of intramural and interscholastic athletics of a school to administer medicine or that allows a student to self-administer medicine shall adopt written policies and procedures, in accordance with this section and the regulations adopted pursuant to subsection (c) of this section, that shall be approved by the school medical advisor or other qualified licensed physician. Once so approved, such administration of medication shall be in accordance with such policies and procedures.

(b) Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required of hospitals under the provisions of subsections (f) and (h) of

section 21a-254 and shall store such drug in such manner as the Commissioner of Consumer Protection shall, by regulation, require.

(c) The State Board of Education, in consultation with the Commissioner of Public Health, may adopt regulations, in accordance with the provisions of chapter 54, as determined to be necessary by the board to carry out the provisions of this section, including, but not limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, and (3) specify conditions for self-administration of medication by students. The regulations shall require authorization pursuant to: (A) The written order of a physician licensed to practice medicine, **[**or**]** a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375 or an optometrist licensed under chapter 380; and (B) the written authorization of a parent or guardian of such child.

(d) (1) With the written authorization of a student's parents, and (2) pursuant to the written order of the student's (A) physician licensed to practice medicine, (B) an optometrist licensed to practice optometry under chapter 380, (C) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or **[**(C)**]** (D) a physician assistant licensed to prescribe in accordance with section 20-12d, a school nurse and a school medical advisor may jointly approve and provide general supervision to an identified school paraprofessional to administer medication, including, but not limited to, medication administered with a cartridge injector, to a specific student with a

medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death. For purposes of this subsection, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Sec. 37. Subsection (b) of section 14-227c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(b) A blood or breath sample shall be obtained from any surviving operator whose motor vehicle is involved in an accident resulting in the serious physical injury, as defined in section 53a-3, or death of another person, if (1) a police officer has probable cause to believe that such operator operated such motor vehicle while under the influence of intoxicating liquor or any drug, or both, or (2) such operator has been charged with a motor vehicle violation in connection with such accident and a police officer has a reasonable and articulable suspicion that such operator operated such motor vehicle while under the influence of intoxicating liquor or any drug, or both. The test shall be performed by or at the direction of a police officer according to methods and with equipment approved by the Department of Public Safety and shall be performed by a person certified or recertified for such purpose by said department or recertified by persons certified as instructors by the Commissioner of Public Safety. The equipment used for such test shall be checked for accuracy by a person certified by the Department of Public Safety immediately before and after such test is performed. If a blood test is performed, it shall be on a blood sample taken by a person licensed to practice medicine and surgery in this state, a qualified laboratory technician, **[**an emergency medical technician II,**]** a registered nurse, a physician assistant or a phlebotomist. The blood samples obtained from an operator pursuant

to this subsection shall be examined for the presence and concentration of alcohol and any drug by the Division of Scientific Services within the Department of Public Safety.

Sec. 38. Subsection (b) of section 17a-502 of the general statutes, as amended by section 1 of public act 07-49, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(b) Any person admitted and detained under this section shall be examined by a physician specializing in psychiatry not later than forty-eight hours after admission as provided in section 17a-545, except that any person admitted and detained under this section at a chronic disease hospital shall be so examined not later than **[**twenty-four**]** thirty-six hours after admission. If such physician is of the opinion that the person does not meet the criteria for emergency detention and treatment, such person shall be immediately discharged. The physician shall enter the physician's findings in the patient's record.

Sec. 39. Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction **[**which**]** that have no board or commission may take any of the following actions, singly or in combination, based on conduct **[**which**]** that occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department;

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(6) Assess a civil penalty of up to ten thousand dollars; or

(7) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

(b) Such board or commission or the department may withdraw the

probation if it finds that the circumstances **[**which**]** that required action have been remedied.

(c) Such board or commission or the department where appropriate may summarily suspend a practitioner's license or permit in advance of a final adjudication or during the appeals process if such board or commission or the department finds that a practitioner or permittee represents a clear and immediate danger to the public health and safety if he is allowed to continue to practice.

(d) In addition to the authority provided to the Department of Public Health in subsection (a) of this section, the department may resolve any disciplinary action with respect to a practitioner's license or permit in any profession by voluntary surrender or agreement not to renew or reinstate.

[(d)**]** (e) Such board or commission or the department may reinstate a license **[**which**]** that has been suspended or revoked if, after a hearing, such board or commission or the department is satisfied that the practitioner or permittee is able to practice with reasonable skill and safety to patients, customers or the public in general. As a condition of reinstatement, the board or commission or the department may impose disciplinary or corrective measures authorized under this section.

[(e)**]** (f) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; and (3) certification by a national certification body.

[(f)**]** (g) As used in this chapter, the term "permit" includes any authorization issued by the department to allow the practice, limited or otherwise, of a profession which would otherwise require a license;

and the term "permittee" means any person who practices pursuant to a permit.

Sec. 40. Subsection (a) of section 19a-32g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) (1) There is established a Stem Cell Research Peer Review Committee. The committee shall consist of five members appointed by the Commissioner of Public Health. All members appointed to the committee shall **[**(1)**]** (A) have demonstrated knowledge and understanding of the ethical and medical implications of embryonic and human adult stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, **[**(2)**]** (B) have practical research experience in human adult or embryonic stem cell research or related research fields, including, but not limited to, embryology, genetics or cellular biology, and **[**(3)**]** (C) work to advance embryonic and human adult stem cell research. Members shall serve for a term of four years commencing on October first, except that three members first appointed by the Commissioner of Public Health shall serve for a term of two years. No member may serve for more than two consecutive four-year terms and no member may serve concurrently on the Stem Cell Research Advisory Committee established pursuant to section 19a-32f. All initial appointments to the committee shall be made by October 1, 2005. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(2) On and after July 1, 2007, the Commissioner of Public Health may appoint such additional members to the Stem Cell Research Peer Review Committee as the commissioner deems necessary for the review of applications for grants-in-aid, provided the total number of Stem Cell Research Peer Review Committee members does not exceed

fifteen. Such additional members shall be appointed as provided in subdivision (1) of this subsection, except that such additional members shall serve for a term of two years from the date of appointment.

