



House of Representatives

General Assembly

File No. 400

February Session, 2008

Substitute House Bill No. 5701

House of Representatives, April 3, 2008

The Committee on Public Health reported through REP. SAYERS, P. of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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:

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2 statutes is repealed and the following is substituted in lieu thereof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

4 On and after January 1, 2002, each birth certificate shall be filed with
5 the name of the birth mother recorded. [The] If the birth is subject to a
6 gestational agreement, the Department of Public Health shall create a
7 replacement certificate in accordance with an order from a court of
8 competent jurisdiction not later than forty-five days after receipt of
9 such order or forty-five days after the birth of the child, whichever is
10 later. Such replacement certificate shall include all information
11 required to be included in a certificate of birth of this state as of the
12 date of the birth. When a certified copy of such certificate of birth is
13 requested by an eligible party, as provided in section 7-51, a copy of
14 the replacement certificate shall be provided. The department shall

15 seal the original certificate of birth in accordance with the provisions of
16 subsection (c) of section 19a-42. Immediately after a replacement
17 certificate has been prepared, the department shall transmit an exact
18 copy of such certificate to the registrar of vital statistics of the town of
19 birth and to any other registrar as the department deems appropriate.
20 The town shall proceed in accordance with the provisions of section
21 19a-42.

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23 repealed and the following is substituted in lieu thereof (*Effective*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

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

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

46 (b) [Each] A health care provider shall report [in writing or by
47 telephone] each case occurring in [his] such provider's practice, of any

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

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

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

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

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

78 (a) The Commissioner of Public Health shall establish a Public
79 Health Code and, from time to time, amend the same. The Public

80 Health Code may provide for the preservation and improvement of
81 the public health.

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

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

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

100 (4) The provisions of such regulations (A) with respect to the
101 requirement of employing a qualified food operator and any reporting
102 requirements relative to such operator, shall not apply to an owner or
103 operator of a soup kitchen who relies exclusively on services provided
104 by volunteers, and (B) shall not prohibit the sale of food at a
105 noncommercial function such as an educational, religious, political or
106 charitable organization's bake sale or pot luck supper provided the
107 seller maintains such food under the temperature, pH level and water
108 activity level conditions that will inhibit the rapid and progressive
109 growth of infectious or toxigenic microorganisms. For the purposes of
110 this section, a "noncommercial function" means a function where food
111 is sold by a person not regularly engaged in the business of selling
112 such food.

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

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

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

127 Sec. 6. Section 19a-494a of the general statutes is repealed and the
128 following is substituted in lieu thereof (*Effective October 1, 2008*):

129 If the Commissioner of Public Health finds that the health, safety or
130 welfare of any patient or patients served by an institution, as defined
131 in [subsections (d) and (e) of] section 19a-490 of the 2008 supplement to
132 the general statutes, imperatively requires emergency action and [he]
133 incorporates a finding to that effect in [his] the order, [he] the
134 commissioner may issue a summary order to the holder of a license
135 issued pursuant to section 19a-493 pending completion of any
136 proceedings conducted pursuant to section 19a-494. These proceedings
137 shall be promptly instituted and determined. The orders which the
138 commissioner may issue shall include, but not be limited to: (1)
139 Revoking or suspending the license; (2) prohibiting such institution
140 from contracting with new patients or terminating its relationship with
141 current patients; (3) limiting the license of such institution in any
142 respect, including reducing the patient capacity or services which may
143 be provided by such institution; and (4) compelling compliance with
144 the applicable statutes or regulations of the department.

145 Sec. 7. Section 19a-70 of the general statutes is repealed and the
146 following is substituted in lieu thereof (*Effective October 1, 2008*):

147 If the Department of Public Health finds that there is an epidemic of
148 any disease within the state and that antitoxin or other biologic
149 product is in short supply, the commissioner shall notify the Governor,
150 who may proclaim that an emergency exists. On such declaration, the
151 Governor shall appoint an advisory committee, consisting of the
152 Commissioner of Public Health and such five other persons as the
153 Governor deems advisable. The committee shall recommend to the
154 Department of Public Health the priority of the supply, distribution
155 and use of such biologic products in the interest of the health, welfare
156 and safety of the people of the state. The Department of Public Health,
157 after receiving the recommendations of the committee, is authorized to
158 make regulations determining the priority of supply, distribution and
159 use of such biologic product. Violation of any such regulation on the
160 part of any physician or pharmacist shall be cause for the revocation,
161 suspension or annulment of a license or certificate of registration or
162 other disciplinary action in accordance with sections 20-13a to [20-13i]
163 20-13e, inclusive, as amended by this act, or section 20-45, 20-576 or 20-
164 579.

