



**Substitute House Bill No. 5701**

**Public Act No. 08-184**

**AN ACT CONCERNING REVISIONS TO STATUTES PERTAINING  
TO THE DEPARTMENT OF PUBLIC HEALTH.**

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

Section 1. Section 7-48a of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

On and after January 1, 2002, each birth certificate shall be filed with the name of the birth mother recorded. [The] If the birth is subject to a gestational agreement, the Department of Public Health shall create a replacement certificate in accordance with 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

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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. 2. Subsection (a) of section 7-72 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Each sexton having charge of any burial place shall, during the first week of each month, return a list of all interments, disinterments and removals made by such sexton during the preceding month [next preceding, with the dates thereof,] to the registrar of the town. [and also, within said time, file with the registrar permits received by such sexton by virtue of which a body has been brought into the town from another town or state for burial, with such sexton's endorsement thereon showing when and in what cemeteries the interments took place.] The list shall be in a format prescribed by the Commissioner of Public Health. The sexton shall also file during the first week of each month, completed burial permits received by such sexton in the preceding month. The registrar shall inscribe upon each certificate and each permit [so] received the date of its reception and record such lists and permits in [books to be furnished by the Department of Public Health] a log. When a permit has been given for the disinterment and removal of a body, the registrar shall make a memorandum on the registrar's records of such removal and the place to which such body was removed.

Sec. 3. Subsection (b) of section 19a-215 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(b) [Each] A health care provider shall report [in writing or by telephone] each case occurring in [his] such provider's practice, of any disease on the commissioner's list of reportable diseases and

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laboratory findings to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, [ within] no later than twelve hours after [his] such provider's recognition of the disease. Such reports shall be in writing, by telephone or in an electronic format approved by the commissioner. Such reports of disease shall be confidential and not open to public inspection except as provided in subsection (d) of this section.

Sec. 4. Section 19a-209c of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Any person who applies to the Department of Public Health for [authorization relating to] an exception to the separating distance requirements for the repair or new construction of a subsurface sewage disposal system [that involves the waiver of the proximity requirement of a subsurface sewage disposal system in relation to a private residential] relative to a water supply well, shall notify all owners of [abutting] properties with water supply wells affected by the exception request of such application by certified mail, return receipt requested. The notice shall include a copy of the application. [A decision by the Department of Public Health concerning such application shall constitute a final decision for purposes of section 4-183.]

(b) A decision approving such an application shall not be an affirmative defense for the owner of the subsurface sewage disposal system to any claim of liability for damages relating to contamination caused by the proximity of a subsurface sewage disposal system to a [private residential] water supply well.

Sec. 5. Subsection (a) of section 19a-36 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

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(a) The Commissioner of Public Health shall establish a Public Health Code and, from time to time, amend the same. The Public Health Code may provide for the preservation and improvement of the public health.

(1) Said code may include regulations pertaining to retail food establishments, including, but not limited to, food service establishments, catering food service establishments and itinerant food vending establishments and the required permitting from local health departments or districts to operate said establishments.

(2) Drainage and toilet systems to be installed in any house or building arranged or designed for human habitation, or field sanitation provided for agricultural workers or migratory farm laborers, shall conform to minimum requirements prescribed in said code.

(3) Said code may include regulations requiring toilets and handwashing facilities in large stores, as defined in such regulations, in shopping centers and in places dispensing food or drink for consumption on the premises, for the use of patrons of such establishments, except that the provisions of such regulations shall not apply to such establishments constructed or altered pursuant to plans and specifications approved or building permits issued prior to October 1, 1977.

(4) The provisions of such regulations (A) with respect to the requirement of employing a qualified food operator and any reporting requirements relative to such operator, shall not apply to an owner or operator of a soup kitchen who relies exclusively on services provided by volunteers, and (B) shall not prohibit the sale of food at a noncommercial function such as an educational, religious, political or charitable organization's bake sale or pot luck supper provided the seller maintains such food under the temperature, pH level and water

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activity level conditions that will inhibit the rapid and progressive growth of infectious or toxigenic microorganisms. For the purposes of this section, a "noncommercial function" means a function where food is sold by a person not regularly engaged in the business of selling such food.

(5) The provisions of such regulations with respect to qualified food operators shall require that the contents of the test administered to qualified food operators include elements testing the qualified food operator's knowledge of food allergies.

(6) Each regulation adopted by the Commissioner of Public Health shall state the date on which it shall take effect, and a copy of the regulation, signed by the Commissioner of Public Health, shall be filed in the office of the Secretary of the State and a copy sent by said commissioner to each director of health, and such regulation shall be published in such manner as the Commissioner of Public Health may determine.

(7) Any person who violates any provision of the Public Health Code shall be fined not more than one hundred dollars or imprisoned not more than three months, or both.

Sec. 6. Section 19a-70 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

If the Department of Public Health finds that there is an epidemic of any disease within the state and that antitoxin or other biologic product is in short supply, the commissioner shall notify the Governor, who may proclaim that an emergency exists. On such declaration, the Governor shall appoint an advisory committee, consisting of the Commissioner of Public Health and such five other persons as the Governor deems advisable. The committee shall recommend to the Department of Public Health the priority of the supply, distribution

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and use of such biologic products in the interest of the health, welfare and safety of the people of the state. The Department of Public Health, after receiving the recommendations of the committee, is authorized to make regulations determining the priority of supply, distribution and use of such biologic product. Violation of any such regulation on the part of any physician or pharmacist shall be cause for the revocation, suspension or annulment of a license or certificate of registration or other disciplinary action in accordance with sections 20-13a to [20-13i] 20-13e, inclusive, as amended by this act, or section 20-45, 20-576 or 20-579.

Sec. 7. Section 20-13a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

As used in sections 20-13a to [20-13i] 20-13e, inclusive, as amended by this act, unless the context otherwise requires:

(1) "Board" means the Connecticut Medical Examining Board, as provided for in section 20-8a of the 2008 supplement to the general statutes;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "County society" means a county medical association affiliated with the Connecticut State Medical Society;

(4) "Department" means the Department of Public Health;

(5) "License" means any license or permit issued pursuant to section 20-10, 20-11a or 20-12;

(6) "Physician" means a person holding a license issued pursuant to this chapter, except a homeopathic physician; and

(7) "State society" means the Connecticut State Medical Society or the Connecticut Osteopathic Medical Society.

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Sec. 8. Section 20-13b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

The Commissioner of Public Health, with advice and assistance from the board, shall establish guidelines as may be necessary to carry out the provisions of sections 20-13a to [20-13i] 20-13e, inclusive, as amended by this act. Not later than January 1, 2006, such guidelines shall include, but need not be limited to: (1) Guidelines for screening complaints received to determine which complaints will be investigated; (2) guidelines to provide a basis for prioritizing the order in which complaints will be investigated; (3) a system for conducting investigations to ensure prompt action when it appears necessary; (4) guidelines to determine when an investigation should be broadened beyond the scope of the initial complaint to include, but not be limited to, sampling patient records to identify patterns of care, reviewing office practices and procedures, and reviewing performance and discharge data from hospitals; and (5) guidelines to protect and ensure the confidentiality of patient and provider identifiable information when an investigation is broadened beyond the scope of the initial complaint. Such guidelines shall not be considered regulations, as defined in section 4-166.

Sec. 9. Section 22-6r of the 2008 supplement to 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

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defined in section 19-13-B42 of the regulations of Connecticut state agencies,] in conformance with the applicable 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

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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)] (d) A food service establishment, as defined in section 19-13-B42 of the regulations of Connecticut state agencies, [shall request and obtain] may purchase farm products that have been produced and are sold in conformance with the applicable regulations of Connecticut state agencies at a farmers' market, provided such establishment requests and obtains an invoice from the farmer or person selling [fresh produce] farm products. The farmer or person selling [fresh produce] farm products shall provide to the food service establishment an invoice that indicates the source and date of purchase of the [fresh produce] farm products at the time of the sale.