Sec. 41. Section 20-12b of the general statutes is amended by adding subsection (e) as follows (*Effective July 1, 2007*):

(NEW) (e) Any person, except a licensed physician assistant or a physician licensed to practice medicine under chapter 370, who practices or attempts to practice as a physician assistant, or any person who buys, sells or fraudulently obtains any diploma or license to practice as a physician assistant, whether recorded or not, or any person who uses the title "physician assistant" or any word or title to induce the belief that he or she is practicing as a physician assistant, without complying with the provisions of this section, shall be fined not more than five hundred dollars or imprisoned not more than five years, or both. For the purposes of this section, each instance of patient contact or consultation that is in violation of any provision of this chapter shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 42. Subsection (a) of section 20-73b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) Except as otherwise provided in this section, each physical therapist licensed pursuant to this chapter shall complete a minimum of twenty hours of continuing education during each registration period. For purposes of this section, registration period means the twelve-month period for which a license has been renewed in accordance with section 19a-88 and is current and valid. The continuing education shall be in areas related to the individual's practice. Qualifying continuing education activities include, but are

not limited to, courses offered or approved by the American Physical Therapy Association or any component of the American Physical Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education.

Sec. 43. Subsection (b) of section 20-74bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) A radiographer licensed pursuant to **[**subsection (c) of section 19a-14 and sections 20-74aa to 20-74cc, inclusive, and 20-74ee**]** this chapter may operate a medical x-ray system under the supervision and upon the written or verbal order of a physician licensed pursuant to chapter 370, a chiropractor licensed pursuant to chapter 372, a natureopath licensed pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant to chapter 379 or a veterinarian licensed pursuant to chapter 384.

Sec. 44. Section 20-74dd of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[In any hospital, as defined in section 19a-490, a**]** A radiologic technologist licensed by the Department of Public Health **[**, who (1) has completed a course of study in radiologic technology in a program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or its successor organization, or a course of study deemed equivalent to such accredited program by the American Registry of Radiologic Technologists and has passed an examination prescribed by the department and administered by the American Registry of Radiologic Technologists or (2) is registered by the American Registry of Radiologic Technologists and has performed venipuncture in the course of his employment for at least three years immediately preceding June 29, 1993,**]** may perform venipuncture and administer

[intravenous**]** medication for diagnostic procedures.

Sec. 45. Subsection (b) of section 20-108 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) In lieu of the practical examination required by subsection (a) of this section, an applicant for licensure may submit evidence of having successfully completed not less than one year of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation, provided **[**at the end of such year of graduate dental training as a resident dentist, the supervising dentist**]** the director of the dental residency program at the facility in which the applicant completed the residency training provides documentation satisfactory to the Department of Public Health attesting to the resident dentist's competency in all areas tested on the practical examination required by subsection (a) of this section. Not later than December 1, 2005, the Dental Commission, in consultation with the Department of Public Health, shall develop a form upon which such documentation shall be provided.

Sec. 46. (NEW) (*Effective July 1, 2007*) There is established, within the Department of Public Health, an Office of Oral Public Health. The director of the Office of Oral Public Health shall be an experienced public health dentist licensed to practice under chapter 379 of the general statutes and shall:

(1) Coordinate and direct state activities with respect to state and national dental public health programs;

(2) Serve as the department's chief advisor on matters involving oral health; and

(3) Plan, implement and evaluate all oral health programs within the department.

Sec. 47. Subsection (a) of section 20-195dd of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a professional counselor shall submit evidence satisfactory to the Commissioner of Public Health of having: (1) Completed sixty graduate semester hours **[**deemed to be**]** in or related to the discipline of counseling **[**by the National Board for Certified Counselors, or its successor organization,**]** at a regionally accredited institution of higher education, which included **[**the core and clinical curriculum of the Council for Accreditation of Counseling and Related Educational Programs and preparation in principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior**]** coursework in each of the following areas: (A) Human growth and development, (B) social and cultural foundations, (C) counseling theories and techniques or helping relationships, (D) group dynamics, (E) processing and counseling, (F) career and lifestyle development, (G) appraisals or tests and measurements for individuals and groups, (H) research and evaluation, and (I) professional orientation to counseling; (2) earned, from a regionally accredited institution of higher education **[**(A)**]** a master's or doctoral degree **[**of at least forty-two graduate semester hours with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization, or (B) a master's degree with a major**]** in social work, marriage and family therapy, counseling, psychology or a related mental health field and a sixth-year degree **[**deemed to be**]** in the discipline of counseling; **[**by the National Board for Certified Counselors or its successor organization, or (C) a doctoral degree with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization;**]** (3) acquired three thousand hours of postgraduate-degree-supervised experience in the practice of

professional counseling, performed over a period of not less than one year, that included a minimum of one hundred hours of direct supervision by (A) a physician licensed pursuant to chapter 370 who has obtained certification in psychiatry from the American Board of Psychiatry and Neurology, (B) a psychologist licensed pursuant to chapter 383, (C) an advanced practice registered nurse licensed pursuant to chapter 378 and certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, (D) a marital and family therapist licensed pursuant to chapter 383a, (E) a clinical social worker licensed pursuant to chapter 383b, (F) a professional counselor licensed, or prior to October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or (G) a physician certified in psychiatry by the American Board of Psychiatry and Neurology, psychologist, advanced practice registered nurse certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, marital and family therapist, clinical social worker or professional counselor licensed or certified as such or as a person entitled to perform similar services, under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state; and (4) passed an examination prescribed by the commissioner.

Sec. 48. Subsection (a) of section 20-198 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person shall be granted a license to practice veterinary medicine, surgery or dentistry until the department finds that such person (1) was graduated with the degree of doctor of veterinary medicine, or its equivalent, from a school of veterinary medicine, surgery or dentistry which, at the time such person graduated, was accredited by the American Veterinary Medical Association, or (2) if

graduated from a school located outside of the United States, its territories or Canada, **[**has demonstrated to the satisfaction of the department that such person has completed a degree program equivalent in level, content and purpose to the degree of doctor of veterinary medicine as granted by a school of veterinary medicine, surgery or dentistry that is accredited by the**]** graduated from a program acceptable to the American Veterinary Medical Association as required to receive certification by the Educational Commission for Foreign Veterinary Graduates. No person who was graduated from a school of veterinary medicine, surgery or dentistry that is not accredited by the American Veterinary Medical Association and that is located outside the United States, its territories or Canada shall be granted a license unless such person has also received certification from the Educational Commission for Foreign Veterinary Graduates or Program for the Assessment of Veterinary Education Equivalence.

Sec. 49. (NEW) (*Effective from passage*) The Commissioner of Public Health shall carry out the commissioner's responsibilities with respect to enforcement of the provisions of section 3 of public act 07-35 and sections 20-206b and 20-206d of the general statutes, as amended by public act 07-35, within available appropriations.