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

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

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

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

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

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

176 (5) "License" means any license or permit issued pursuant to section
177 20-10, 20-11a or 20-12;

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

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

182 Sec. 9. Section 20-13b of the general statutes is repealed and the
183 following is substituted in lieu thereof (*Effective October 1, 2008*):

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

202 Sec. 10. Section 22-6r of the 2008 supplement to the general statutes
203 is repealed and the following is substituted in lieu thereof (*Effective*
204 *from passage*):

205 (a) For purposes of this section:

206 (1) "Farmers' market" means a cooperative or nonprofit enterprise or

207 association that consistently occupies a given site throughout the
208 season, which operates principally as a common marketplace for a
209 group of farmers, at least two of whom are selling Connecticut-grown
210 fresh produce, to sell Connecticut-grown farm products [directly to
211 consumers and to sell fresh produce to food service establishments, as
212 defined in section 19-13-B42 of the regulations of Connecticut state
213 agencies,] in conformance with the applicable regulations of
214 Connecticut state agencies and where the farm products sold are
215 produced by the participating farmers with the sole intent and purpose
216 of generating a portion of household income;

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

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

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

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

226 (6) "Farm" has the meaning ascribed to it in subsection (q) of section
227 1-1;

228 (7) "Farm products" means any fresh fruits, vegetables, mushrooms,
229 nuts, shell eggs, honey or other bee products, maple syrup or maple
230 sugar, flowers, nursery stock and other horticultural commodities,
231 livestock food products, including meat, milk, cheese and other dairy
232 products, food products of "aquaculture", as defined in subsection (q)
233 of section 1-1, including fish, oysters, clams, mussels and other
234 molluscan shellfish taken from the waters of the state or tidal
235 wetlands, products from any tree, vine or plant and their flowers, or
236 any of the products listed in this subdivision that have been processed
237 by the participating farmer, including, but not limited to, baked goods

238 made with farm products.

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

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

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

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

259 Sec. 11. Section 19a-492d of the 2008 supplement to the general
260 statutes is repealed and the following is substituted in lieu thereof
261 (*Effective October 1, 2008*):

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

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

275 Sec. 12. Subsection (c) of section 19a-7h of the general statutes is
276 repealed and the following is substituted in lieu thereof (*Effective*
277 *October 1, 2008*):

278 (c) Except as specified in subsections (a) and (b) of this section, all
279 personal information including vaccination status and dates of
280 vaccination of individuals shall be confidential pursuant to section 19a-
281 25 and shall not be further disclosed without the authorization of the
282 child or the child's legal guardian. [After consultation with the state
283 Childhood Immunization Advisory Council established under section
284 19a-7g, the] The commissioner shall adopt regulations, pursuant to
285 chapter 54, to specify how information on vaccinations or exemptions
286 from vaccination will be reported in a timely manner to the registry,
287 how information on the registry will be made available to health care
288 providers, parents or guardians, and directors of health, how parents
289 or guardians may decline their child's enrollment in the registry, and
290 to otherwise implement the provisions of this section.

291 Sec. 13. (NEW) (Effective October 1, 2008) (a) As used in this section:

292 (1) "Commissioner" means the Commissioner of Public Health;

293 (2) "Contact hour" means a minimum of fifty minutes of continuing
294 education activity;

295 (3) "Department" means the Department of Public Health;

296 (4) "Licensee" means any person who receives a license from the
297 department pursuant to chapter 373 of the general statutes; and

298 (5) "Registration period" means the one-year period for which a

299 license renewed in accordance with section 19a-88 of the 2008
300 supplement to the general statutes is current and valid.

301 (b) Except as otherwise provided in this section, for registration
302 periods beginning on and after October 1, 2009, a licensee applying for
303 license renewal shall earn a minimum of fifteen contact hours of
304 continuing education within the preceding registration period. Such
305 continuing education shall (1) be directly related to the practice of
306 natureopathy; and (2) reflect the professional needs of the licensee in
307 order to meet the health care needs of the public. Qualifying
308 continuing education activities include, but are not limited to, courses,
309 including on-line courses, offered or approved by the Association of
310 Accredited Naturopathic Medical Colleges, regionally accredited
311 institutions of higher education or a state or local health department.

312 (c) Each licensee applying for license renewal pursuant to section
313 19a-88 of the 2008 supplement to the general statutes shall sign a
314 statement attesting that he or she has satisfied the continuing
315 education requirements of subsection (b) of this section on a form
316 prescribed by the department. Each licensee shall retain records of
317 attendance or certificates of completion that demonstrate compliance
318 with the continuing education requirements of said subsection (b) for a
319 minimum of five years following the year in which the continuing
320 education activities were completed and shall submit such records to
321 the department for inspection not later than forty-five days after a
322 request by the department for such records.

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

327 (e) In individual cases involving medical disability or illness, the
328 commissioner may, in the commissioner's discretion, grant a waiver of
329 the continuing education requirements or an extension of time within
330 which to fulfill the continuing education requirements of this section to
331 any licensee, provided the licensee submits to the department an

332 application for waiver or extension of time on a form prescribed by the
333 department, along with a certification by a licensed physician of the
334 disability or illness and such other documentation as may be required
335 by the commissioner. The commissioner may grant a waiver or
336 extension for a period not to exceed one registration period, except that
337 the commissioner may grant additional waivers or extensions if the
338 medical disability or illness upon which a waiver or extension is
339 granted continues beyond the period of the waiver or extension and
340 the licensee applies for an additional waiver or extension.

341 (f) Any licensee whose license has become void pursuant to section
342 19a-88 of the 2008 supplement to the general statutes and who applies
343 to the department for reinstatement of such license pursuant to section
344 19a-14 of the general statutes shall submit evidence documenting
345 successful completion of fifteen contact hours of continuing education
346 within the one-year period immediately preceding application for
347 reinstatement.