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

Sec. 10. Section 19a-492d of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

On and after October 1, 2007, a nurse who is employed by an agency licensed by the Department of Public Health as a home health care agency or a homemaker-home health aide agency may administer influenza and pneumococcal polysaccharide vaccines to [patients] persons in their homes, after an assessment for contraindications, without a physician's order in accordance with a physician-approved agency policy that includes an anaphylaxis protocol. In the event of an

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adverse reaction to the vaccine, such nurse may also administer epinephrine or other anaphylaxis medication without a physician's order in accordance with the physician-approved agency policy. For purposes of this section, "nurse" means an advanced practice registered nurse, registered nurse or practical nurse licensed under chapter 378.

Sec. 11. Subsection (c) of section 19a-7h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(c) Except as specified in subsections (a) and (b) of this section, all personal information including vaccination status and dates of vaccination of individuals shall be confidential pursuant to section 19a-25 and shall not be further disclosed without the authorization of the child or the child's legal guardian. [After consultation with the state Childhood Immunization Advisory Council established under section 19a-7g, the] The commissioner shall adopt regulations, pursuant to chapter 54, to specify how information on vaccinations or exemptions from vaccination will be reported in a timely manner to the registry, how information on the registry will be made available to health care providers, parents or guardians, and directors of health, how parents or guardians may decline their child's enrollment in the registry, and to otherwise implement the provisions of this section.

Sec. 12. (NEW) (*Effective October 1, 2008*) (a) As used in this section:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the

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department pursuant to chapter 373 of the general statutes; and

(5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the 2008 supplement to the general statutes is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2009, a licensee applying for license renewal shall earn a minimum of fifteen contact hours of continuing education within the preceding registration period. Such continuing education shall (1) be directly related to the practice of natureopathy; 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 Association of Accredited Naturopathic Medical Colleges, regionally accredited institutions of higher education or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the 2008 supplement to the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of said subsection (b) for a minimum of five years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the 2008 supplement to the general statutes is exempt from the continuing education requirements of this section.

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(e) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(f) Any licensee whose license has become void pursuant to section 19a-88 of the 2008 supplement to the general statutes and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the general statutes shall submit evidence documenting successful completion of fifteen contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 13. Subsection (a) of section 20-12d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) A physician assistant who has complied with the provisions of sections 20-12b of the 2008 supplement to the general statutes and 20-12c of the 2008 supplement to the general statutes may perform medical functions delegated by a supervising physician when: (1) The supervising physician is satisfied as to the ability and competency of the physician assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice;

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and (3) such functions are performed under the oversight, control and direction of the supervising physician. The functions that may be performed under such delegation are those that are within the scope of the supervising physician's license, within the scope of such physician's competence as evidenced by such physician's postgraduate education, training and experience and within the normal scope of such physician's actual practice. Delegated functions shall be implemented in accordance with written protocols established by the supervising physician. All orders written by physician assistants shall be followed by the signature of the physician assistant and the printed name of the supervising physician. A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (A) prescribe and administer drugs, including controlled substances in schedule IV or V in all settings, (B) renew prescriptions for controlled substances in schedule II, III, IV or V in all settings, [and] (C) prescribe and administer controlled substances in schedule II or III in all settings, provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall document such physician's approval of the order in the patient's medical record not later than one calendar day thereafter, and (D) prescribe and approve the use of durable medical equipment. The physician assistant may, as delegated by the supervising physician within the scope of such physician's license, request, sign for, receive and dispense drugs to patients, in the form of professional samples, as defined in section 20-14c, or when dispensing in an outpatient clinic as defined in the regulations of Connecticut state agencies and licensed pursuant to subsection (a) of section 19a-491 that operates on a not-for-profit basis, or when dispensing in a clinic operated by a state agency or municipality. Nothing in this subsection shall be construed to allow the physician assistant to request, sign for, receive or dispense any drug the physician assistant is not authorized under this subsection to prescribe.

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Sec. 14. Subsection (b) of section 14-253a of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(b) The Commissioner of Motor Vehicles shall accept applications and renewal applications for special license plates and removable windshield placards from (1) any person who is blind, as defined in section 1-1f; (2) any person with disabilities which limit or impair the ability to walk, as defined in 23 CFR Part 1235.2; (3) any parent or guardian of any blind person or person with disabilities who is under eighteen years of age at the time of application; and (4) any organization which meets criteria established by the commissioner and which certifies to the commissioner's satisfaction that the vehicle for which a plate or placard is requested is primarily used to transport blind persons or persons with disabilities which limit or impair their ability to walk. Such applications shall be on a form prescribed by the commissioner and shall include certification of disability from a licensed physician, physician's assistant or advanced practice registered nurse, licensed in accordance with the provisions of chapter 378, or of blindness from an ophthalmologist or an optometrist. In the case of persons with disabilities which limit or impair the ability to walk, the application shall also include certification from a licensed physician, an advanced practice registered nurse, licensed in accordance with the provisions of chapter 378, or a member of the handicapped driver training unit established pursuant to section 14-11b that the applicant meets the definition of persons with disabilities which limit or impair the ability to walk, as defined in 23 CFR Section 1235.2. The commissioner, in said commissioner's discretion, may accept the discharge papers of a disabled veteran, as defined in section 14-254, in lieu of such certification. The commissioner may require additional certification at the time of the original application or at any time thereafter. If a person who has been requested to submit additional certification fails to do so within thirty

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days of the request, or if such additional certification is deemed by the commissioner to be unfavorable to the applicant, the commissioner may refuse to issue or, if already issued, suspend or revoke such special license plate or removable windshield placard. The commissioner shall not be required to issue more than one removable windshield placard per applicant. The fee for the issuance of a temporary removable windshield placard shall be five dollars. Any person whose application has been denied or whose special license plate or removable windshield placard has been suspended or revoked shall be afforded an opportunity for a hearing in accordance with the provisions of chapter 54.

Sec. 15. Subsection (a) of section 20-128 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) There shall be within the Department of Public Health a Connecticut Board of Examiners for Optometrists. Said board shall consist of seven members appointed by the Governor, subject to the provisions of section 4-9a, as follows: Four practicing licensed optometrists in good professional standing who reside in this state and three public members. The optometrists appointed for terms beginning on and after January 1, 1997, shall be optometrists authorized under this chapter to practice at the highest level of their profession, except that any optometrist serving on the board on October 1, 1996, shall be eligible for reappointment on or after January 1, 1997, whether or not such optometrist is authorized to practice at the highest level of his profession. The Governor shall appoint a chairman from among such members. No member appointed on or after January 1, 1991, shall serve on the board for more than [eight] twelve years.

Sec. 16. Subsection (b) of section 19a-515 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

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(b) Each licensee shall complete a minimum of forty hours of continuing education every two years. Such two-year period shall commence on the first date of renewal of the licensee's license after January 1, 2004. The continuing education shall be in areas related to the licensee's practice. Qualifying continuing education activities are courses offered or approved by the Connecticut Association of Healthcare Facilities, the Connecticut Association of Not-For-Profit Providers for the Aging, the Connecticut Assisted Living Association, the Connecticut Alliance for Subacute Care, Inc., the Connecticut Chapter of the American College of Health Care Administrators, the Association For Long Term Care Financial Managers or any accredited college or university, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, or by federal or state departments or agencies.

Sec. 17. (NEW) (*Effective October 1, 2008*) On and after October 1, 2008, no agreement, lease or other contract entered into, renewed or extended between an optometrist and any other person shall contain any provision that: (1) Impedes an optometrist's ability to gain access to his or her professional office or patient records, provided any such agreement, lease or other contract may contain a provision that provides a reasonable protocol for the optometrist to gain access to the premises during nonbusiness hours for medical emergencies; or (2) limits, inhibits or prevents an optometrist's ability to communicate with his or her patients at any time.