Sec. 50. Section 7-48a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

On and after January 1, 2002, each birth certificate shall be filed with the name of the birth mother recorded. **[**Not later than forty-five days after receipt of an order from a court of competent jurisdiction, the**]** The Department of Public Health shall create a replacement certificate in accordance with **[**the court's order**]** an order from a court of competent jurisdiction not later than forty-five days after receipt of such order or forty-five days after the birth of the child, whichever is later. Such replacement certificate shall include all information required to be included in a certificate of birth of this state as of the

date of the birth. When a certified copy of such certificate of birth is requested by an eligible party, as provided in section 7-51, a copy of the replacement certificate shall be provided. The department shall seal the original certificate of birth in accordance with the provisions of subsection (c) of section 19a-42. Immediately after a replacement certificate has been prepared, the department shall transmit an exact copy of such certificate to the registrar of vital statistics of the town of birth and to any other registrar as the department deems appropriate. The town shall proceed in accordance with the provisions of section 19a-42.

Sec. 51. Subsection (b) of section 52-380d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(b) A release of a judgment lien on real property is sufficient if (1) **[**it**]** the release specifies the names of the judgment creditor and judgment debtor, the date of the lien, and the town and volume and page where the judgment lien certificate is recorded, and (2) the signature of the lienholder, attorney or personal representative is acknowledged and witnessed in the same manner as a deed on real property. The town clerk with whom the lien was recorded shall note such release as by law provided and shall index the record of each such release under the name of the judgment creditor and judgment debtor, except that a manual notation of such release shall not be required if such town clerk provides public access to an electronic indexing system that combines the grantor index and the grantee index of the town's land records.

Sec. 52. Section 7-24 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Each town clerk who is charged with the custody of any public record shall provide suitable books, files or systems, acceptable to the

Public Records Administrator, for the keeping of such records and may purchase such stationery and other office supplies as are necessary for the proper maintenance of **[**his**]** the town clerk's office. Such books, files or systems, and such stationery and supplies shall be paid for by the town, and the selectmen of the town, on presentation of the bill for such books and supplies properly certified to by the town clerk, shall draw their order on the treasurer in payment for the same. **[**Every**]** Each person who has the custody of any public record books of any town, city, borough or probate district shall, at the expense of such town, city, borough or probate district, cause them to be properly and substantially bound. **[**He**]** Such person shall have any such records which have been left incomplete made up and completed from the usual files and memoranda, so far as practicable. **[**He**]** Such person shall cause fair and legible copies to be seasonably made of any records which are worn, mutilated or becoming illegible, and shall cause the originals to be repaired, rebound or renovated, or **[**he**]** such person may cause any such records to be placed in the custody of the Public Records Administrator, who may have them repaired, renovated or rebound at the expense of the town, city, borough or probate district to which they belong. Any custodian of public records who so causes such records to be completed or copied shall attest them and shall certify, under the seal of **[**his**]** such custodian's office, that they have been made from such files and memoranda or are copies of the original records. Such records and all copies of records made and certified to as provided **[**for**]** in this section and on file in the office of the legal custodian of such records shall have the force of the original records. All work done under the authority of this section shall be paid for by the town, city, borough or probate district responsible for the safekeeping of such records, but in no case shall expenditures exceeding three hundred dollars be made for repairs or copying records in any one year in any town or any probate district comprising one town only, unless the same are authorized by a vote of the town, **[**nor**]** or in any probate district **[**composed of**]** comprising two or more

towns, unless the same are authorized by the first selectmen of all the towns included in such district.

(b) There shall be kept in each town proper books, or in lieu thereof a recording system approved by the Public Records Administrator, in which all instruments required by law to be recorded shall be recorded at length by the town clerk within thirty days from the time they are left for record.

(c) The town clerk shall, on receipt of any instrument for record, write thereon the day, month, year and time of day when **[**he**]** the town clerk received it, and the record shall bear the same date and time of day; but **[**he**]** the town clerk shall not be required to receive any instrument for record unless the fee for recording it is paid to **[**him**]** the town clerk in advance, except instruments received from the state or any political subdivision thereof. **[**, and, when he**]** When the town clerk has received **[**it**]** any instrument for record, **[**he**]** the town clerk shall not deliver it up to the parties or either of them until it has been recorded. When any town clerk has, upon receiving any instrument for record, written thereon the time of day when **[**he**]** the town clerk received it **[**as well as**]** and the day and year of such receipt, and when any town clerk has noted with the record of any instrument the time of day when **[**he**]** the town clerk received the record, such entries of the time of day shall have the same effect as other entries that are required by law to be made.

(d) Each town clerk shall also, within twenty-four hours of the receipt for record of any such instrument, enter in chronological order according to the time of its receipt as endorsed thereon, (1) the names of sufficient parties thereto to enable reasonable identification of the instrument, (2) the nature of the instrument, and (3) the time of its receipt.

(e) If the town clerk receives an instrument for record which **[**in his

opinion he**]** the town clerk deems to be illegible, **[**he**]** the town clerk shall record such instrument, write thereon that it is being recorded as an illegible instrument and, if there is a return address appearing on such illegible instrument, give notice to the return addressee that a legible instrument should be submitted for rerecording forthwith. The fact that the town clerk records the instrument as an illegible instrument shall not affect its priority or validity.

(f) Each instrument for record shall have a blank margin, that shall be not less than three-fourths of an inch in width, surrounding each page of the instrument. Each such instrument that is to be recorded in the land records shall have a return address and addressee appearing at the top of the front side of the first page of the instrument. The town clerk shall not refuse to receive an instrument for record that does not conform to any requirement set forth in this subsection, and the fact that the town clerk records an instrument that does not conform to any requirement set forth in this subsection shall not affect its priority or validity.

Sec. 53. Section 7-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

When any town clerk has recorded any instrument that the town clerk knows to be a release, partial release or assignment of a mortgage or lien recorded on the records of such town, the town clerk shall make a notation on the first page where such mortgage or lien is recorded, stating the book and page where such release, partial release or assignment is recorded, except that a manual notation of such release, partial release or assignment shall not be required if such town clerk provides public access to an electronic indexing system that combines the grantor index and the grantee index of the town's land records. **[**If the land records are not maintained in a paper form, the town clerk shall make the notation on the digitized image of the first page of such mortgage or lien in a form or manner approved by the Public Records