348 Sec. 14. Subsection (a) of section 20-12d of the general statutes is
349 repealed and the following is substituted in lieu thereof (*Effective*
350 *October 1, 2008*):

351 (a) A physician assistant who has complied with the provisions of
352 sections 20-12b of the 2008 supplement to the general statutes and
353 20-12c of the 2008 supplement to the general statutes may perform
354 medical functions delegated by a supervising physician when: (1) The
355 supervising physician is satisfied as to the ability and competency of
356 the physician assistant; (2) such delegation is consistent with the health
357 and welfare of the patient and in keeping with sound medical practice;
358 and (3) such functions are performed under the oversight, control and
359 direction of the supervising physician. The functions that may be
360 performed under such delegation are those that are within the scope of
361 the supervising physician's license, within the scope of such
362 physician's competence as evidenced by such physician's postgraduate
363 education, training and experience and within the normal scope of
364 such physician's actual practice. Delegated functions shall be

365 implemented in accordance with written protocols established by the
366 supervising physician. All orders written by physician assistants shall
367 be followed by the signature of the physician assistant and the printed
368 name of the supervising physician. A physician assistant may, as
369 delegated by the supervising physician within the scope of such
370 physician's license, (A) prescribe and administer drugs, including
371 controlled substances in schedule IV or V in all settings, (B) renew
372 prescriptions for controlled substances in schedule II, III, IV or V in all
373 settings, [and] (C) prescribe and administer controlled substances in
374 schedule II or III in all settings, provided in all cases where the
375 physician assistant prescribes a controlled substance in schedule II or
376 III, the physician under whose supervision the physician assistant is
377 prescribing shall document such physician's approval of the order in
378 the patient's medical record not later than one calendar day thereafter,
379 and (D) prescribe and approve the use of durable medical equipment.
380 The physician assistant may, as delegated by the supervising physician
381 within the scope of such physician's license, request, sign for, receive
382 and dispense drugs to patients, in the form of professional samples, as
383 defined in section 20-14c, or when dispensing in an outpatient clinic as
384 defined in the regulations of Connecticut state agencies and licensed
385 pursuant to subsection (a) of section 19a-491 that operates on a
386 not-for-profit basis, or when dispensing in a clinic operated by a state
387 agency or municipality. Nothing in this subsection shall be construed
388 to allow the physician assistant to request, sign for, receive or dispense
389 any drug the physician assistant is not authorized under this
390 subsection to prescribe.

391 Sec. 15. Subsection (b) of section 14-253a of the 2008 supplement to
392 the general statutes is repealed and the following is substituted in lieu
393 thereof (*Effective October 1, 2008*):

394 (b) The Commissioner of Motor Vehicles shall accept applications
395 and renewal applications for special license plates and removable
396 windshield placards from (1) any person who is blind, as defined in
397 section 1-1f; (2) any person with disabilities which limit or impair the
398 ability to walk, as defined in 23 CFR Part 1235.2; (3) any parent or

399 guardian of any blind person or person with disabilities who is under
400 eighteen years of age at the time of application; and (4) any
401 organization which meets criteria established by the commissioner and
402 which certifies to the commissioner's satisfaction that the vehicle for
403 which a plate or placard is requested is primarily used to transport
404 blind persons or persons with disabilities which limit or impair their
405 ability to walk. Such applications shall be on a form prescribed by the
406 commissioner and shall include certification of disability from a
407 licensed physician, physician's assistant or advanced practice
408 registered nurse, licensed in accordance with the provisions of chapter
409 378, or of blindness from an ophthalmologist or an optometrist. In the
410 case of persons with disabilities which limit or impair the ability to
411 walk, the application shall also include certification from a licensed
412 physician, an advanced practice registered nurse, licensed in
413 accordance with the provisions of chapter 378, or a member of the
414 handicapped driver training unit established pursuant to section
415 14-11b that the applicant meets the definition of persons with
416 disabilities which limit or impair the ability to walk, as defined in 23
417 CFR Section 1235.2. The commissioner, in said commissioner's
418 discretion, may accept the discharge papers of a disabled veteran, as
419 defined in section 14-254, in lieu of such certification. The
420 commissioner may require additional certification at the time of the
421 original application or at any time thereafter. If a person who has been
422 requested to submit additional certification fails to do so within thirty
423 days of the request, or if such additional certification is deemed by the
424 commissioner to be unfavorable to the applicant, the commissioner
425 may refuse to issue or, if already issued, suspend or revoke such
426 special license plate or removable windshield placard. The
427 commissioner shall not be required to issue more than one removable
428 windshield placard per applicant. The fee for the issuance of a
429 temporary removable windshield placard shall be five dollars. Any
430 person whose application has been denied or whose special license
431 plate or removable windshield placard has been suspended or revoked
432 shall be afforded an opportunity for a hearing in accordance with the
433 provisions of chapter 54.

