



General Assembly

**Substitute Bill No. 5701**

February Session, 2008

\*        HB05701PH        031708        \*

**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2       statutes is repealed and the following is substituted in lieu thereof  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23 repealed and the following is substituted in lieu thereof (*Effective*  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.*