Administrator.**]**

Sec. 54. Subsection (a) of section 7-34a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) Town clerks shall receive, for recording any document, ten dollars for the first page and five dollars for each subsequent page or fractional part thereof, a page being not more than eight and one-half by fourteen inches. Town clerks shall receive, for recording the information contained in a certificate of registration for the practice of any of the healing arts, five dollars. Town clerks shall receive, for recording documents conforming to, or substantially similar to, section 47-36c, which are clearly entitled "statutory form" in the heading of such documents, as follows: For the first page of a warranty deed, a quitclaim deed, a mortgage deed, or an assignment of mortgage, ten dollars; for each additional page of such documents, five dollars; and for each marginal notation of an assignment of mortgage, subsequent to the first two assignments, one dollar. Town clerks shall receive, for recording any document with respect to which certain data must be submitted by each town clerk to the Secretary of the Office of Policy and Management in accordance with section 10-261b, **[**the sum of**]** two dollars in addition to the regular recording fee. Any person who offers any written document for recording in the office of any town clerk, which document fails to have legibly typed, printed or stamped directly beneath the signatures the names of the persons who executed such document, the names of any witnesses thereto and the name of the officer before whom the same was acknowledged, shall pay one dollar in addition to the regular recording fee. Town clerks shall receive, for recording any deed, except a mortgage deed, conveying title to real estate, which deed does not contain the current mailing address of the grantee, **[**the sum of**]** five dollars in addition to the regular recording fee. Town clerks shall receive, for filing any

document, five dollars; for receiving and keeping a survey or map, legally filed in the town clerk's office, five dollars; and for indexing such survey or map, in accordance with section 7-32, five dollars, except with respect to indexing any such survey or map pertaining to a subdivision of land as defined in section 8-18, in which event town clerks shall receive fifteen dollars for each such indexing. Town clerks shall receive, for a copy of any document either recorded or filed in their offices, one dollar for each page or fractional part thereof, as the case may be; for certifying any copy of the same, one dollar; for making a copy of any survey or map, the actual cost thereof; and for certifying such copy of a survey or map, one dollar. Town clerks shall receive, for recording the commission and oath of a notary public, ten dollars; and for certifying under seal to the official character of a notary, two dollars.

Sec. 55. Section 11-8j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

As used in sections 11-8i to 11-8*l*, inclusive, "preservation and management of historic documents" means activities that include, but are not limited to, the following: (1) The restoration and conservation of land records, land record indexes, maps or other records; (2) the microfilming of land records, land record indexes, maps or other records; (3) the use of information technology to facilitate the performance of duties integral to the maintenance and tracking of historic documents; (4) providing public access to an electronic indexing system that combines the grantor index and the grantee index of a town's land records; (5) the assessment or upgrading of records retention facilities; **[**(5)**]** (6) disaster recovery; and **[**(6)**]** (7) the training of personnel to perform duties integral to the maintenance and tracking of historic documents.

Sec. 56. (NEW) (*Effective July 1, 2007*) Not later than January 1, 2009, each town shall provide public access to an electronic indexing system

that combines the grantor index and the grantee index of the town's land records.

Sec. 57. Section 20-65k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The commissioner shall grant a license to practice athletic training to an applicant who presents evidence satisfactory to the commissioner of having met the requirements of section 20-65j. An application for such license shall be made on a form required by the commissioner. The fee for an initial license under this section shall be one hundred fifty dollars.

(b) A license to practice athletic training may be renewed in accordance with the provisions of section 19a-88, provided any licensee applying for license renewal shall maintain certification as an athletic trainer by the Board of Certification, Inc., or its successor organization. The fee for such renewal shall be one hundred dollars.

(c) The department may, upon receipt of an application for athletic training licensure, accompanied by the licensure application fee of one hundred fifty dollars, issue a temporary permit to a person who has met the requirements of subsection (a) of section 20-65j, except that the applicant has not yet sat for or received the results of the athletic training certification examination administered by the Board of Certification, Inc., or its successor organization. Such temporary permit shall authorize the permittee to practice athletic training under the supervision of a person licensed pursuant to subsection (a) of this section. Such practice shall be limited to those settings where the licensed supervisor is physically present on the premises and is immediately available to render assistance and supervision, as needed, to the permittee. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of completion of the required course of study in athletic training and

shall not be renewable. Such permit shall become void and shall not be reissued in the event that the permittee fails to pass the athletic training certification examination. No permit shall be issued to any person who has previously failed the athletic training certification examination or who is the subject of an unresolved complaint or pending professional disciplinary action. Violation of the restrictions on practice set forth in this section may constitute a basis for denial of licensure as an athletic trainer.

Sec. 58. Section 20-123a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

For purposes of this section and section 20-123b:

(a) "Conscious sedation" means a drug-induced state in which the patient is calmed and relaxed, capable of making rational responses to commands and has all protective reflexes intact, including the ability to clear and maintain **[**his**]** the patient's own airway in a patent state, but does not include nitrous oxide sedation or **[**any orally administered sedation**]** the administration of a single oral sedative or analgesic medication in a dose appropriate for the unsupervised treatment of insomnia, anxiety or pain that does not exceed the maximum recommended therapeutic dose established by the federal Food and Drug Administration for unmonitored home use;

(b) "General anesthesia" means a controlled state of unconsciousness produced by pharmacologic or nonpharmacologic methods, or a combination thereof, accompanied by a partial or complete loss of protective reflexes including an inability to independently maintain an airway and to respond purposefully to physical stimulation or verbal commands; and

(c) "Commissioner" means the Commissioner of Public Health.

Sec. 59. Section 22-6r of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section:

(1) "Farmers' market" means a cooperative or nonprofit enterprise or association that consistently occupies a given site throughout the season, which operates principally as a common marketplace for a group of farmers, at least two of whom are selling Connecticut-grown fresh produce, to sell Connecticut-grown farm products directly to consumers and to sell fresh produce to food service establishments, as defined in section 19-13-B42 of the regulations of Connecticut state agencies, and where the farm products sold are produced by the participating farmers with the sole intent and purpose of generating a portion of household income;

(2) "Fresh produce" means fruits and vegetables that have not been processed in any manner;

(3) "Certified farmers' market" means a farmers' market that is authorized by the commissioner to operate;

(4) "Farmer's kiosk" means a structure or area located within a certified farmers' market used by a farm business to conduct sales of Connecticut-grown farm products;

(5) "Connecticut-grown" means produce and other farm products that have a traceable point of origin within Connecticut;

(6) "Farm" has the meaning ascribed to it in subsection (q) of section 1-1;

(7) "Farm products" means any fresh fruits, vegetables, mushrooms, nuts, shell eggs, honey or other bee products, maple syrup or maple sugar, flowers, nursery stock and other horticultural commodities, livestock food products, including meat, milk, cheese and other dairy

products, food products of "aquaculture", as defined in subsection (q) of section 1-1, including fish, oysters, clams, mussels and other molluscan shellfish taken from the waters of the state or tidal wetlands, products from any tree, vine or plant and their flowers, or any of the products listed in this subdivision that have been processed by the participating farmer, including, but not limited to, baked goods made with farm products.