434 Sec. 16. Subsection (a) of section 20-128 of the general statutes is
435 repealed and the following is substituted in lieu thereof (*Effective*
436 *October 1, 2008*):

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

451 Sec. 17. Subsection (b) of section 19a-515 of the general statutes is
452 repealed and the following is substituted in lieu thereof (*Effective*
453 *October 1, 2008*):

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

467 Term Care Administrators, or by federal or state departments or
468 agencies.

469 Sec. 18. (NEW) (*Effective October 1, 2008*) On and after October 1,
470 2008, no agreement, lease or other contract entered into, renewed or
471 extended between an optometrist and any other person shall contain
472 any provision that: (1) Impedes an optometrist's ability to gain access
473 to his or her professional office or patient records; or (2) limits, inhibits
474 or prevents an optometrist's ability to communicate with his or her
475 patients at any time.

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

479 (a) There is established a HealthFirst Connecticut Authority
480 composed of the following members: Two appointed by the speaker of
481 the House of Representatives, one of whom is a health care provider
482 and one of whom represents businesses with fifty or more employees;
483 two appointed by the president pro tempore of the Senate, one of
484 whom has experience in community-based health care and one of
485 whom represents businesses with fewer than fifty employees; one
486 appointed by the majority leader of the House of Representatives who
487 represents consumers; one appointed by the majority leader of the
488 Senate who represents the interests of labor; one appointed by the
489 minority leader of the House of Representatives who represents health
490 insurance companies; one appointed by the minority leader of the
491 Senate who represents hospitals; and two appointed by the Governor,
492 one of whom advocates for health care quality or patient safety and
493 one with experience in information technology. The Insurance
494 Commissioner and the Commissioners of Public Health and Social
495 Services or their designees, the Healthcare Advocate or the Healthcare
496 Advocate's designee, the executive director of the Permanent
497 Commission on the Status of Women or the executive director's
498 designee, the executive director of the African-American Affairs
499 Commission or the executive director's designee, the executive director

500 of the Latino and Puerto Rican Affairs Commission or the executive
501 director's designee and the Comptroller or Comptroller's designee
502 shall be ex-officio, nonvoting members.

503 Sec. 20. Subsection (a) of section 19a-6h of the 2008 supplement to
504 the general statutes is repealed and the following is substituted in lieu
505 thereof (*Effective from passage*):

506 (a) There is established a State-wide Primary Care Access Authority.
507 The authority shall consist of the Commissioners of Public Health and
508 Social Services, the Comptroller, the chairpersons of the HealthFirst
509 Connecticut Authority established under section 19a-6g of the 2008
510 supplement to the general statutes, as amended by this act, and the
511 following members: One each appointed by the Connecticut Primary
512 Care Association, the Connecticut State Medical Society, the
513 Connecticut Chapter of the American Academy of Pediatrics, the
514 Connecticut Nurses Association, the Connecticut Association of
515 School-Based Health Centers, the Connecticut State Dental
516 Association, the Connecticut Community Providers Association and
517 the Weitzman Center for Innovation In Community Health and
518 Primary Care. Members shall serve for a term of four years
519 commencing on August 1, 2007. All initial appointments to the
520 committee shall be made by July 15, 2007. Any vacancy shall be filled
521 by the appointing authority.

522 Sec. 21. Subsection (b) of section 17a-271 of the 2008 supplement to
523 the general statutes is repealed and the following is substituted in lieu
524 thereof (*Effective October 1, 2008*):

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

530 Sec. 22. Subsection (e) of section 17a-451 of the 2008 supplement to
531 the general statutes is repealed and the following is substituted in lieu

532 thereof (*Effective October 1, 2008*):

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

539 Sec. 23. Subsection (c) of section 17a-458 of the 2008 supplement to
540 the general statutes is repealed and the following is substituted in lieu
541 thereof (*Effective October 1, 2008*):

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

552 Sec. 24. Subsection (e) of section 19a-12a of the 2008 supplement to
553 the general statutes is repealed and the following is substituted in lieu
554 thereof (*Effective October 1, 2008*):

555 (e) Any health care professional participating in the assistance
556 program shall immediately notify the assistance program upon (1)
557 being made aware of the filing of any disciplinary charges or the
558 taking of any disciplinary action against such health care professional
559 by a professional licensing or disciplinary body, or (2) being charged
560 with or convicted of a felony under the laws of this state, or of an
561 offense that, if committed within this state, would constitute a felony.
562 The assistance program shall regularly review available sources to
563 determine if disciplinary charges have been filed, or disciplinary action

564 has been taken, or felony charges have been filed or substantiated
565 against any health care professional who has been admitted to the
566 assistance program. Upon such notification, the assistance program
567 shall refer such health care professional to the department and shall
568 submit to the department all records and files maintained by the
569 assistance program concerning such health care professional. Upon
570 such referral, the department shall determine if the health care
571 professional is eligible to continue participating in the assistance
572 program and whether such participation should be treated as
573 confidential in accordance with subsection (h) of this section. The
574 department may seek the advice of professional health care societies or
575 organizations and the assistance program in determining what
576 intervention, referral assistance, rehabilitation or support services are
577 appropriate for such health care professional. If the department
578 determines that the health care professional is an appropriate
579 candidate for confidential participation in the assistance program, the
580 entire record of the referral and investigation of the health care
581 professional shall be confidential and shall not be disclosed, except at
582 the request of the health care professional, for the duration of the
583 health care professional's participation in and upon successful
584 completion of the program, provided such participation is in
585 accordance with terms agreed upon by the department, the health care
586 professional and the assistance program.