Sec. 18. Subsection (a) of section 19a-6g of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a HealthFirst Connecticut Authority composed of the following members: Two appointed by the speaker of the House of Representatives, one of whom is a health care provider

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and one of whom represents businesses with fifty or more employees; two appointed by the president pro tempore of the Senate, one of whom has experience in community-based health care and one of whom represents businesses with fewer than fifty employees; one appointed by the majority leader of the House of Representatives who represents consumers; one appointed by the majority leader of the Senate who represents the interests of labor; one appointed by the minority leader of the House of Representatives who represents health insurance companies; one appointed by the minority leader of the Senate who represents hospitals; and two appointed by the Governor, one of whom advocates for health care quality or patient safety and one with experience in information technology. The Insurance Commissioner and the Commissioners of Public Health and Social Services or their designees, the Healthcare Advocate or the Healthcare Advocate's designee, the executive director of the Permanent Commission on the Status of Women or the executive director's designee, the executive director of the African-American Affairs Commission or the executive director's designee, the executive director of the Latino and Puerto Rican Affairs Commission or the executive director's designee and the Comptroller or Comptroller's designee shall be ex-officio, nonvoting members.

Sec. 19. Subsection (a) of section 19a-6h of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a State-wide Primary Care Access Authority. The authority shall consist of the Commissioners of Public Health and Social Services, the Comptroller, the chairpersons of the HealthFirst Connecticut Authority established under section 19a-6g of the 2008 supplement to the general statutes, as amended by this act, and the following members: One each appointed by the Connecticut Primary Care Association, the Connecticut State Medical Society, the

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Connecticut Chapter of the American Academy of Pediatrics, the Connecticut Nurses Association, the Connecticut Association of School-Based Health Centers, the Connecticut State Dental Association, the Connecticut Community Providers Association and the Weitzman Center for Innovation In Community Health and Primary Care. Members shall serve for a term of four years commencing on August 1, 2007. All initial appointments to the committee shall be made by July 15, 2007. Any vacancy shall be filled by the appointing authority.

Sec. 20. Subsection (b) of section 17a-271 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(b) The board of trustees shall recommend to the council such matters as it deems necessary, [;] shall advise the director of the institution on general policies concerning the operation and administration of the institution [;] and shall inspect such institution annually.

Sec. 21. Subsection (e) of section 17a-451 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(e) The commissioner shall collaborate and cooperate with other state agencies providing services for mentally disordered children and adults with psychiatric disabilities or persons with substance use disorders, or [persons with] both, [disabilities,] and shall coordinate the activities of the Department of Mental Health and Addiction Services with the activities of said agencies.

Sec. 22. Subsection (c) of section 17a-458 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

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(c) "State-operated facilities" means those hospitals or other facilities providing treatment for persons with psychiatric disabilities or for persons with substance use disorders, or both, which are operated in whole or in part by the Department of Mental Health and Addiction Services. Such facilities include, but are not limited to, the Capitol Region Mental Health Center, the Connecticut Valley Hospital, including the Acute Care Division of Connecticut Valley Hospital, the Connecticut Mental Health Center, the Franklin S. DuBois Center, the Greater Bridgeport Community Mental Health Center and River Valley Services.

Sec. 23. Subsection (e) of section 19a-12a of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(e) Any health care professional participating in the assistance program shall immediately notify the assistance program upon (1) being made aware of the filing of any disciplinary charges or the taking of any disciplinary action against such health care professional by a professional licensing or disciplinary body, or (2) being charged with or convicted of a felony under the laws of this state, or of an offense that, if committed within this state, would constitute a felony. The assistance program shall regularly review available sources to determine if disciplinary charges have been filed, or disciplinary action has been taken, or felony charges have been filed or substantiated against any health care professional who has been admitted to the assistance program. Upon such notification, the assistance program shall refer such health care professional to the department and shall submit to the department all records and files maintained by the assistance program concerning such health care professional. Upon such referral, the department shall determine if the health care professional is eligible to continue participating in the assistance program and whether such participation should be treated as

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confidential in accordance with subsection (h) of this section. The department may seek the advice of professional health care societies or organizations and the assistance program in determining what intervention, referral assistance, rehabilitation or support services are appropriate for such health care professional. If the department determines that the health care professional is an appropriate candidate for confidential participation in the assistance program, the entire record of the referral and investigation of the health care professional shall be confidential and shall not be disclosed, except at the request of the health care professional, for the duration of the health care professional's participation in and upon successful completion of the program, provided such participation is in accordance with terms agreed upon by the department, the health care professional and the assistance program.

Sec. 24. Subsection (c) of section 19a-37 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which a well permit exception may be granted and describe the terms and conditions that shall be imposed when a well is allowed at a [premise] premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and

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frequency of water quality testing required for the well supply.

Sec. 25. Subdivisions (2) and (3) of subsection (a) of section 19a-77 of the 2008 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(2) A "group day care home" which offers or provides a program of supplementary care (A) to not less than seven [nor] or more than twelve related or unrelated children on a regular basis, or (B) that meets the definition of a family day care home except that it operates in a facility other than a private family home.

(3) A "family day care home" which consists of a private family home caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three [nor] or more than twelve hours during a twenty-four-hour period and where care is given on a regularly recurring basis except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, shall be permitted, except that if the provider has more than three children who are in school full time, all of the provider's children shall be permitted.

Sec. 26. Subsection (b) of section 19a-535b of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(b) A facility shall not transfer or discharge a patient from the facility except for medical reasons, or for the patient's welfare or the welfare of other patients, as documented in the patient's medical record; or, in the case of a self pay patient, for nonpayment or

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arrearrage of more than fifteen days of the per diem chronic disease hospital room rates for the patient's stay, except as prohibited by the Social Security Act. In the case of an involuntary transfer or discharge, the patient and, if known, the patient's legally liable relative, guardian or conservator and the patient's personal physician, if the discharge plan is prepared by the medical director of the chronic disease hospital, shall be given at least thirty [days] days' written notice of the proposed action to ensure orderly transfer or discharge.

Sec. 27. Subdivision (1) of section 19a-693 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(1) "Activities of daily living" means activities or tasks [ ] that are essential for a person's healthful and safe existence, including, but not limited to, bathing, dressing, grooming, eating, meal preparation, shopping, housekeeping, transfers, bowel and bladder care, laundry, communication, self-administration of medication and ambulation.

Sec. 28. Section 19a-695 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

The Department of Public Health shall receive and investigate any complaint alleging that a managed residential community is engaging in, or has engaged in activities, practices or omissions that would constitute a violation of sections 19a-694 to 19a-701, inclusive, the regulations adopted pursuant to section 19a-701 of the 2008 supplement to the general statutes, or any other regulation applicable to managed residential communities, including the Public Health Code. The department shall include in its biennial review of a managed residential community, conducted in accordance with section 19a-696 of the 2008 supplement to the general statutes, a review of the nature and type of any complaint received concerning the managed

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residential community, as well as the department's final determination made with respect to such complaint.

Sec. 29. Subsection (b) of section 20-609 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(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] that 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. 30. Subsections (b) and (c) of section 20-162bb of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) [Each] Except as provided in subsection (c) of this section, each person seeking licensure to practice perfusion in this state shall make application on forms prescribed by the department, pay an application fee of two hundred fifty dollars and present to the department satisfactory evidence that such person (1) successfully completed a perfusion education program with standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs; (2) completed a minimum of fifty cases after graduating from a perfusion education program accredited or approved pursuant to

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subdivision (1) of this subsection; and (3) after completing the requirements set forth in subdivision (2) of this subsection, successfully completed the certification examination offered by the American Board of Cardiovascular Perfusion, or its successor. The commissioner shall grant a license as a perfusionist to any applicant who meets the requirements of this subsection.