(b) A farmer's kiosk at a certified farmers' market shall be considered an extension of the farmer's business and regulations of Connecticut state agencies relating to the sale of farm products on a farm shall govern the sale of farm products at a farmer's kiosk.

(c) (1) A farmer offering farm products for sale at a certified farmers' market shall obtain and maintain any license required to sell such products.

(2) A food service establishment, as defined in section 19-13-B42 of the regulations of Connecticut state agencies, shall request and obtain an invoice from the farmer or person selling fresh produce. The farmer or person selling fresh produce shall provide to the food service establishment an invoice that indicates the source and date of purchase of the fresh produce at the time of the sale.

(d) Section 22-6g or this section shall not supersede the provisions of any state or local health and safety laws, regulations or ordinances.

Sec. 60. Subsection (a) of section 19a-562 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section, "Alzheimer's special care unit or program" means any nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice or adult foster home that locks, secures, segregates or provides

a special program or unit for residents with a diagnosis of probable Alzheimer's disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, **[**and**]** or that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer's disease or dementia.

Sec. 61. Section 19a-562a of the general statutes, as amended by section 1 of public act 07-34, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) Each Alzheimer's special care unit or program shall annually provide Alzheimer's and dementia specific training to all licensed and registered direct care staff and nurse's aides who provide direct patient care to residents enrolled in the Alzheimer's special care **[**units or programs**]** unit or program. Such requirements shall include, but not limited to, (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment and not less than three hours of such training annually thereafter, and (2) annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff.

(b) Each Alzheimer's special care unit or program shall annually provide a minimum of one hour of Alzheimer's and dementia specific training to all unlicensed and unregistered staff, except nurse's aides, who provide services and care to residents enrolled in the Alzheimer's special care **[**units or programs**]** unit or program. For such staff hired on or after October 1, 2007, such training shall be completed not later than six months after the date of employment.

Sec. 62. Section 17a-145 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

No person or entity shall care for or board a child without a license obtained from the Commissioner of Children and Families, except: (1) When a child has been placed by a person or entity holding a license from the commissioner; (2) any residential educational institution exempted by the state Board of Education under the provisions of section 17a-152; (3) residential facilities licensed by the Department of Mental Retardation pursuant to section 17a-227; **[**or**]** (4) facilities providing child day care services, as defined in section 19a-77; or (5) any home that houses students participating in a program described in subparagraph (B) of subdivision (8) of section 10a-29. The person or entity seeking a child-care facility license shall file with the commissioner an application for a license, in such form as the commissioner furnishes, stating the location where it is proposed to care for such child, the number of children to be cared for, in the case of a corporation, the purpose of the corporation and the names of its chief officers and of the actual person responsible for the child. The Commissioner of Children and Families is authorized to fix the maximum number of children to be boarded and cared for in any such home or institution or by any person or entity licensed by the commissioner. Each person or entity holding a license under the provisions of this section shall file annually, with the commissioner, a report stating the number of children received and removed during the year, the number of deaths and the causes of death, the average cost of support per capita and such other data as the commissioner may prescribe. If the population served at any facility, institution or home operated by any person or entity licensed under this section changes after such license is issued, such person or entity shall file a new license application with the commissioner, and the commissioner shall notify the chief executive officer of the municipality in which the facility is located of such new license application, except that no confidential client information may be disclosed.

Sec. 63. Section 17b-261e of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Social Services shall provide coverage for isolation care and emergency services provided by the state's **[**critical access**]** mobile field hospital to persons participating in the HUSKY Plan Part A and Part B and fee for services Medicaid programs under this chapter.

Sec. 64. Section 17b-261f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

There is established a **[**critical access**]** mobile field hospital account which shall be a separate, nonlapsing account within the General Fund. Moneys in the account shall be used by the Department of Social Services to fund the operations of the **[**critical access**]** mobile field hospital in the event of an activation. The account shall contain all moneys required by law to be deposited in the account.

Sec. 65. Subsection (a) of section 19a-487 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a board of directors to advise the Department of Public Health on the operations of the **[**critical access**]** mobile field hospital. The board shall consist of the following members: The Commissioners of Public Health, Emergency Management and Homeland Security, Public Safety and Social Services, or their designees, the Secretary of the Office of Policy and Management, or the secretary's designee, the Adjutant General, or the Adjutant General's designee, one representative of a hospital in this state with more than five hundred licensed beds and one representative of a hospital in this state with five hundred or fewer licensed beds, both appointed by the Commissioner of Public Health. The Commissioner of Public Health shall be the chairperson of the

board. The board shall adopt bylaws and shall meet at such times as specified in such bylaws and at such other times as the Commissioner of Public Health deems necessary.

Sec. 66. Section 19a-487a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any additional **[**critical access**]** mobile field hospital beds and related equipment obtained for the purpose of enhancing the state's bed surge capacity or providing isolation care under the state's public health preparedness planning and response activities shall be exempt from the provisions of subdivision (2) of subsection (a) of section 19a-638.

Sec. 67. Section 19a-487b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to implement **[**critical access**]** mobile field hospital policies and procedures for isolation care and emergency services.

Sec. 68. Subsection (m) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(m) **[**"Critical access**]** "Mobile field hospital" means a modular, transportable facility used intermittently, deployed at the discretion of the Governor, or the Governor's designee, for the provision of medical services at a mass gathering; for the purpose of training or in the event of a public health or other emergency for isolation care purposes or triage and treatment during a mass casualty event; or for providing surge capacity for a hospital during a mass casualty event or infrastructure failure.

Sec. 69. Subdivision (1) of section 19a-630 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(1) "Health care facility or institution" means any facility or institution engaged primarily in providing services for the prevention, diagnosis or treatment of human health conditions, including, but not limited to: Outpatient clinics; outpatient surgical facilities; imaging centers; home health agencies and **[**critical access**]** mobile field hospitals, as defined in section 19a-490; clinical laboratory or central service facilities serving one or more health care facilities, practitioners or institutions; hospitals; nursing homes; rest homes; nonprofit health centers; diagnostic and treatment facilities; rehabilitation facilities; and mental health facilities. "Health care facility or institution" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility or institution, but does not include any health care facility operated by a nonprofit educational institution solely for the students, faculty and staff of such institution and their dependents, or any Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts.

Sec. 70. Section 38a-498b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each individual health insurance policy providing coverage of the type specified in subdivisions (1) to (13), inclusive, of section 38a-469 delivered, issued for delivery, renewed, amended or continued in the state on or after July 1, 2005, shall provide benefits for isolation care and emergency services provided by the state's **[**critical access**]** mobile field hospital. Such benefits shall be subject to any policy provisions **[**which**]** that apply to other services covered by such policy. The rates paid by individual health insurance policies pursuant to this section shall be equal to the rates paid under the Medicaid program, as

determined by the Department of Social Services.