587 Sec. 25. Subsection (c) of section 19a-37 of the 2008 supplement to
588 the general statutes is repealed and the following is substituted in lieu
589 thereof (*Effective October 1, 2008*):

590 (c) The Commissioner of Public Health shall adopt regulations, in
591 accordance with chapter 54, to clarify the criteria under which a well
592 permit exception may be granted and describe the terms and
593 conditions that shall be imposed when a well is allowed at a [premise]
594 premises (1) that is connected to a public water supply system, or (2)
595 whose boundary is located within two hundred feet of an approved
596 community water supply system, measured along a street, alley or
597 easement. Such regulations shall (A) provide for notification of the

598 permit to the public water supplier, (B) address the quality of the
599 water supplied from the well, the means and extent to which the well
600 shall not be interconnected with the public water supply, the need for
601 a physical separation, and the installation of a reduced pressure device
602 for backflow prevention, the inspection and testing requirements of
603 any such reduced pressure device, and (C) identify the extent and
604 frequency of water quality testing required for the well supply.

605 Sec. 26. Subdivisions (2) and (3) of subsection (a) of section 19a-77 of
606 the 2008 supplement to the general statutes are repealed and the
607 following is substituted in lieu thereof (*Effective October 1, 2008*):

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

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

626 Sec. 27. Subsection (b) of section 19a-535b of the 2008 supplement to
627 the general statutes is repealed and the following is substituted in lieu
628 thereof (*Effective October 1, 2008*):

629 (b) A facility shall not transfer or discharge a patient from the

630 facility except for medical reasons, or for the patient's welfare or the
631 welfare of other patients, as documented in the patient's medical
632 record; or, in the case of a self pay patient, for nonpayment or
633 arrearage of more than fifteen days of the per diem chronic disease
634 hospital room rates for the patient's stay, except as prohibited by the
635 Social Security Act. In the case of an involuntary transfer or discharge,
636 the patient and, if known, the patient's legally liable relative, guardian
637 or conservator and the patient's personal physician, if the discharge
638 plan is prepared by the medical director of the chronic disease
639 hospital, shall be given at least thirty [days] days' written notice of the
640 proposed action to ensure orderly transfer or discharge.

641 Sec. 28. Subdivision (1) of section 19a-693 of the 2008 supplement to
642 the general statutes is repealed and the following is substituted in lieu
643 thereof (*Effective October 1, 2008*):

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

649 Sec. 29. Section 19a-695 of the 2008 supplement to the general
650 statutes is repealed and the following is substituted in lieu thereof
651 (*Effective October 1, 2008*):

652 The Department of Public Health shall receive and investigate any
653 complaint alleging that a managed residential community is engaging
654 in, or has engaged in activities, practices or omissions that would
655 constitute a violation of sections 19a-694 to 19a-701, inclusive, the
656 regulations adopted pursuant to section 19a-701 of the 2008
657 supplement to the general statutes, or any other regulation applicable
658 to managed residential communities, including the Public Health
659 Code. The department shall include in its biennial review of a
660 managed residential community, conducted in accordance with section
661 19a-696 of the 2008 supplement to the general statutes, a review of the
662 nature and type of any complaint received concerning the managed

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

665 Sec. 30. Subsection (b) of section 20-609 of the 2008 supplement to
666 the general statutes is repealed and the following is substituted in lieu
667 thereof (*Effective October 1, 2008*):

668 (b) Any person owning, managing or conducting any store, shop or
669 place of business not being a pharmacy who exhibits within or upon
670 the outside of such store, shop or place of business, or includes in any
671 advertisement the words "drug store", "pharmacy", "apothecary",
672 "drug", "drugs", "medicine shop", or any combination of such terms or
673 any other words, displays or symbols indicating that such store, shop
674 or place of business is a pharmacy shall be fined not more than two
675 hundred dollars or imprisoned not more than thirty days or both. The
676 provisions of this subsection shall not apply to any person [who] that
677 provides pharmacy-related services directly to pharmacies or
678 practitioners and does not offer such services and drugs or medical
679 services directly to the public.

680 Sec. 31. (*Effective October 1, 2008*) Sections 19a-7g, 19a-127k, 19a-181e,
681 19a-197, 20-13i and 25-39a of the general statutes are repealed.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2008</i>	7-48a
Sec. 2	<i>October 1, 2008</i>	7-72(a)
Sec. 3	<i>October 1, 2008</i>	19a-215(b)
Sec. 4	<i>October 1, 2008</i>	19a-209c
Sec. 5	<i>October 1, 2008</i>	19a-36(a)
Sec. 6	<i>October 1, 2008</i>	19a-494a
Sec. 7	<i>October 1, 2008</i>	19a-70
Sec. 8	<i>October 1, 2008</i>	20-13a
Sec. 9	<i>October 1, 2008</i>	20-13b
Sec. 10	<i>from passage</i>	22-6r
Sec. 11	<i>October 1, 2008</i>	19a-492d
Sec. 12	<i>October 1, 2008</i>	19a-7h(c)
Sec. 13	<i>October 1, 2008</i>	New section