(c) [From the period beginning October 1, 2005, and ending December 31, 2006, an applicant for licensure as a perfusionist may, in lieu of the requirements set forth in subsection (b) of this section, submit to the department satisfactory evidence that the applicant has (1) actively engaged in the practice of perfusion in this state since October 1, 2005, or earlier, and (2) been operating a cardiopulmonary bypass system during cardiac surgical procedures in a licensed health care facility as part of the applicant's primary job duties since October 1, 2005.] In lieu of the requirements set forth in subsection (b) of this section, a person may qualify for a license to practice perfusion in this state, provided such person: (1) Is currently certified by the American Board of Cardiovascular Perfusion; (2) has worked as a perfusionist in a licensed healthcare facility in another state for a period of not less than five years; and (3) has had no lapse in active practice as perfusionist greater than twenty-four months at the time of filing a licensure application in Connecticut. The commissioner [shall] may grant a license as a perfusionist to any applicant who meets the requirements of this subsection.

Sec. 31. (*Effective from passage*) Notwithstanding the provisions of subsection (a) of section 20-74bb of the 2008 supplement to the general statutes, during the period commencing on the effective date of this section and ending thirty days after said effective date, the Department of Public Health may issue a license to practice as a radiographer under chapter 376c of the general statutes to an applicant who presents to the department satisfactory evidence that the applicant: (1) Holds a

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current radiologic technician license issued by another state, which license was initially issued on or before October 1, 1965, and has no disciplinary history; (2) completed a course of study in radiologic technology on or before June 30, 1964; and (3) has practiced as a radiologic technologist including the taking of x-rays for at least twenty-four months within the five-year period immediately preceding the date that the applicant filed an application with the department.

Sec. 32. Subsection (c) of section 20-7c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(c) Upon a written request of a patient, a patient's attorney or authorized representative, or pursuant to a written authorization, a provider, except as provided in section 4-194, shall furnish to the person making such request a copy of the patient's health record, including but not limited to, bills, x-rays and copies of laboratory reports, contact lens specifications based on examinations and final contact lens fittings given within the preceding three months or such longer period of time as determined by the provider but no longer than six months, records of prescriptions and other technical information used in assessing the patient's health condition. No provider shall charge more than [forty-five] sixty-five cents per page, including any research fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing a health record pursuant to this subsection, except such provider may charge a patient the amount necessary to cover the cost of materials for furnishing a copy of an x-ray, provided no such charge shall be made for furnishing a health record or part thereof to a patient, a patient's attorney or authorized representative if the record or part thereof is necessary for the purpose of supporting a claim or appeal under any provision of the Social Security Act and the request is accompanied by documentation

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of the claim or appeal. A provider shall furnish a health record requested pursuant to this section within thirty days of the request.

Sec. 33. (*Effective from passage*) Notwithstanding the provisions of subsection (a) of section 20-206bb of the 2008 supplement to the general statutes, during the period commencing on the effective date of this section and ending thirty days after said effective date, the Department of Public Health may issue a license as an acupuncturist under chapter 384c of the general statutes to any applicant who presents satisfactory evidence to the department that the applicant: (1) Received a Bachelor of Medicine degree prior to 1985; (2) successfully completed all portions of the acupuncturist examination administered by the National Commission for the Certification of Acupuncturists; and (3) successfully completed the Clean Needle Technique Course offered by the Council of Colleges of Acupuncture and Oriental Medicine.

Sec. 34. Subparagraph (H) of subdivision (7) of subsection (c) of section 7-148 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(H) (i) Secure the safety of persons in or passing through the municipality by regulation of shows, processions, parades and music;

(ii) Regulate and prohibit the carrying on within the municipality of any trade, manufacture, business or profession which is, or may be, so carried on as to become prejudicial to public health, conducive to fraud and cheating, or dangerous to, or constituting an unreasonable annoyance to, those living or owning property in the vicinity;

(iii) Regulate auctions and garage and tag sales;

(iv) Prohibit, restrain, license and regulate the business of peddlers, auctioneers and junk dealers in a manner not inconsistent with the

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general statutes;

(v) Regulate and prohibit swimming or bathing in the public or exposed places within the municipality;

(vi) Regulate and license the operation of amusement parks and amusement arcades including, but not limited to, the regulation of mechanical rides and the establishment of the hours of operation;

(vii) Prohibit, restrain, license and regulate all sports, exhibitions, public amusements and performances and all places where games may be played;

(viii) Preserve the public peace and good order, prevent and quell riots and disorderly assemblages and prevent disturbing noises;

(ix) Establish a system to obtain a more accurate registration of births, marriages and deaths than the system provided by the general statutes in a manner not inconsistent with the general statutes;

(x) Control insect pests or plant diseases in any manner deemed appropriate;

(xi) Provide for the health of the inhabitants of the municipality and do all things necessary or desirable to secure and promote the public health;

(xii) Regulate the use of streets, sidewalks, highways, public places and grounds for public and private purposes;

(xiii) Make and enforce police, sanitary or other similar regulations and protect or promote the peace, safety, good government and welfare of the municipality and its inhabitants;

(xiv) Regulate, in addition to the requirements under section 7-282b, the installation, maintenance and operation of any device or

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equipment in a residence or place of business which is capable of automatically calling and relaying recorded emergency messages to any state police or municipal police or fire department telephone number or which is capable of automatically calling and relaying recorded emergency messages or other forms of emergency signals to an intermediate third party which shall thereafter call and relay such emergency messages to a state police or municipal police or fire department telephone number. Such regulations may provide for penalties for the transmittal of false alarms by such devices or equipment;

(xv) Make and enforce regulations preventing housing blight, including regulations reducing assessments, provided such regulations define housing blight, and including regulations establishing a duty to maintain property and specifying standards to determine if there is neglect; prescribe fines for the violation of such regulations of not less than ten or more than one hundred dollars for each day that a violation continues and, if such fines are prescribed, such municipality shall adopt a citation hearing procedure in accordance with section 7-152c;

(xvi) Regulate, on any property owned by the municipality, any activity deemed to be deleterious to public health, including the lighting or carrying of a lighted cigarette, cigar, pipe or similar device.

Sec. 35. Section 10-292p of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any school-based health clinic [constructed on or after October 1, 2007,] that is located in or attached to a school building constructed on or after July 1, 2009, that shares a first floor exterior wall with the school building shall [be constructed with] include an entrance that is separate from the entrance to the school building.

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Sec. 36. Section 19a-269b of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) As used in this section, "clinical laboratory" has the same meaning as provided in section 19a-30. [, "patient" does not include any person under eighteen years of age and "routine general medical examination" does not include an annual gynecological examination.]

(b) Beginning September 1, 2006:

[(1) Each physician licensed under chapter 370 shall order a serum creatinine test as part of each patient's routine general medical examination if the patient has not submitted to such test within the one-year period preceding the routine general medical examination. The order shall include a notification that the test is being ordered pursuant to the provisions of this subdivision.

(2) For each serum creatinine test performed on a patient admitted as an inpatient to a hospital licensed in this state, the ordering provider shall request, at least once during such patient's hospital stay, that the laboratory performing the test include an estimated glomerular filtration rate in the laboratory report if the patient has not submitted to such test within the one-year period preceding such hospitalization.]

[(3)] (1) Any person, firm or corporation operating a clinical laboratory licensed in this state shall ensure that when the clinical laboratory tests a specimen to determine a patient's serum creatinine level, as ordered or prescribed by a physician or provider in a hospital, [pursuant to subdivision (1) or (2) of this subsection,] the clinical laboratory shall (A) calculate the patient's estimated glomerular filtration rate using the patient's age and gender, which information shall be provided to the clinical laboratory by the physician or the provider in a hospital, and (B) include the patient's estimated

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glomerular filtration rate with its report to the physician or the provider in a hospital.

[(4)] (2) A person, firm or corporation operating a clinical laboratory licensed in this state shall be deemed in compliance with subdivision [(3)] (1) of this subsection if the clinical laboratory makes available to the ordering physician or provider in a hospital test order codes for serum creatinine that include eGFR.

