



House of Representatives

General Assembly

File No. 616

January Session, 2009

Substitute House Bill No. 6678

House of Representatives, April 14, 2009

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES.

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

1 Section 1. Subsection (b) of section 19a-91 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2009*):

4 (b) (1) No licensed embalmer or funeral director shall remove a
5 dead human body from the place of death to another location for
6 preparation until the body has been temporarily wrapped. If the body
7 is to be transported by common carrier, the licensed embalmer or
8 funeral director having charge of the body shall have the body washed
9 or embalmed unless it is contrary to the religious beliefs or customs of
10 the deceased person, as determined by the person who assumes
11 custody of the body for purposes of burial, and then enclosed in a
12 casket and outside box or, in lieu of such double container, by being
13 wrapped.

14 (2) Any deceased person who is to be entombed in a crypt or
15 mausoleum shall be in a casket that is sealed in a zinc-lined or an
16 acrylonitrile butadiene styrene (ABS) sheet plastic container or, if
17 permitted by the cemetery where the disposition of the body is to be
18 made, a nonoxidizing metal or ABS plastic sheeting tray.

19 Sec. 2. Subsection (b) of section 19a-517 of the general statutes is
20 repealed and the following is substituted in lieu thereof (*Effective*
21 *October 1, 2009*):

22 (b) The department may take action under section 19a-17 for any of
23 the following reasons: (1) The license holder has employed or
24 knowingly cooperated in fraud or material deception in order to obtain
25 his license or has engaged in fraud or material deception in the course
26 of professional services or activities; (2) the license holder is suffering
27 from physical or mental illness, emotional disorder or loss of motor
28 skill, including but not limited to, deterioration through the aging
29 process, or is suffering from the abuse or excessive use of drugs,
30 including alcohol, narcotics or chemicals; (3) illegal incompetent or
31 negligent conduct in his practice; (4) violation of any provision of state
32 or federal law governing the license holder's practices within a nursing
33 home; or [(4)] (5) violation of any provision of this chapter or any
34 regulation adopted hereunder. The Commissioner of Public Health
35 may order a license holder to submit to a reasonable physical or
36 mental examination if his physical or mental capacity to practice safely
37 is being investigated. Said commissioner may petition the superior
38 court for the judicial district of Hartford to enforce such order or any
39 action taken pursuant to section 19a-17.

40 Sec. 3. Subsection (a) of section 20-11a of the general statutes is
41 repealed and the following is substituted in lieu thereof (*Effective*
42 *October 1, 2009*):

43 (a) No person shall participate in an intern or resident physician
44 program or United States medical officer candidate training program
45 until such person has received a permit issued by the Department of
46 Public Health. The permit shall be issued solely for purposes of

47 participation in graduate education as an intern, resident or medical
48 officer candidate in a hospital or hospital-based program. No person
49 shall receive a permit until a statement has been filed with the
50 department on the applicant's behalf by the hospital administrator
51 certifying that the applicant is to be appointed an intern, resident or
52 medical officer candidate in the hospital or hospital-based program
53 and that the applicant has received the degree of doctor of medicine,
54 osteopathic medicine or its equivalent and, if educated outside the
55 United States or Canada (1) has successfully completed all components
56 of a "fifth pathway program" conducted by an American medical
57 school accredited by the Liaison Committee on Medical Education or
58 the American Osteopathic Association, (2) received certification from
59 the Educational Commission for Foreign Medical Graduates, (3) has
60 successfully completed the examination for licensure prescribed by the
61 department pursuant to section 20-10, or (4) holds a current valid
62 license in another state or territory. Upon termination from an
63 internship or medical residency program, a person's privileges under
64 this subsection shall cease, such person's permit shall be automatically
65 revoked and, if such person acts in violation of this chapter, such
66 person shall be subject to disciplinary action pursuant to section 19a-
67 17.

68 Sec. 4. Subdivision (2) of subsection (a) of section 20-126l of the
69 general statutes is repealed and the following is substituted in lieu
70 thereof (*Effective October 1, 2009*):

71 (2) "Public health facility" means an institution, as defined in section
72 19a-490, a community health center, a group home, a school, a
73 preschool operated by a local or regional board of education or a head
74 start program or a program offered or sponsored by the federal Special
75 Supplemental Food Program for Women, Infants and Children.