Sec. 14	<i>October 1, 2008</i>	20-12d(a)
Sec. 15	<i>October 1, 2008</i>	14-253a(b)
Sec. 16	<i>October 1, 2008</i>	20-128(a)
Sec. 17	<i>October 1, 2008</i>	19a-515(b)
Sec. 18	<i>October 1, 2008</i>	New section
Sec. 19	<i>from passage</i>	19a-6g(a)
Sec. 20	<i>from passage</i>	19a-6h(a)
Sec. 21	<i>October 1, 2008</i>	17a-271(b)
Sec. 22	<i>October 1, 2008</i>	17a-451(e)
Sec. 23	<i>October 1, 2008</i>	17a-458(c)
Sec. 24	<i>October 1, 2008</i>	19a-12a(e)
Sec. 25	<i>October 1, 2008</i>	19a-37(c)
Sec. 26	<i>October 1, 2008</i>	19a-77(a)(2) and (3)
Sec. 27	<i>October 1, 2008</i>	19a-535b(b)
Sec. 28	<i>October 1, 2008</i>	19a-693(1)
Sec. 29	<i>October 1, 2008</i>	19a-695
Sec. 30	<i>October 1, 2008</i>	20-609(b)
Sec. 31	<i>October 1, 2008</i>	Repealer section

PH *Joint Favorable Subst.*

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Public Health, Dept.	GF - Savings	Minimal	Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1 clarifies law regarding the issuance of replacement birth certificates for births subject to a gestational agreement. This results in no fiscal impact.

Section 2 makes changes to and deletes obsolete provisions regarding the filing of burial information by sextons. These changes result in no fiscal impact.

Section 3 authorizes health care providers to electronically submit reports of reportable diseases. This results in no fiscal impact.

Section 4 modifies law concerning notification requirements that must be met by a party requesting an exception to the separating distance requirements for a septic system as it relates to water supply wells. These changes result in no fiscal impact.

Section 5 authorizes the Commissioner of Public Health to establish requirements for the permitting of retail food establishments by local health authorities. Currently, licensing/permitting is conducted only by local ordinance. Fewer than ten municipalities will have to enact ordinances establishing a permitting/licensure process (inspections are currently performed). This is not anticipated to result in any cost to these municipalities.

Section 6 grants authority to the Commissioner of Public Health to issue emergency summary orders in health care facilities other than nursing homes, home health care agencies and homemaker-home health agencies. This change results in no fiscal impact.

Sections 7 – 9 make technical changes that have no associated fiscal impact.

Section 10 expands the products that may be sold to food service establishments at a farmers' market. This change results in no fiscal impact.

Section 11 allows a nurse employed by a home health care or homemaker home health care agency, subsequent to administering flu or pneumonia vaccines, to administer epinephrine or other anaphylaxis medication. This results in no fiscal impact.

Section 12 makes a conforming change, consistent with the repeal of Section 19a-7g CGS within Section 31.

Section 13 establishes continuing education requirements for naturopaths. The Department of Public Health (DPH) will be required to make available forms for use by a naturopath when attesting to completion of the continuing education requirement, as well as process requests for waivers or extensions. It is anticipated that the DPH can accommodate these changes without requiring additional resources.

Section 14 expands the scope of practice of a physician assistant to include prescribing and approving the use of durable medical equipment. This results in no fiscal impact.

Section 15 expands the list of professionals who may certify disability for purposes of windshield placards issued by the Department of Motor Vehicles. No fiscal impact is associated with this change.

Section 16 increases the maximum term of members of the Board of Examiners for Optometrists. This change has no associated fiscal

impact.

Section 17 expands the list of qualified continuing education programs for nursing home administrators. This change results in no fiscal impact.

Section 18 requires certain provisions to be included in agreements, leases, or contracts between any optometrist and other parties, on and after 10/1/08. These changes have no associated fiscal impact.

Section 19 adds the executive directors of the Permanent Commission on the Status of Women, the African-American Affairs Commission, and the Latino and Puerto Rican Affairs Commission to the membership of the HealthFirst Connecticut Authority. No additional expenses are anticipated for the Office of Legislative Management (OLM).

Section 20 adds two members to the State-wide Primary Care Access Authority. No additional expenses are anticipated for the OLM.

Sections 21 - 30 make technical changes that have no associated fiscal impact.

Section 31 eliminates:

1. A Childhood Immunization Advisory Council. No fiscal impact is anticipated - members are not entitled to compensation or expense reimbursement.
2. The mandatory reporting of community benefits programs to the DPH by hospitals and managed care organizations. The department will experience a workload reduction.
3. A pilot program for municipal selection of emergency medical services providers. No fiscal impact is associated with this change.
4. The DPH's registry of automatic external defibrillators (AEDs) and a requirement that persons report the location of AEDs. The

department will experience a workload decrease.

5. A requirement that DPH produce an annual report on investigations of and disciplinary actions taken against physicians. A minor savings will result from averted printing costs.

6. A requirement that DPH produce an annual report regarding carcinogens in public water supplies and the mandatory reporting of the organic chemical content of water supplies by public water companies. A minimal savings will result from averted printing costs.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5701****AN ACT CONCERNING REVISIONS TO STATUTES PERTAINING TO THE DEPARTMENT OF PUBLIC HEALTH.****SUMMARY:**

This bill makes a number of substantive and technical changes to Department of Public Health (DPH) and other related statutes concerning health care practitioner licensing and regulation, vital records, sextons, reportable diseases, subsurface sewage disposal, food establishments, farmers' markets, vaccine administration, health care institution regulation, childhood immunization, and membership on health care authorities. It also repeals certain DPH reporting requirements.