Sec. 37. Subdivision (3) of subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(3) Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of: (A) a dental assistant as defined in section 20-112a, provided such dental assistant is engaged in the taking of dental x-rays under the supervision and control of a dentist licensed pursuant to chapter 379 and can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board, or (B) a dental assistant student, intern or trainee pursuing practical training in the taking of dental x-rays provided such activities constitute part of a supervised course or training program and such person is designated by a title which clearly indicates such person's status as a student, intern or trainee.

Sec. 38. Section 19a-562a of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(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

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care to residents enrolled in the Alzheimer's special care unit or program. 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] eight 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 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. 39. Section 19a-127k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) As used in this section:

(1) "Community benefits program" means any voluntary program to promote preventive care and to improve the health status for working families and populations at risk in the communities within the geographic service areas of a managed care organization or a hospital in accordance with guidelines established pursuant to subsection (c) of this section;

(2) "Managed care organization" has the same meaning as provided in section 38a-478;

(3) "Hospital" has the same meaning as provided in section 19a-490 of the 2008 supplement to the general statutes. [; and

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(4) "Commissioner" means the Commissioner of Public Health.]

(b) On or before January 1, 2005, and biennially thereafter, each managed care organization and each hospital shall submit to the [commissioner, or the commissioner's designee] the Healthcare Advocate, or the Healthcare Advocate's designee, a report on whether the managed care organization or hospital has in place a community benefits program. If a managed care organization or hospital elects to develop a community benefits program, the report required by this subsection shall comply with the reporting requirements of subsection (d) of this section.

(c) A managed care organization or hospital may develop community benefit guidelines intended to promote preventive care and to improve the health status for working families and populations at risk, whether or not those individuals are enrollees of the managed care plan or patients of the hospital. The guidelines shall focus on the following principles:

(1) Adoption and publication of a community benefits policy statement setting forth the organization's or hospital's commitment to a formal community benefits program;

(2) The responsibility for overseeing the development and implementation of the community benefits program, the resources to be allocated and the administrative mechanisms for the regular evaluation of the program;

(3) Seeking assistance and meaningful participation from the communities within the organization's or hospital's geographic service areas in developing and implementing the program and in defining the targeted populations and the specific health care needs it should address. In doing so, the governing body or management of the organization or hospital shall give priority to the public health needs

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outlined in the most recent version of the state health plan prepared by the Department of Public Health pursuant to section 19a-7; and

(4) Developing its program based upon an assessment of the health care needs and resources of the targeted populations, particularly low and middle-income, medically underserved populations and barriers to accessing health care, including, but not limited to, cultural, linguistic and physical barriers to accessible health care, lack of information on available sources of health care coverage and services, and the benefits of preventive health care. The program shall consider the health care needs of a broad spectrum of age groups and health conditions.

(d) Each managed care organization and each hospital that chooses to participate in developing a community benefits program shall include in the biennial report required by subsection (b) of this section the status of the program, if any, that the organization or hospital established. If the managed care organization or hospital has chosen to participate in a community benefits program, the report shall include the following components: (1) The community benefits policy statement of the managed care organization or hospital; (2) the mechanism by which community participation is solicited and incorporated in the community benefits program; (3) identification of community health needs that were considered in developing and implementing the community benefits program; (4) a narrative description of the community benefits, community services, and preventive health education provided or proposed, which may include measurements related to the number of people served and health status outcomes; (5) measures taken to evaluate the results of the community benefits program and proposed revisions to the program; (6) to the extent feasible, a community benefits budget and a good faith effort to measure expenditures and administrative costs associated with the community benefits program, including both cash and in-

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kind commitments; and (7) a summary of the extent to which the managed care organization or hospital has developed and met the guidelines listed in subsection (c) of this section. Each managed care organization and each hospital shall make a copy of the report available, upon request, to any member of the public.

(e) The [commissioner, or the commissioner's designee] Healthcare Advocate, or the Healthcare Advocate's designee, shall, within available appropriations, develop a summary and analysis of the community benefits program reports submitted by managed care organizations and hospitals under this section and shall review such reports for adherence to the guidelines set forth in subsection (c) of this section. Not later than October 1, 2005, and biennially thereafter, the [commissioner, or the commissioner's designee] Healthcare Advocate, or the Healthcare Advocate's designee, shall make such summary and analysis available to the public upon request.

(f) The [commissioner] Healthcare Advocate may, after notice and opportunity for a hearing, in accordance with chapter 54, impose a civil penalty on any managed care organization or hospital that fails to submit the report required pursuant to this section by the date specified in subsection (b) of this section. Such penalty shall be not more than fifty dollars a day for each day after the required submittal date that such report is not submitted.

Sec. 40. Subsection (h) of section 19a-180 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(h) Notwithstanding the provisions of subsection (a) of this section, any volunteer, hospital-based or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the

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commissioner. No such volunteer, hospital-based or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer, hospital-based or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen-calendar-day time period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

Sec. 41. Section 20-188 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

Before granting a license to a psychologist, the department shall, except as provided in section 20-190, require any applicant therefor to pass an examination in psychology [to be given at such time and place as the department prescribes. Examinations shall be] prescribed by the department [.] with the advice and consent of the board. [, and shall be administered to applicants by the Department of Public Health under the supervision of the board.] Each applicant shall pay a fee of four hundred fifty dollars, and shall satisfy the department that [he] such applicant (1) has received the doctoral degree based on a program of studies whose content was primarily psychological from an educational institution [registered as provided in] approved in accordance with section 20-189; and (2) has had at least one year's [postdoctoral] experience [of a type satisfactory to the board. Such

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applicant shall further verify that he intends in good faith to practice psychology in this state] that meets the requirements established in regulations adopted by the department, in consultation with the board, in accordance with the provisions of chapter 54. The department shall establish a passing score with the consent of the board. [The Department of Public Health shall grade the examinations returned by the candidates. Any unsuccessful candidate may, upon written request to the department, see his graded paper.] Any certificate granted by the board of examiners prior to June 24, 1969, shall be deemed a valid license permitting continuance of profession subject to the provisions of this chapter.

Sec. 42. Subsection (a) of section 20-195 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Nothing in this chapter shall be construed to limit the activities and services of a graduate student, intern or resident in psychology, pursuing a course of study in an educational institution [registered] under the provisions of section 20-189, if such activities constitute a part of a supervised course of study. No license as a psychologist shall be required of a person holding a doctoral degree based on a program of studies whose content was primarily psychological from an educational institution approved under the provisions of section 20-189, provided such activities and services are necessary to satisfy the [postdoctoral] work experience as required by section 20-188, as amended by this act. The provisions of this chapter shall not apply to any person in the salaried employ of any person, firm, corporation, educational institution or governmental agency when acting within the person's own organization. Nothing in this chapter shall be construed to prevent the giving of accurate information concerning education and experience by any person in any application for employment. Nothing in this chapter shall be construed to prevent physicians,

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optometrists, chiropractors, members of the clergy, attorneys-at-law or social workers from doing work of a psychological nature consistent with accepted standards in their respective professions.

Sec. 43. Section 38a-479aa of the 2008 supplement to the general statutes is amended by adding subsection (n) as follows (*Effective from passage*):

(NEW) (n) The requirements of subsections (h) and (i) of this section shall not apply to a consortium of federally qualified health centers funded by the state, providing services only to recipients of programs administered by the Department of Social Services. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to establish criteria to certify any such federally qualified health center, including, but not limited to, minimum reserve fund requirements.

Sec. 44. Section 10a-155 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Each institution of higher education shall require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against measles, [and] rubella and on and after August 1, 2010, to provide proof of adequate immunization against mumps and varicella as recommended by the national Advisory Committee for Immunization Practices before permitting such student to enroll in such institution. Any such student who (1) presents a certificate from a physician stating that in the opinion of such physician such immunization is medically contraindicated, (2) provides a statement that such immunization would be contrary to his religious beliefs, (3) presents a certificate from a physician, or from the director of health in the student's present or previous town of residence, stating that the student has had a confirmed case of such disease, (4) is enrolled exclusively in a program for which students do

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not congregate on campus for classes or to participate in institutional-sponsored events, such as students enrolled in distance learning programs for individualized home study or programs conducted entirely through electronic media in a setting without other students present, or (5) graduated from a public or nonpublic high school in this state in 1999 or later and was not exempt from the measles, [and] rubella and on and after August 1, 2010, the mumps vaccination requirement pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a shall be exempt from the appropriate provisions of this section.