Sec. 71. Section 38a-525b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each group health insurance policy providing coverage of the type specified in subdivisions (1) to (13), inclusive, of section 38a-469 delivered, issued for delivery, renewed, amended or continued in the state on or after July 1, 2005, shall provide benefits for isolation care and emergency services provided by the state's **[**critical access**]** mobile field hospital. Such benefits shall be subject to any policy provisions **[**which**]** that apply to other services covered by such policy. The rates paid by group health insurance policies pursuant to this section shall be equal to the rates paid under the Medicaid program, as determined by the Department of Social Services.

Sec. 72. Section 19a-196b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each emergency medical service council and emergency medical service system shall respond to and honor calls from any municipality **[**which**]** that participates in another emergency medical service council or emergency communication system or which is a member of an agency **[**which**]** that participates in such council or system.

(b) Any licensed or certified ambulance may transport patients to the state's mobile field hospital when the hospital has been deployed by the Governor or the Governor's designee for the purposes specified in subsection (m) of section 19a-490, as amended by this act.

Sec. 73. Section 20-578 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) Information received by the department, the commission or the Department of Public Health, through filed reports or inspection or as

otherwise authorized under chapters 418 and 420b and sections 20-570 to 20-630, inclusive, shall not be disclosed publicly in such a manner as to identify individuals or institutions, except in a proceeding involving the question of licensure or the right to practice. Nothing in this section shall be construed to prohibit the commissioner from disclosing information gained through the inspection of pharmacies and outlets holding permits for the sale of nonlegend drugs if the commissioner considers such disclosure to be in the interest of public health.

(b) Notwithstanding the provisions of subsection (a) of this section, section 21a-265 and chapter 55, the Commissioners of Consumer Protection and Public Health and the authorized agents of said commissioners, in carrying out their duties under subsection (a) of this section, may: (1) Exchange information relating to a license or registration issued by their respective agencies, or (2) exchange investigative information relating to violations of this chapter with each other, with the Chief State's Attorney and with agencies charged with the enforcement of pharmacy or drug laws of the United States, this state and all other jurisdictions.

Sec. 74. Section 20-609 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) A pharmacy license shall be conspicuously posted within the pharmacy.

(b) Any person owning, managing or conducting any store, shop or place of business not being a pharmacy who exhibits within or upon the outside of such store, shop or place of business, or includes in any advertisement the words "drug store", "pharmacy", "apothecary", "drug", "drugs", "medicine shop", or any combination of such terms or any other words, displays or symbols indicating that such store, shop or place of business is a pharmacy shall be fined not more than two hundred dollars or imprisoned not more than thirty days or both. The

provisions of this subsection shall not apply to any person who provides pharmacy related services directly to pharmacies or practitioners and does not offer such services and drugs or medical services directly to the public.

Sec. 75. Section 21a-322 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

The commissioner may suspend, revoke or refuse to renew a registration, place a registration on probation, place conditions on a registration and assess a civil penalty of not more than one thousand dollars per violation of this chapter, for sufficient cause. Any of the following shall be sufficient cause for **[**suspension, revocation or refusal to renew**]** such action by the commissioner: (1) The furnishing of false or fraudulent information in any application filed under this chapter; (2) conviction of a **[**felony**]** crime under any state or federal law relating to **[**any**]** the registrant's profession, controlled **[**substance**]** substances or drugs or fraudulent practices, including, but not limited to, fraudulent billing practices; (3) failure to maintain effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels; (4) the suspension, revocation, expiration or surrender of the practitioner's federal controlled substance registration; (5) prescribing, distributing, administering or dispensing a controlled substance in schedules other than those specified in the practitioner's state or federal registration or in violation of any condition placed on the practitioner's registration; (6) the restriction, suspension, revocation or limitation of a professional license or certificate as a result of a proceeding pursuant to the general statutes; (7) abuse or excessive use of drugs; (8) possession, use, prescription for use or distribution of controlled substances or legend drugs, except for therapeutic or other proper medical or scientific purpose; **[**and**]** (9) a practitioner's failure to account for disposition of controlled substances as determined by an audit of the receipt and

disposition records of said practitioner; and (10) failure to keep records of medical evaluations of patients and all controlled substances dispensed, administered or prescribed to patients by a practitioner.

Sec. 76. Subsection (a) of section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each applicant for licensure as a marital and family therapist shall present to the department satisfactory evidence that such applicant has: (1) Completed a graduate degree program specializing in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the United States Department of Education; (2) completed **[**a minimum of twelve months of**]** a supervised practicum or internship **[**to be completed within a period not to exceed twenty-four consecutive months**]** with emphasis in marital and family therapy supervised by the program granting the requisite degree or by an accredited postgraduate clinical training program, approved by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education in which the student received a minimum of five hundred direct clinical hours that included one hundred hours of clinical supervision; (3) completed a minimum of twelve months of relevant postgraduate experience, including at least (A) one thousand hours of direct client contact offering marital and family therapy services subsequent to being awarded a master's degree or doctorate or subsequent to the training year specified in subdivision (2) of this subsection, and (B) one hundred hours of postgraduate clinical supervision provided by a licensed marital and family therapist who is not directly compensated by such applicant for providing such supervision; and (4) passed an examination prescribed

by the department. The fee shall be two hundred fifty dollars for each initial application.

Sec. 77. (NEW) (*Effective from passage*) (a) On or before October 1, 2007, the Commissioner of Public Health shall request information from one or more umbilical cord blood banks concerning the establishment of a public cord blood collection operation within this state to collect, transport, process and store cord blood units from Connecticut residents for therapeutic and research purposes. Any such request for information shall contain provisions inquiring about the ability of the umbilical cord blood bank to: (1) Establish and operate one or more collection sites within the state to collect a targeted number of cord blood units; (2) implement collection procedures designed to collect cord blood units that reflect the state's racial and ethnic diversity; (3) set up public cord blood collection operations not later than six months after execution of a contract with the state, provided the umbilical cord blood bank is able to negotiate any necessary contracts related to the collection sites within that time frame; (4) participate in the National Cord Blood Coordinating Center or similar national cord blood inventory center by listing cord blood units in a manner that assures maximum opportunity for use; (5) have a program that provides cord blood units for research and agree to provide cord blood units that are unsuitable for therapeutic use to researchers located within the state at no charge; and (6) maintain national accreditation by an accrediting organization recognized by the federal Health Resources and Services Administration.