EFFECTIVE DATE: October 1, 2008 except as noted below.

§ 1 — BIRTH CERTIFICATES-GESTATIONAL AGREEMENTS

Existing law requires that each birth certificate contain the birth mother's name. It directs DPH to create a replacement certificate, within 45 days after receiving a court order or 45 days after the child's birth, whichever is later. It must include all information required for the birth certificate as of the date of the birth. The bill appears to limit the replacement certificate requirement to births that are subject to a gestational agreement.

§ 2 — SEXTONS

By law, a sexton in charge of any burial place must provide a monthly list of all interments, disinterments, and removal of bodies to the registrar of the town. The sexton must also file with the registrar permits he received when a body was brought into the town from another town or state for burial.

The bill specifies that the list must be in a DPH-prescribed format and requires the sexton to also file, during the first week of each month, completed burial permits he or she receives in the preceding month. It eliminates the permit filing requirement and deletes an obsolete provision concerning books furnished by DPH.

§ 3 — REPORTABLE DISEASES

The bill amends existing law concerning mechanisms to report diseases on the DPH commissioner's list of reportable diseases and laboratory findings. By law, health care providers must make these reports to the department and to the local health director where the subject resides. In addition to the current filing by writing or telephone, the bill allows electronic reporting in a format specified by DPH.

§ 4 — SUBSURFACE SEWAGE DISPOSAL SYSTEMS

Current law requires any person applying to DPH for authorization to repair or newly construct a subsurface sewage disposal system involving a waiver of the proximity requirement as it relates to a private residential well to notify in writing all abutting property owners. (The law does not further explain "proximity requirement.") A DPH decision on the application constitutes a final decision for purposes of appeal to Superior Court.

The bill: (1) replaces the term "private residential well" with "water supply well," thus broadening applicability to also include non-residential wells and public water supply wells; (2) requires written notification to all property owners with water supply wells affected by the exception request, not just abutting property owners; and (3) eliminates the language on a final decision for appeal to court.

§ 5 — FOOD ESTABLISHMENT PERMITS

By law, the DPH commissioner can establish and amend a Public Health Code (i.e., DPH regulations). Currently, the code can address regulations concerning retail food establishments, including food establishments, catering food service establishments, and itinerant

food vending establishments.

The bill also allows the code to include regulations concerning permitting required from local health departments or districts for the operation of such establishments.

§ 6 — SUMMARY ORDERS AGAINST HEALTH CARE INSTITUTIONS

The bill expands the DPH commissioner's authority by allowing him to issue summary orders to all health care institutions under his jurisdiction. Currently, the commissioner can issue a summary order against a home health care agency or homemaker-home health care agency when the health, safety, or welfare of any patient served requires emergency action. Such orders can include (1) revoking or suspending the institution's license; (2) prohibiting the institution from contracting with new patients or terminating its relationship with current patients; (3) limiting the institution's license, including reducing the institution's patient services or capacity; and (4) compelling compliance with applicable statutes and regulations.

Under the bill, this summary order authority also applies to hospitals; residential care homes; nursing homes; health care facilities for the handicapped; rest homes; mental health facilities; substance abuse treatment facilities; outpatient surgical facilities; infirmaries operated by educational institutions; facilities providing services for the prevention, diagnosis, and treatment of human health conditions; residential care facilities for persons with mental retardation certified to participate in Medicaid as an intermediate care facility for the mentally retarded; and assisted living services agencies (CGS § 19a-490).

§ 10 — FARMER'S MARKET

The bill allows food service establishments to purchase Connecticut-grown farm products, instead of just fresh produce, that have been produced and are sold according to applicable state regulations at a farmer's market. Under current law, food service establishments can request and obtain fresh produce at a farmer's market. "Farm

products,” as defined under current law, includes fresh fruits and vegetables; nuts; shell eggs; honey; maple syrup; nursery stock and other horticultural products; livestock food products such as meat, milk, cheese, and other dairy products; sugar; flowers; aquaculture products; products from trees, vines, or plants; and products processed by the farmer, such as baked goods made with farm products.

EFFECTIVE DATE: Upon passage

§ 11 — ADMINISTRATION OF VACCINES BY CERTAIN NURSES

Current law allows nurses working for home health care or homemaker home health care agencies to administer flu and pneumonia vaccines to persons in their homes without a physician’s order after an assessment for contraindications and according to a physician-approved agency policy.

The bill requires the policy to include an anaphylaxis protocol. In the case of an adverse reaction to a vaccine, the bill authorizes the nurse to also administer epinephrine or other anaphylaxis medication without a physician’s order according to the approved agency policy.

§§ 12, 31 — CHILDHOOD IMMUNIZATION ADVISORY COUNCIL

The bill deletes a reference to the Childhood Immunization Advisory Council in the existing childhood immunization registry law because the council is eliminated under the bill.

DPH has formed an advisory group with a broad spectrum of vaccine providers to address current vaccine issues.