(b) Each institution of higher education shall keep uniform records of the immunizations and immunization status of each student, based on the certificate of immunization or other evidence acceptable pursuant to subsection (a) of this section. The record shall be part of the student's permanent record. By November first of each year, the chief administrative officer of each institution of higher education shall cause to be submitted to the Commissioner of Public Health, on a form provided by the commissioner, a summary report of the immunization status of all students enrolling in such institution.

Sec. 45. Section 19a-437 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

Before [he may be issued] the issuance of a license in accordance with the provisions of this chapter, the applicant shall first:

(1) Determine the maximum number of people which will be assembled or admitted to the location of the assembly, provided the maximum number shall not exceed the maximum number which can reasonably assemble at the location of the assembly in consideration of the nature of the assembly and provided, where the assembly is to continue overnight, the maximum number shall not be more than is allowed to sleep within the boundaries of the location of the assembly

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by the zoning or health ordinances of the municipality;

(2) Provide proof that food concessions will be in operation on the grounds with sufficient capacity to accommodate the number of persons expected to be in attendance and that he will furnish at his own expense before the assembly commences: (A) Potable water, meeting all federal and state requirements for purity, sufficient to provide drinking water for the maximum number of people to be assembled at the rate of at least one gallon per person per day and water for bathing at the rate of at least ten gallons per person per day; (B) separate enclosed toilets for males and females, meeting all state and local specifications, conveniently located throughout the grounds, sufficient to provide facilities for the maximum number of people to be assembled at the rate of at least one toilet for every two hundred females and at least one toilet for every three hundred males, together with an efficient, sanitary means of disposing of waste matter deposited, which is in compliance with all state and local laws and regulations. A lavatory with running water under pressure and a continuous supply of soap and paper towels shall be provided with each toilet; (C) a sanitary method of disposing of solid waste, in compliance with state and local laws and regulations, sufficient to dispose of the solid waste production of the maximum number of people to be assembled at the rate of at least two and one-half pounds of solid waste per person per day, together with a plan for holding and a plan for collecting all such waste at least once each day of the assembly and sufficient trash cans with tight fitting lids and personnel to perform the task; (D) [physicians and nurses licensed to practice in this state at the rate of at least one physician for every one thousand people and at least one nurse for every fifteen hundred people anticipated to be assembled, together with an enclosed covered structure where treatment may be rendered, containing a separately enclosed treatment room for each physician, and at least one emergency ambulance available for use at all times] a written plan

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reviewed by the primary service area responder, as defined in section 19a-175, in the location where the assembly is to be held, that indicates that the applicant has satisfactorily planned and arranged for the on-site availability of an emergency medical service organization, as defined in section 19a-175, during the duration of the assembly; (E) if the assembly is to continue during hours of darkness, illumination sufficient to light the entire area of the assembly at the rate of at least five foot candles, but not to shine unreasonably beyond the boundaries of the location of the assembly; (F) a free parking area inside of the assembly grounds sufficient to provide parking space for the maximum number of people to be assembled at the rate of at least one parking space for every four persons; (G) telephones connected to outside lines sufficient to provide service for the maximum number of people to be assembled at the rate of at least one separate line and receiver for each one thousand persons; (H) if the assembly is to continue overnight, camping facilities in compliance with all state and local requirements, sufficient to provide camping accommodations for the maximum number of people to be assembled; (I) security guards, either regularly employed, duly sworn, off duty policemen or constables or private guards, licensed in this state, sufficient to provide adequate security for the maximum number of people to be assembled at the rate of at least one security guard for every seven hundred fifty people; (J) fire protection, including alarms, extinguishing devices and fire lanes and escapes, sufficient to meet all state and local standards for the location of the assembly and sufficient emergency personnel to operate efficiently the required equipment; (K) all reasonably necessary precautions to insure that the sound of the assembly will not carry unreasonably beyond the enclosed boundaries of the location of the assembly; and (L) a bond, filed with the clerk of the municipality in which the assembly is to gather, either in cash or underwritten by a surety company licensed to do business in this state at the rate of four dollars per person for the maximum number of people permitted to assemble, which (i) shall indemnify and hold harmless the

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municipality or any of its agents, officers, servants or employees from any liability or causes of action which might arise by reason of granting the license, and from any cost incurred in cleaning up any waste material produced or left by the assembly; (ii) guarantee the state the payment of any taxes which may accrue as a result of the gathering; and (iii) guarantee reimbursement of ticketholders if the event is cancelled.

Sec. 46. Section 7-48 of the general statutes, as amended by public act 08-66, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) Not later than ten days after each live birth which occurs in this state, a birth certificate shall be filed with the registrar of vital statistics in the town in which the birth occurred and the certificate shall be registered if properly filed, by manual or electronic systems as prescribed by the commissioner. On and after January 1, 1994, each hospital with two hundred or more live births in calendar year 1990, or any subsequent calendar year, shall electronically transmit birth information data to the department in a computer format approved by the department. Each birth certificate shall contain such information as the department may require and shall be completed in its entirety. [The Social Security number of the mother and father] Medical and health information which is required by the department, including information regarding voluntary acknowledgments of paternity and whether the child was born out of wedlock, shall be recorded on a confidential portion of the certificate to be sent directly to the department. Such confidential records may be used for statistical and health purposes by the department or by a local director of health, as authorized by the department, for records related to the town served by the local director of health and where the mother was a resident at the time of the birth of the child. Such birth certificate and confidential records may be used internally by the hospital for records transmitted

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by the hospital for statistical, health and quality assurance purposes. The department shall give due consideration to national uniformity in vital statistics in prescribing the format and content of such certificate.

(b) When a birth occurs in an institution or en route thereto, the person in charge of the institution or such person's designated representative shall obtain all available data required by the certificate, prepare the certificate, certify that the child was born alive at the place and time and on the date stated either by signature or by an electronic process approved by the commissioner and file the certificate with the registrar of vital statistics in the town in which the birth occurred, not later than ten days after such birth. The physician or other person in attendance, and the physician, institution or other person providing prenatal care, shall provide the medical information required by the certificate not later than seventy-two hours after the birth.

(c) When a birth occurs outside an institution, the certificate shall be prepared and filed by the physician or midwife in attendance at or immediately after the birth or, in the absence of such a person, by the father or mother.

(d) When a birth occurs in a moving conveyance and the child is first removed from the conveyance in this state, the birth shall be registered in this state and the place where the child is first removed shall be considered the place of birth.

Sec. 47. Section 7-51 of the general statutes, as amended by public act 08-66, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) The department and registrars of vital records shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (1) The person whose birth is recorded, if

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over eighteen years of age; (2) such person's children, grandchildren, spouse, parent, guardian or grandparent; (3) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (4) the local director of health for the town or city where the birth or fetal death occurred or where the mother was a resident at the time of the birth or fetal death, or the director's authorized agent; (5) attorneys-at-law and title examiners representing such person or such person's parent, guardian, child or surviving spouse; (6) members of genealogical societies incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state; (7) agents of a state or federal agency as approved by the department; and (8) researchers approved by the department pursuant to section 19a-25. Except as provided in section 19a-42a, access to confidential files on paternity, adoption, gender change or gestational agreements, or information contained within such files, shall not be released to any party, including the eligible parties listed in this subsection, except upon an order of a court of competent jurisdiction.