(b) On or before January 1, 2008, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, a summary of the responses to the request for information, along with any recommendations, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 78. Subsection (d) of section 1 of public act 07-219 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(d) The Commissioner of Social Services shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to **[**social**]** human services and public health not later than January 1, 2011, concerning any increase in access to care at community-based health centers as a result of such pilot program.

Sec. 79. Subdivision (6) of subsection (a) of section 20-127 of the general statutes, as amended by section 2 of public act 07-92, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(6) "Noninvasive procedures" means procedures used to diagnose or treat a disease or abnormal condition of the human eye or eyelid excluding the lacrimal drainage system, lacrimal gland and structures posterior to the iris but including the removal of superficial foreign bodies of the cornea and the treatment of iritis, provided the procedures do not require an incision or use of a laser.

Sec. 80. Section 19a-323 of the general statutes, as amended by section 7 of public act 07-104, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) The body of any deceased person may be disposed of by incineration or cremation in this state or may be removed from the state for such purpose.

(b) If death occurred in this state, the death certificate required by law shall be filed with the registrar of vital statistics for the town in which such person died, if known, or, if not known, for the town in which the body was found. The Chief Medical Examiner, Deputy Chief

Medical Examiner, associate medical examiner, or an authorized assistant medical examiner shall complete the cremation certificate, stating that such medical examiner has made inquiry into the cause and manner of death and is of the opinion that no further examination or judicial inquiry is necessary. The cremation certificate **[**or, if the death occurred in another state, the permit for final disposition issued by the legally constituted authorities of the state from which such body was brought and indicating cremation for the body**]** shall be submitted to the registrar of vital statistics of the town in which such person died, if known, or, if not known, of the town in which the body was found, or with the registrar of vital statistics of the town in which the funeral director having charge of the body is located. Upon receipt of the cremation certificate, the registrar shall authorize the cremation certificate, keep it on permanent record, and issue a cremation permit, except that if the cremation certificate is submitted to the registrar of the town where the funeral director is located, such certificate shall be forwarded to the registrar of the town where the person died to be kept on permanent record. The estate of the deceased person, if any, shall pay the sum of forty dollars for the issuance of the cremation certificate or an amount equivalent to the compensation then being paid by the state to authorized assistant medical examiners, if greater. No cremation certificate shall be required **[**(1)**]** for a permit to cremate the remains of bodies pursuant to section 19a-270a. **[**, or (2) when the death occurred in another state and a permit for final disposition has been issued by the legally constituted authorities of the state from which such body was brought.**]** When the cremation certificate is submitted to a town other than that where the person died, the registrar of vital statistics for such other town shall ascertain from the original removal, transit and burial permit that the certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Public Health Code and that the entry regarding the place of disposal is correct. Whenever the registrar finds that the place of disposal is incorrect, the registrar shall

issue a corrected removal, transit and burial permit and, after inscribing and recording the original permit in the manner prescribed for sextons' reports under section 7-72, shall then immediately give written notice to the registrar for the town where the death occurred of the change in place of disposal stating the name and place of the crematory and the date of cremation. Such written notice shall be sufficient authorization to correct these items on the original certificate of death. **[**No body shall be cremated until at least forty-eight hours after death, unless such death was the result of communicable disease, and no body shall be received by any crematory unless accompanied by the permit provided for in this section.**]** The fee for a cremation permit shall be three dollars and for the written notice one dollar. The Department of Public Health shall provide forms for cremation permits, which shall not be the same as for regular burial permits and shall include space to record information about the intended manner of disposition of the cremated remains, and such blanks and books as may be required by the registrars.

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

(d) No body shall be cremated until at least forty-eight hours after death, unless such death was the result of communicable disease, and no body shall be received by any crematory unless accompanied by the permit provided for in this section.

Sec. 81. (*Effective from passage*) Notwithstanding any provision of the general statutes, the restoration project involving an existing swimming pool in the Bennet Middle School complex located in the National Landmark Historic District in the town of Manchester shall

not be required to comply with the provisions of the Public Health Code or the State Building Code, provided prior to the commencement of such restoration project the town of Manchester enters into a written agreement with the Departments of Public Health and Public Safety holding said departments harmless from any liability associated with such restoration project, including the public use of such swimming pool. Nothing in this section shall be construed to prohibit the town of Manchester from seeking, or either department from providing, technical assistance concerning such restoration project.

Sec. 82. Subsection (a) of section 17b-417 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Office of the Long-Term Care Ombudsman shall develop and implement a pilot program, within available appropriations, to provide assistance and education to residents of managed residential communities, as defined in section 19-13-D105 of the regulations of Connecticut state agencies, who receive assisted living services from an assisted living services agency licensed by the Department of Public Health in accordance with chapter 368v. The assistance and education provided under such pilot program shall include, but not be limited to: (1) Assistance and education for residents who are temporarily **[**discharged**]** admitted to a hospital or long-term care facility and return to a managed residential community; (2) assistance and education for residents with issues relating to **[**an admissions contract**]** a residency agreement for a managed residential community; and (3) assistance and education for residents to assure adequate and appropriate services are being provided including, but not limited to, adequate and appropriate services for individuals with cognitive impairments.

Sec. 83. Section 19a-79 of the general statutes is amended by adding subsection (d) as follows (*Effective from passage*):

(NEW) (d) Any child day care center or group day care home that operates in a public school building and serves exclusively school-age children may apply for a variance to the physical plant requirements adopted as regulations pursuant to subsection (a) of this section on a form and in the manner prescribed by the Commissioner of Public Health. The commissioner may not grant a variance under this subsection unless (1) the operator of a child day care center or group day care home provides documentation to the commissioner that the intent of the specific requirement or requirements affected by the variance will be satisfactorily achieved in a manner other than that prescribed by the regulations, and (2) the child day care center or group day care home and the Department of Public Health enter into a written agreement specifying the physical plant requirement or requirements affected by the variance, the duration of the variance and the terms under which the variance is granted. If a child day care center or group day care home fails to comply with the terms of such written agreement, the agreement and the variance shall be subject to immediate cancellation. Any operator of a child day care center or group day care home who is granted a variance under this section shall post such variance in close proximity to the operator's license and, at the time of enrollment of any child in the child day care center or group day care home, and annually thereafter, notify the child's parents or guardians of such variance. Such notification shall include the specific physical plant requirement or requirements for which the variance has been granted and an explanation of how the child day care center or group day care home will achieve the intent of the specific requirement or requirements affected by the variance in a manner that protects the health and safety of the children enrolled in the child day care center or group day care home.

Sec. 84. Section 19a-59c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) The Department of Public Health is authorized to administer the federal Special Supplemental Food Program for Women, Infants and Children in the state, in accordance with federal law and regulations. The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, necessary to administer the program.