76 Sec. 5. Subsections (a) and (b) of section 19a-436 of the general
77 statutes are repealed and the following is substituted in lieu thereof
78 (*Effective October 1, 2009*):

79 (a) No person shall permit, maintain, promote, conduct, advertise,

80 act as entrepreneur, undertake, organize, manage or sell or give tickets
81 to an actual or reasonably anticipated assembly of [three] one
82 thousand or more people which continues or can reasonably be
83 expected to continue for [eighteen] eight or more consecutive hours,
84 whether on public or private property, unless a license to hold the
85 assembly has first been issued by the chief of police of the municipality
86 in which the assembly is to gather or, if there is none, the first
87 selectman. A license to hold an assembly issued to one person shall
88 permit any person to engage in any lawful activity in connection with
89 the holding of the licensed assembly.

90 (b) A separate license shall be required for each day and each
91 location in which [three] one thousand or more people assemble or can
92 reasonably be anticipated to assemble. The fee for each license shall be
93 one hundred dollars.

94 Sec. 6. Section 19a-438 of the general statutes is repealed and the
95 following is substituted in lieu thereof (*Effective October 1, 2009*):

96 (a) Application for a license to hold an actual or anticipated
97 assembly of [three] one thousand or more persons shall be made in
98 writing to the governing body of the municipality at least thirty days
99 in advance of such assembly and shall be accompanied by the bond
100 required by subparagraph (L) of subdivision (2) of section 19a-437 and
101 the license fee required by subsection (b) of section 19a-436, as
102 amended by this act.

103 (b) The application shall contain a statement made upon oath or
104 affirmation that the statements contained therein are true and correct
105 to the best knowledge of the applicant and shall be signed and sworn
106 to or affirmed by the individual making application in the case of an
107 individual, by all officers in the case of a corporation, by all partners in
108 the case of a partnership or by all officers of an unincorporated
109 association, society or group or, if there are no officers, by all members
110 of such association, society or group.

111 (c) The application shall contain and disclose: (1) The name, age,

112 residence and mailing address of all persons required to sign the
113 application by subsection (b) of this section and, in the case of a
114 corporation, a certified copy of the articles of incorporation together
115 with the name, age, residence and mailing address of each person
116 holding ten per cent or more of the stock of such corporation; (2) the
117 address and legal description of all property upon which the assembly
118 is to be held, together with the name, residence and mailing address of
119 the record owner or owners of all such property; (3) proof of
120 ownership of all property upon which the assembly is to be held or a
121 statement made upon oath or affirmation by the record owner or
122 owners of all such property that the applicant has permission to use
123 such property for an assembly of [three] one thousand or more
124 persons; (4) the nature or purpose of the assembly; (5) the total number
125 of days or hours during which the assembly is to last; (6) the maximum
126 number of persons which the applicant shall permit to assemble at any
127 time, not to exceed the maximum number which can reasonably
128 assemble at the location of the assembly, in consideration of the nature
129 of the assembly or the maximum number of persons allowed to sleep
130 within the boundaries of the location of the assembly by the zoning
131 ordinances of the municipality if the assembly is to continue overnight;
132 (7) the maximum number of tickets to be sold, if any; (8) the plans of
133 the applicant to limit the maximum number of people permitted to
134 assemble; (9) the plans for supplying potable water including the
135 source, amount available and location of outlets; (10) the plans for
136 providing toilet and lavatory facilities, including the source, number,
137 location and type, and the means of disposing of waste deposited; (11)
138 the plans for holding, collecting and disposing of solid waste material;
139 (12) the plans to provide for medical facilities, including the location
140 and construction of a medical structure, the names and addresses and
141 hours of availability of physicians and nurses, and provisions for
142 emergency ambulance service; (13) the plans, if any, to illuminate the
143 location of the assembly, including the source and amount of power
144 and the location of lamps; (14) the plans for parking vehicles, including
145 size and location of lots, points of highway access and interior roads,
146 including routes between highway access and parking lots; (15) the

147 plans for telephone service, including the source, number and location
148 of telephones; (16) the plans for camping facilities, if any, including
149 facilities available and their location; (17) the plans for security,
150 including the number of guards, their deployment, and their names,
151 addresses, credentials and hours of availability; (18) the plans for fire
152 protection, including the number, type and location of all protective
153 devices including alarms and extinguishers, and the number of
154 emergency fire personnel available to operate the equipment; (19) the
155 plans for sound control and sound amplification, if any, including the
156 number, location and power of amplifiers and speakers; and (20) the
157 plans for food concessions and concessioners who will be allowed to
158 operate on the grounds including the names and addresses of all
159 concessioners and their license or permit numbers.