(b) No person other than the eligible parties listed in subsection (a) of this section shall be entitled to examine or receive a copy of any birth or fetal death record or certificate, [record or] access the information contained therein, or disclose any matter contained therein, except upon written order of a court of competent jurisdiction. Nothing in this section shall be construed to permit disclosure to any person, including the eligible parties listed in subsection (a) of this section, of [(1) Social Security numbers, (2)] information contained in the "information for [medical and] health and statistical use only" section [of a birth certificate,] or [(3)] the ["information for statistical] administrative purposes only" section of a birth certificate, [other than the race and ethnicity information of the parent or parents recorded in the "administrative purposes" section of an electronically filed birth or fetal death certificate or displayed on a manually filed birth or fetal

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death certificate,] unless specifically authorized by [state or federal law or by] the department for statistical or research purposes. The Social Security number of the parent or parents listed on any birth certificate shall not be released to any party, except to those persons or entities authorized by state or federal law. Such confidential information, other than the excluded information set forth in this subsection, shall not be subject to subpoena or court order and shall not be admissible before any court or other tribunal.

(c) The registrar of the town in which the birth or fetal death occurred or of the town in which the mother resided at the time of the birth or fetal death, or the department, may issue a certified copy of the certificate of birth or fetal death of any person born in this state which is kept in paper form in the custody of the registrar. Such certificate shall be issued upon the written request of an eligible party listed in subsection (a) of this section. Any registrar of vital statistics in this state with access, as authorized by the department, to the electronic vital records system of the department may issue a certified copy of the electronically filed certificate of birth or fetal death of any person born in this state upon the written request of an eligible party listed in subsection (a) of this section.

(d) The department and each registrar of vital statistics shall issue only certified copies of birth certificates or fetal death certificates for births or fetal deaths occurring less than one hundred years prior to the date of the request.

Sec. 48. Subsection (a) of section 7-50 of the general statutes, as amended by public act 08-66, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(a) No certificate of birth shall contain any specific statement that the child was born in or out of wedlock or reference to illegitimacy of the child or to the marital status of the mother, except that information

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on whether the child was born in or out of wedlock and the marital status of the mother shall be recorded on a confidential portion of the certificate pursuant to section 7-48, as amended by this act. Upon the completion of an acknowledgment of paternity at a hospital, concurrent with the hospital's electronic transmission of birth data to the department, or at a town in the case of a home birth, concurrent with the registration of the birth data by the town, the acknowledgment shall be filed in the paternity registry maintained by the department, as required by section 19a-42a, and the name of the father of a child born out of wedlock shall be entered in or upon the birth certificate or birth record of such child. All properly completed post birth acknowledgments or certified adjudications of paternity received by the department shall be filed in the paternity registry maintained by the department, and the name of the father of the child born out of wedlock shall be entered in or upon the birth record or certificate of such child by the department, if there is no paternity already recorded on the birth certificate. If another father's information is recorded on the certificate, the original father's information shall not be removed except upon receipt by the department of a certified order by a court of competent jurisdiction in which there is a finding that the individual recorded on the birth certificate, specifically referenced by name, is not the child's father, or a finding that a different individual than the one recorded, specifically referenced by name, is the child's father. The name of the father on a birth certificate or birth record shall otherwise be removed or changed only upon the filing of a rescission in such registry, as provided in section 19a-42a. The Social Security number of the father of a child born out of wedlock may be entered in or upon the birth certificate or birth record of such child if such entry is done in accordance with [section 7-48, and] 5 USC 552a note.

Sec. 49. Section 7-51a of the general statutes, as amended by public act 08-66, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

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(a) Any person eighteen years of age or older may purchase certified copies of marriage and death records, and certified copies of records of births or fetal deaths which are at least one hundred years old, in the custody of any registrar of vital statistics. The department may issue uncertified copies of death certificates for deaths occurring less than one hundred years ago, and uncertified copies of birth, marriage, death and fetal death certificates for births, marriages, deaths and fetal deaths that occurred at least one hundred years ago, to researchers approved by the department pursuant to section 19a-25, and to state and federal agencies approved by the department. During all normal business hours, members of genealogical societies incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state shall (1) have full access to all vital records in the custody of any registrar of vital statistics, including certificates, ledgers, record books, card files, indexes and database printouts, except for those records containing Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and confidential files on adoptions, gender change, gestational agreements and paternity, (2) be permitted to make notes from such records, (3) be permitted to purchase certified copies of such records, and (4) be permitted to incorporate statistics derived from such records in the publications of such genealogical societies. For all vital records containing Social Security numbers that are protected from disclosure pursuant to federal law, the Social Security numbers contained on such records shall be redacted from any certified copy of such records issued to a genealogist by a registrar of vital statistics.

(b) For marriage and civil union licenses, the Social Security numbers of the parties to the marriage or civil union shall be recorded in the "administrative purposes" section of the marriage or civil union license and the application for such license. All persons specified on the license, including the parties to the marriage or civil union, officiator and local registrar shall have access to the Social Security

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numbers specified on the marriage or civil union license and the application for such license for the purpose of processing the license. Only the parties to a marriage or civil union, or entities authorized by state or federal law, may receive a certified copy of a marriage or civil union license with the Social Security numbers included on the license. Any other individual, researcher or state or federal agency requesting a certified or uncertified copy of any marriage or civil union license in accordance with the provisions of this section shall be provided such copy with such Social Security numbers removed or redacted, or with the "administrative purposes" section omitted.

(c) For deaths occurring after December 31, 2001, the Social Security number, occupation, business or industry, race, Hispanic origin if applicable, and educational level of the deceased person, if known, shall be recorded in the "administrative purposes" section of the death certificate. All parties specified on the certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician and town clerk, shall have access to the Social Security numbers of the decedent as well as other information contained in the "administrative purposes" section specified on the original death certificate for the purpose of processing the certificate. For any death occurring after July 1, 1997, only the surviving spouse, [or] next of kin or state and federal agencies authorized by federal law may receive a certified copy of a death certificate with the decedent's Social Security number or the complete "administrative purposes" section included on the certificate. Any researcher requesting a death certificate for a death occurring after July 1, 1997, may obtain the information included in the "administrative purposes" section of such certificate, except that the decedent's Social Security number shall be redacted.

(d) The registrar of vital statistics of any town or city in this state that has access to an electronic vital records system, as authorized by

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the department, may use such system to issue certified copies of birth, death, fetal death or marriage certificates that are electronically filed in such system.

Sec. 50. Subsection (g) of section 19a-88 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

(g) On or before July 1, 2008, the Department of Public Health shall establish and implement a secure on-line license renewal system for persons holding a license to practice medicine or surgery under chapter 370, dentistry under chapter 379 or nursing under chapter 378. The department shall allow any such person who renews his or her license using the on-line license renewal system to pay his or her professional service fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account and may charge such person a service fee not to exceed five dollars for any such on-line payment made by credit card or electronic funds transfer. On or before January 1, 2009, the department shall submit, in accordance with section 11-4a, a report on the feasibility and implications of the implementation of a biennial license renewal system for persons holding a license to practice nursing under chapter 378 to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 51. (*Effective from passage*) The Department of Public Health, in consultation with the Departments of Environmental Protection and Consumer Protection, shall convene a working group of individuals to study and make legislative recommendations to ensure that property owners of new construction, with a private water supply well that serves as the source of drinking water are assured of an adequate supply of water that meets current standards for potability as defined in the regulations of Connecticut state agencies. The working group shall also study and make recommendations concerning the

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installation of replacement water supply wells on properties where there is insufficient area to meet the current separation distances as specified in the regulations of Connecticut state agencies. The working group shall consist of: (1) The Commissioner of Public Health, or the commissioner's designee or designees; (2) the Commissioner of Environmental Protection, or the commissioner's designee or designees; (3) the Commissioner of Consumer Protection, or the commissioner's designee or designees; and (4) various interested stakeholders who have expressed to the Department of Public Health a willingness to work with the department on such issues. Not later than July 1, 2009, the working group shall report, in accordance with section 11-4a of the general statutes, its legislative recommendations to the joint standing committees of the General Assembly having cognizance of matters relating public health, environment and consumer protection.