(b) There is established a Women, Infants and Children Advisory Council consisting of the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health; the Commissioner of Public Health or a designee; the executive director of the Commission on Children or a designee; a nutrition educator, appointed by the Governor; two local directors of the Women, Infants and Children program, one each appointed by the president pro tempore of the Senate and the speaker of the House of Representatives; two recipients of assistance under the Women, Infants and Children program, one each appointed by the majority leaders of the Senate and the House of Representatives; and two representatives of an anti hunger organization, one each appointed by the minority leaders of the Senate and the House of Representatives. Council members shall serve for a term of two years. The chairperson and the vice-chairperson of the council shall be elected by the full membership of the council. Vacancies shall be filled by the appointing authority. The council shall meet at least twice a year. Council members shall serve without compensation. The council shall advise the Department of Public Health on issues pertaining to increased participation and access to services under the federal Special Supplemental Food Program for Women, Infants and Children.

Sec. 85. Subdivision (5) of subsection (a) of section 19a-91 of the general statutes, as amended by section 5 of public act 07-104, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) "Disinfecting solution" means an aqueous solution or spray containing not less than five per cent phenol by weight, or an equivalent in germicidal action.

Sec. 86. Subsection (a) of section 16-43 of the general statutes as is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*)

(a) A public service company shall obtain the approval of the Department of Public Utility Control to directly or indirectly (1) merge, consolidate or make common stock with any other company, or (2) sell, lease, assign, mortgage, except by supplemental indenture in accord with the terms of a mortgage outstanding May 29, 1935, or otherwise dispose of any essential part of its franchise, plant, equipment or other property necessary or useful in the performance of its duty to the public. Any such disposition of an essential part of such other real property of a public service company shall be by public auction or other procedure for public sale, provided such auction or public sale shall be conducted upon notice of auction or sale published at least once each week for two weeks preceding the date of such auction or sale in a newspaper having a substantial circulation in the county in which such property is located. The public service company shall submit evidence to the department of the notice given. On a showing of good cause by such company to use a means of disposal other than by public auction or other procedure for public sale, the department may, on a finding of such good cause, authorize the use of an alternative sales process. No public auction or other procedure for public sale shall be required for the sale or other disposition of real property by a water company to the state, a municipality or land conservation organization if at least seventy per cent of the area of the real property sold or disposed of is to be used for open space or recreational purposes, as defined in subsection (f) of section 16-50d, and if the consideration received for such sale or disposition is not less

than the appraised value of such property. A public service company other than a water company may sell, lease, assign, mortgage or otherwise dispose of improved real property with an appraised value of two hundred fifty thousand dollars or less or unimproved real property with an appraised value of fifty thousand dollars or less without such approval. The department shall follow the procedures in section 16-50c for transactions involving unimproved land owned by a public service company other than a water company. A water company supplying water to more than five hundred consumers may sell, lease, assign, mortgage, or otherwise dispose of real property, other than public watershed or water supply lands, with an appraised value of fifty thousand dollars or less without such approval. The department shall not accept an application to sell watershed or water supply lands until the Commissioner of Public Health issues a permit pursuant to section 25-32. The condemnation by a state department, institution or agency of any land owned by a public service company shall be subject to the provisions of this subsection. On February 1, 1996, and annually thereafter, each public service company shall submit a report to the Department of Public Utility Control of all real property sold, leased, assigned, mortgaged, or otherwise disposed of without the approval of said department during the previous calendar year. Such report shall include for each transaction involving such property, without limitation, the appraised value of the real property, the actual value of the transaction and the accounting journal entry which recorded the transaction.

Sec. 87. Subdivision (3) of subsection (b) of section 19a-77 of the general statutes, as amended by section 1 of public act 07-129, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer

than two hours in length; library programs that are no longer than two hours in length; scouting; **[**4-H; programs operated exclusively for**]** programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older.

Sec. 88. Section 19a-420 of the general statutes, as amended by section 6 of public act 07-129, is repealed and the following is substituted in lieu thereof (*Effective September 1, 2007*):

As used in this chapter:

(1) "Youth camp" means any regularly scheduled program or organized group activity **[**that operates only during school vacations or on weekends and is**]** advertised as a camp or operated only during school vacations or on weekends by a person, partnership, corporation, association, the state or a municipal agency for recreational or educational purposes and accommodating for profit or under philanthropic or charitable auspices five or more children, under eighteen years of age, who are (A) not bona fide personal guests in the private home of an individual, and (B) living apart from their relatives, parents or legal guardian, for a period of three days or more per week or portions of three or more days per week, provided any such relative, parent or guardian who is an employee of such camp shall not be considered to be in the position of loco parentis to such employee's child for the purposes of this chapter, but does not include (i) classroom-based summer instructional programs operated by any person, provided no activities that may pose a health risk or hazard to participating children are conducted at such programs, (ii) schools which operate a summer educational program, (iii) licensed day care centers, **[**(iv) programs or parts of programs that accommodate children under three years of age or operate at times other than during school vacations or on weekends, or (v)**]** or (iv) drop-in programs for children who are at least six years of age administered by a nationally

chartered boys' and girls' club;

(2) "Resident camp" means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children who are at least three years of age and under sixteen years of age for at least seventy-two consecutive hours and in which the campers attending such camps eat and sleep;

(3) "Day camp" means any youth camp which is established, conducted or maintained on any parcel or parcels of land on which there are located dwelling units or buildings intended to accommodate five or more children who are at least three years of age and under sixteen years of age during daylight hours for at least three days a week with the campers eating and sleeping at home, except for one meal per day, but does not include programs operated by a municipal agency;

(4) "Person" means the state or any municipal agency, individual, partnership, association, organization, limited liability company or corporation;

(5) "Commissioner" means the Commissioner of Public Health; and

(6) "Department" means the Department of Public Health.

Sec. 89. (*Effective July 1, 2007*) For the fiscal years ending June 30, 2008, and June 30, 2009, there shall be allocated to the Department of Mental Health and Addiction Services, from the Tobacco and Health Trust Fund, any balance remaining in said trust fund after transfers required by law have been made from the amount disbursed to said fund from the Tobacco Settlement Fund pursuant to subdivision (2) of subsection (c) of section 4-28e of the general statutes. Such funds shall be used by the department to provide grants for tobacco education programs designed to discourage smoking by minors in grades one to

eight, inclusive. The department shall ensure that such education programs are funded on a state-wide basis and shall establish reporting requirements for grantees of such funds.

Sec. 90. Sections 19a-115, 19a-116a and 19a-121d of the general statutes are repealed. (*Effective October 1, 2007*)

Approved July 12, 2007