160 Sec. 7. Section 19a-72 of the general statutes is repealed and the
161 following is substituted in lieu thereof (*Effective October 1, 2009*):

162 [The Connecticut Tumor Registry shall include in its information
163 center an occupational history of each newly diagnosed and reported
164 cancer patient in the state, beginning January 1, 1981. Instructions for
165 generating and including such an occupational history shall be
166 provided by the Department of Public Health to each tumor registrar
167 by October 1, 1980.]

168 (a) As used in this section:

169 (1) "Clinical laboratory" means any facility or other area used for
170 microbiological, serological, chemical, hematological,
171 immuno-hematological, biophysical, cytological, pathological or other
172 examinations of human body fluids, secretions, excretions or excised
173 or exfoliated tissues, for the purpose of providing information for the
174 diagnosis, prevention or treatment of any human disease or
175 impairment, for the assessment of human health or for the presence of
176 drugs, poisons or other toxicological substances;

177 (2) "Hospital" means an establishment for the lodging, care and
178 treatment of persons suffering from disease or other abnormal physical

179 or mental conditions and includes inpatient psychiatric services in
180 general hospitals;

181 (3) "Health care provider" means any person or organization that
182 furnishes health care services and is licensed or certified to furnish
183 such services pursuant to chapters 370, 372, 373, 375 to 384a, inclusive,
184 388, 398 and 399 or is licensed or certified pursuant to chapter 368d;
185 and

186 (4) "Reportable tumor" means tumors and conditions included in
187 the Connecticut Tumor Registry reportable list maintained by the
188 Department of Public Health, as amended from time to time, as
189 deemed necessary by the department.

190 (b) The Department of Public Health shall maintain and operate the
191 Connecticut Tumor Registry. Said registry shall include a report of
192 every occurrence of a reportable tumor that is diagnosed or treated in
193 the state. Such reports shall be made to the department by any
194 hospital, clinical laboratory and health care provider in the state. Such
195 reports shall include, but not be limited to, information obtained from
196 records of any person licensed as a health care provider and may
197 include a collection of actual tissue samples and such information as
198 the department may prescribe. Follow-up data, demographic,
199 diagnostic, treatment and other medical information shall also be
200 included in the report in a form and manner as the department may
201 prescribe. The Commissioner of Public Health shall promulgate a list
202 of required data items, which may be amended from time to time.
203 Such reports shall include every occurrence of a reportable tumor that
204 is diagnosed or treated during a calendar year. On or before July 1,
205 2010, and annually thereafter, such reports shall be submitted to the
206 department in such manner as the department may prescribe.

207 (c) The Department of Public Health shall be provided such access
208 to records of any health care provider, as the department deems
209 necessary, to perform case finding or other quality improvement
210 audits to ensure completeness of reporting and data accuracy
211 consistent with the purposes of this section.

212 (d) The Department of Public Health may enter into a contract for
213 the storage, holding and maintenance of the tissue samples under its
214 control and management.

215 (e) The Department of Public Health may enter into reciprocal
216 reporting agreements with the appropriate agencies of other states to
217 exchange tumor reports.

218 (f) (1) Failure by a hospital, clinical laboratory or health care
219 provider to comply with the reporting requirements prescribed in this
220 section may result in the department electing to perform the registry
221 services for such hospital, clinical laboratory or provider. In such case,
222 the hospital, clinical laboratory or provider shall reimburse the
223 department for actual expenses incurred in performing such services.

224 (2) Any hospital, clinical laboratory or health care provider that fails
225 to comply with the provisions of this section shall be liable to a civil
226 penalty not to exceed five hundred dollars for each failure to disclose a
227 reportable tumor, as determined by the commissioner.

228 (3) A hospital, clinical laboratory or health care provider that fails to
229 report cases of cancer as required in regulations adopted pursuant to
230 section 19a-73 by a date that is not later than six months after the date
231 of a confirmed diagnosis shall be assessed a civil penalty not to exceed
232 one thousand dollars per business day, for each day thereafter that the
233 report is not submitted and ordered to comply with the terms of this
234 subsection by the Commissioner of Public Health.

235 (g) The Commissioner of Public Health may request that the
236 Attorney General initiate an action to collect any civil penalties
237 assessed pursuant to this section and obtain such orders as necessary
238 to enforce any provision of this section.