Sec. 52. Section 17b-288 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

(a) There is established an organ transplant account which shall be a separate, nonlapsing account within the General Fund. Any moneys collected under the contribution system established under section 12-743 shall be deposited by the Commissioner of Revenue Services into the account. This account may also receive moneys from public and private sources or from the federal government. All moneys deposited in the account shall be used by the Department of Social Services or persons acting under a contract with the department, (1) to assist residents of the state in paying all or part of any costs associated with a medically required organ transplant, [or] (2) to assist individuals who have donated an organ to a resident of the state in paying all or part of any costs associated with the organ donation, including, but not limited to, costs of transportation, accommodation and lost wages, or (3) the promotion of the income tax contribution system and the organ

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transplant account. Expenditures from the account in any fiscal year for the promotion of the contribution system or the account shall not exceed ten per cent of the amount of moneys raised during the previous fiscal year provided such limitation shall not apply to an expenditure of not more than fifteen thousand dollars from the account on or before July 1, 1994, to reimburse expenditures made on or before said date, with prior written authorization of the Commissioner of Public Health, by private organizations to promote the contribution system and the organ transplant account.

(b) The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, to provide for the distribution of funds available pursuant to this section and section 12-743.

Sec. 53. Subsection (b) of section 19a-323 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(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 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,

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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, provided, the Office of the Chief Medical Examiner shall not assess any fees for costs that are associated with the cremation of a stillborn fetus. No cremation certificate shall be required for a permit to cremate the remains of bodies pursuant to section 19a-270a. 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. 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.

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Sec. 54. Section 19a-26 of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

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 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 may establish a schedule of fees, provided the commissioner waives the fees for local directors of health and local law enforcement agencies. 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, and (2) fees for chlamydia and gonorrhea testing for nonprofit organizations and institutions of higher education if the organization or institution 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. 55. (NEW) (*Effective July 1, 2008*) On or before September 1,

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2008, the Department of Public Health, in collaboration with the Department of Education, shall contact each local and regional board of education to make such boards aware of information concerning meningococcal meningitis. Such information shall include, but not necessarily be limited to, information related to the causes, symptoms and spread of meningococcal meningitis and vaccination information that reflects the current recommendations from the United States Center for Disease Control and Protection. On and after September 1, 2008, the department shall periodically update the information provided to such boards concerning meningococcal meningitis.

Sec. 56. Subdivision (1) of subsection (c) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

(c) (1) There is established a Quality of Care Advisory Committee which shall advise the Department of Public Health on the issues set forth in subdivisions (1) to (12), inclusive, of subsection (b) of this section. The advisory committee shall meet at least [quarterly] semiannually.

Sec. 57. (NEW) (*Effective from passage*) (a) The Department of Public Health shall, when conducting its annual survey of a nursing home that has admitted a resident or residents who have been administered a level two assessment, shall compare the services recommended for any such resident in the level two assessment with the actual services being provided to such resident as reflected in such resident's plan of care. The department shall include the results of any such comparison, as well as any regulatory violations found by the department during an inspection, in the survey of such nursing home.

(b) A nursing home administrator, or a designee of the nursing home administrator, shall notify the Department of Mental Health and Addiction Services not later than fourteen days after the date of

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admission of any individual who has been administered a level two assessment which confirms a psychiatric diagnosis. Within available appropriations, the department shall consult with the staff of a nursing home concerning the status and discharge of those individuals who are clients of the department. The department shall, within available appropriations, protect to the fullest extent possible, the existing housing of any client of the department, who is identified in a level two assessment as being in need of a short-term admission to a nursing home of ninety days or less.

Sec. 58. (*Effective from passage*) Notwithstanding the provisions of section 19a-80 of the 2008 supplement to the general statutes, for the period of time commencing with the effective date of this section to June 30, 2009, inclusive, Solar Youth, Inc., a New Haven based nonprofit youth development and environmental education organization, shall be exempt from the licensure requirements prescribed in said section.

Sec. 59. (*Effective from passage*) For the period of time commencing with the effective date of this section to June 30, 2009, the Commissioner of Public Health may enter into agreements with out-of-state governmental agencies regarding training for asbestos and lead abatement practitioners and consultants. Such agreements shall establish criteria whereby training that has been approved by out-of-state governmental agencies shall satisfy Department of Public Health licensing and certification training requirements as relate to asbestos and lead abatement practitioners and consultants.

Sec. 60. (NEW) (*Effective from passage*) (a) The Department of Public Health shall permit a vendor, who the department previously authorized to participate in the federal Special Supplemental Food Program for Women, Infants and Children, but who was disqualified from program participation during the period commencing on January 1, 2007, through the effective date of this section, due to the failure of

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such vendor to: (1) File a complete application for continued participation in the program, or (2) comply with the department's prescribed minimum inventory requirements, to reapply for reinstatement as an authorized vendor in the program. The Department of Public Health shall, not later than thirty days from the effective date of this section, provide written notification to vendors who are permitted to reapply for program participation pursuant to this section. A vendor receiving such notification from the department shall have not more than thirty days after the date of notification to reapply for continued participation in the program. A vendor who reapplies for program participation pursuant to the provisions of this section shall be notified in writing of the department's decision on the application for reinstatement not later than sixty days following the date of submission of the completed application.

(b) Any applicant who initially seeks to participate as a vendor in the program and any authorized vendor currently participating in the program who reapplies for continued participation in the program and thereafter receives written notification from the department of a deficiency in such application shall be afforded fifteen days from the date of such notification by the department to cure such deficiency and file a completed application. The provisions of this subsection shall not apply to vendors who reapply for program participation pursuant to subsection (a) of this section.

(c) The department shall not deny an application from a vendor who initially seeks to participate in the program or an authorized vendor, who is reapplying for continued participation in the program, on the basis of minimum distance requirements between vendors in the geographic area for which the application or reapplication is made.

(d) On and after the effective date of this section, if the Food and Nutrition Service of the United States Department of Agriculture conducts a comprehensive programmatic audit of the department's

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administration of the federal Special Supplemental Food Program for Women, Infants and Children and thereafter provides written notification to the department that the department's administration of the program is not in compliance with federal law and that the state may be subjected to financial penalties due to such noncompliance, the department shall take such action as the department deems necessary to ensure compliance with federal law, including suspension of the requirements prescribed in subsections (a), (b) and (c) of this section.

(e) Not later than January 1, 2009, the Department of Public Health shall submit to the Food and Nutrition Service of the United States Department of Agriculture a revised state plan concerning administration of the program that addresses all requirements prescribed in federal law and incorporates the vendor selection, notification and disqualification provisions set forth in this section.

(f) Implementation of the provisions of this section shall be within available appropriations.

Sec. 61. Section 17b-278a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

The Commissioner of Social Services shall amend the Medicaid state plan to provide coverage for treatment for smoking cessation ordered by a licensed healthcare professional who possesses valid and current state licensure to prescribe such drugs in accordance with a plan developed by the commissioner to provide smoking cessation services. The commissioner shall present such plan to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations by January 1, 2003, and, if such plan is approved by said committees and funding is provided in the budget for the fiscal year ending June 30, 2004, such plan shall be implemented on July 1, 2003. If the initial treatment provided to the patient for smoking cessation, as allowed by the plan, is not successful

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as determined by a licensed healthcare professional, all prescriptive options for smoking cessation shall be available to the patient.

Sec. 62. Subsection (c) of section 53-344 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

(c) Any person under eighteen years of age who purchases or misrepresents such person's age to purchase tobacco in any form or possesses tobacco in any form in any public place shall be fined not more than fifty dollars for the first offense and not less than fifty dollars or more than one hundred dollars for each subsequent offense. For purposes of this subsection, "public place" means any area that is used or held out for use by the public whether owned or operated by public or private interests.

Sec. 63. (*Effective October 1, 2008*) Sections 19a-7g, 19a-181e, 19a-197, 20-13i and 25-39a of the general statutes are repealed.

Approved June 12, 2008