§ 13 — CONTINUING EDUCATION FOR NATUREOPATHS

The bill establishes continuing education requirements for natureopaths. For registration periods beginning on and after October 1, 2009, a natureopath applying for license renewal must earn a minimum of 15 contact hours of continuing education within the preceding registration period. “Registration period” means the one-year period for which a renewed license is current and valid. “Contact hour” means a minimum of 50 minutes of continuing education

activity.

The continuing education must be directly related to natureopathy practice and reflect the professional needs of the licensee in meeting the public's health care needs. Qualifying continuing education include courses, including on-line ones, offered or approved by the American Association of Naturopathic Medical Colleges, regionally accredited higher education institutions, or state or local health departments.

A license renewal applicant must sign a statement attesting that he or she has met the continuing education requirements on a DPH-prescribed form. The licensee must retain attendance records or certificates of completion that demonstrate compliance with the continuing education requirements. Such records and certificates must be kept for at least five years after the continuing education was completed. The licensee must provide these records to DPH for inspection within 45 days of such a request.

A first-time license applicant is exempt from the continuing education requirements. The bill gives the DPH commissioner the discretion to waive the continuing education requirements or grant a time extension in cases of medical disability or illness if the licensee submits an application for the waiver or extension on a DPH-prescribed form. Also, the person must provide a certification by a licensed physician of the disability or illness and other documentation the commissioner may require. The commissioner can grant a waiver or time extension for up to one registration period; he may grant additional waivers or extensions if the disability or illness continues beyond that period and the person files for the additional waiver or extension.

A person whose license becomes void for failure to renew and who applies for reinstatement must provide evidence documenting completion of 15 contact hours of continuing education within the one-year period immediately preceding his or her reinstatement application.

§§ 14, 15 — PHYSICIAN ASSISTANTS

The bill authorizes physician assistants, as delegated by a supervising physician within the scope of the physician's license, to prescribe and approve the use of durable medical equipment.

It also allows physician assistants to provide a certification of disability for purposes of applications to the Department of Motor Vehicles for special license plates and removable windshield placards.

§§ 16, 18 — OPTOMETRISTS

The bill extends from eight to 12 years the maximum time a person can serve on the Connecticut Board of Examiners for Optometrists.

On and after October 1, 2008, the bill bars any agreement, lease, or other contract entered into, renewed, or extended between an optometrist and another from (1) impeding an optometrist's ability to gain access to his or her professional office or patient records or (2) limiting, inhibiting, or preventing an optometrist's ability to communicate with his or her patients at any time.

§ 17 — NURSING HOME ADMINISTRATORS

The bill adds courses offered or approved by the Connecticut Alliance for Long Term Care to those acceptable for meeting continuing education requirements for nursing home administrator licensure.

§ 19 — HEALTHFIRST CONNECTICUT AUTHORITY MEMBERSHIP

The bill adds the executive directors, or their designees, of the Permanent Commission on the Status of Women, the African-American Affairs Commission, and the Latino and Puerto Rican Affairs Commission to the HealthFirst Connecticut Authority.

The HealthFirst Connecticut Authority, created by PA 07-185, must recommend alternatives for affordable quality health care coverage for un- and under-insured people, cost containment measures, and insurance financing mechanisms.

EFFECTIVE DATE: Upon passage

§ 20 — STATE-WIDE PRIMARY CARE ACCESS AUTHORITY

The bill adds two members to the State-wide Primary Care Access Authority, one appointed by the Connecticut State Dental Association and one appointed by the Connecticut Community Providers Association.

This authority, created by PA 07-185, must develop a universal system for providing primary care services to all Connecticut residents.

EFFECTIVE DATE: Upon passage

§ 31 — REPEALED SECTIONS

The bill repeals (1) the Childhood Immunization Advisory Council (see § 12), (2) the DPH community benefits program, (3) an outdated pilot program concerning municipal selection of emergency medical service providers, (4) an automatic external defibrillator (AED) notice and registry requirement, (5) a DPH annual report concerning the activities of the Connecticut Medical Examining Board, and (6) a DPH reporting requirement concerning the monitoring of public water supplies for organic chemicals.

State law, repealed by the bill, requires each hospital and managed care organization (MCO) to submit a biennial report to DPH on whether it has a community benefits program. “Community benefits” means a voluntary program to promote preventive care and improve the health status of working families and populations at risk in the communities within the geographic areas of the hospital or MCO. By law, DPH must summarize and analyze the required reports biennially and make summaries available to the public. It can impose a civil penalty of up to \$50 for late reports.

Current law requires any person possessing an AED to notify the Office of Emergency Medical Services (OEMS) of its location. OEMS is required to establish an AED registry and a procedure for the use of

the enhanced 9-1-1 service for the location of AEDs nearest to the caller. The bill repeals these provisions.

The law requires each water company to monitor, according to DPH regulations, the organic chemical content of all public water supplies to determine what potentially harmful carcinogens are in the water supply and report this to DPH. DPH must rank the carcinogens in order of potential danger and estimate the cost of removal of the more dangerous ones. DPH must report on this annually to the governor and General Assembly. The bill eliminates these requirements.

BACKGROUND

Related Bill

HB 5812, An Act Concerning the Availability of Automatic Defibrillators for Public Use, was reported by the Public Health Committee to the Appropriations Committee on March 17.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/17/2008)