239 Sec. 8. Section 7-65 of the general statutes is repealed and the
240 following is substituted in lieu thereof (*Effective October 1, 2009*):

241 (a) The embalmer or funeral director licensed by the department, or
242 licensed in a state having a reciprocal agreement on file with the

243 department and complying with the terms of such agreement, who
244 assumes custody of a dead body shall obtain a removal, transit and
245 burial permit from the registrar of the town in which the death
246 occurred or the town in which the embalmer or funeral director
247 maintains a place of business not later than five calendar days after
248 death, and prior to final disposition or removal of the body from the
249 state. The embalmer or funeral director who assumes custody and
250 control of the body and obtains a removal, transit and burial permit
251 from the registrar of the town in which the embalmer or funeral
252 director maintains a place of business shall be obligated to file the
253 death certificate, in accordance with the provisions of section 7-62b, in
254 person, through an electronic registry system or by certified mail,
255 return receipt requested. The removal, transit and burial permit shall
256 specify the place of burial or other place of interment and state that the
257 death certificate and any other certificate required by law have been
258 returned and recorded.

259 (b) [Such] A registrar shall appoint not less than two suitable
260 persons as subregistrars, who shall be authorized to issue [a] removal,
261 transit and burial [permit] permits and cremation permits for any
262 death that occurs in [the] such registrar's town, [based upon receipt of
263 a completed death certificate as provided in section 7-62b,] during the
264 hours in which the office of the registrar of vital records is closed. [All
265 such certificates upon which a permit is issued shall be forwarded to
266 the registrar not later than seven days after receiving such certificates.]
267 The appointment of subregistrars shall be made in writing, with the
268 approval of the selectmen of such town, and shall be made with
269 reference to locality, to best accommodate the inhabitants of the town.
270 Such subregistrars shall be sworn, and their term of office shall not
271 extend beyond the term of office of the appointing registrar. The
272 names of such subregistrars shall be reported to the Department of
273 Public Health. The Chief Medical Examiner, Deputy Chief Medical
274 Examiner and associate medical examiners shall be considered
275 subregistrars of any town in which death occurs for the sole purpose of
276 issuing removal, transit and burial permits.

277 (c) A subregistrar shall issue a removal, transit and burial permit
278 upon receipt of a completed death certificate as provided in section 7-
279 62b. A subregistrar shall forward any such certificate upon which a
280 removal, transit and burial permit is issued to the registrar of the town
281 where the death occurred, not later than seven days after receiving
282 such certificate.

283 (d) The fee for such removal, transit and burial permit shall be paid
284 to the town issuing the removal, transit and burial permit.

285 Sec. 9. Section 38a-1051 of the general statutes is repealed and the
286 following is substituted in lieu thereof (*Effective from passage*):

287 (a) Whereas the General Assembly finds that: (1) Equal enjoyment of
288 the highest attainable standard of health is a human right and a
289 priority of the state, (2) research and experience demonstrate that
290 inhabitants of the state experience barriers to the equal enjoyment of
291 good health based on race, ethnicity, gender, national origin and
292 linguistic ability, and (3) addressing such barriers, and others that may
293 arise in the future, requires: The collection, analysis and reporting of
294 information, the identification of causes, and the development and
295 implementation of policy solutions that address health disparities
296 while improving the health of the public as a whole therefore, there is
297 established a Commission on Health Equity with the mission of
298 eliminating disparities in health status based on race, ethnicity, gender
299 and linguistic ability, and improving the quality of health for all of the
300 state's residents. Such commission shall consist of the following
301 commissioners, or their designees, and public members: (A) The
302 Commissioners of Public Health, Mental Health and Addiction
303 Services, Developmental Services, Social Services, Correction, Children
304 and Families, and Education; (B) the dean of The University of
305 Connecticut Health Center, or his designee; (C) the director of The
306 University of Connecticut Health Center and Center for Public Health
307 and Health Policy, or their designees; (D) the dean of the Yale
308 University Medical School, or his designee; (E) the dean of Public
309 Health and the School of Epidemiology at Yale University, or his

310 designee; (F) one member appointed by the president pro tempore of
311 the Senate, who shall be a member of an affiliate of the National Urban
312 League; (G) one member appointed by the speaker of the House of
313 Representatives, who shall be a member of the National Association
314 for the Advancement of Colored People; (H) one member appointed
315 by the majority leader of the House of Representatives, who shall be a
316 member of the Black and Puerto Rican Caucus of the General
317 Assembly; (I) one member appointed by the majority leader of the
318 Senate with the advice of the Native American Heritage Advisory
319 Council or the chairperson of the Indian Affairs Council, who shall be
320 a representative of the Native American community; (J) one member
321 appointed by the minority leader of the Senate, who shall be a
322 representative of an advocacy group for Hispanics; (K) one member
323 appointed by the minority leader of the House of Representatives, who
324 shall be a representative of the state-wide Multicultural Health
325 Network; (L) the chairperson of the African-American Affairs
326 Commission, or his or her designee; (M) the chairperson of the Latino
327 and Puerto Rican Affairs Commission, or his or her designee; (N) the
328 chairperson of the Permanent Commission on the Status of Women, or
329 his or her designee; (O) the chairperson of the Asian Pacific American
330 Affairs Commission, or his or her designee; (P) the director of the
331 Hispanic Health Council, or his or her designee; (Q) the chairperson of
332 the Office of the Healthcare Advocate, or his or her designee; and (R)
333 eight members of the public, representing communities facing
334 disparities in health status based on race, ethnicity, gender and
335 linguistic ability, who shall be appointed as follows: Two by the
336 president pro tempore of the Senate, two by the speaker of the House
337 of Representatives, two by the minority leader of the Senate, and two
338 by the minority leader of the House of Representatives. Vacancies on
339 the council shall be filled by the appointing authority.

340 (b) The commission shall elect a chairperson and a vice-chairperson
341 from among its members. Any member absent from either: (1) Three
342 consecutive meetings of the commission, or (2) fifty per cent of such
343 meetings during any calendar year, shall be deemed to have resigned
344 from the commission.

345 (c) Members of the commission shall serve without compensation,
346 but within available appropriations, and shall be reimbursed for
347 expenses necessarily incurred in the performance of their duties.

348 (d) The commission shall meet as often as necessary as determined
349 by the chairperson or a majority of the commission, but not less than at
350 least once per calendar quarter.

351 (e) The commission shall: (1) Review and comment on any proposed
352 state legislation and regulations that would affect the health of
353 populations in the state experiencing racial, ethnic, cultural or
354 linguistic disparities in health status, (2) review and comment on the
355 Department of Public Health's health disparities performance
356 measures, (3) advise and provide information to the Governor and the
357 General Assembly on the state's policies concerning the health of
358 populations in the state experiencing racial, ethnic, cultural or
359 linguistic disparities in health status, (4) work as a liaison between
360 populations experiencing racial, ethnic, cultural or linguistic
361 disparities in health status and state agencies in order to eliminate such
362 health disparities, (5) evaluate policies, procedures, activities and
363 resource allocations to eliminate health status disparities among racial,
364 ethnic and linguistic populations in the state and have the authority to
365 convene the directors and commissioners of all state agencies whose
366 purview is relevant to the elimination of health disparities, including
367 but not limited to, the Departments of Public Health, Social Services,
368 Children and Families, Developmental Services, Education, Mental
369 Health and Addiction Services, Labor, Transportation, the Housing
370 Finance Authority and the Office of Health Care Access for the
371 purpose of advising on and directing the implementation of policies,
372 procedures, activities and resource allocations to eliminate health
373 status disparities among racial, ethnic and linguistic populations in the
374 state, (6) prepare and submit to the Governor and General Assembly
375 an annual report, in accordance with section 11-4a, that provides both
376 a retrospective and prospective view of health disparities and the
377 state's efforts to ameliorate identifiable disparities among populations
378 of the state experiencing racial, ethnic, cultural or linguistic disparities

379 in health status, (7) explore other successful programs in other sectors
380 and states, and pilot and provide grants for new creative programs
381 that may diminish or contribute to the elimination of health disparities
382 in the state and culturally appropriate health education demonstration
383 projects, for which the commission may apply for, accept and expand
384 public and private funding, (8) have the authority to collect and
385 analyze government and other data regarding the health status of state
386 inhabitants based on race, ethnicity, gender, national origin and
387 linguistic ability, including access, services and outcomes in private
388 and public health care institutions within the state, including, but not
389 limited to, the data collected by the Connecticut Health Information
390 Network, (9) have the authority to draft and recommend proposed
391 legislation, regulations and other policies designed to address
392 disparities in health status, and (10) have the authority to conduct
393 hearings and interviews, and receive testimony, regarding matters
394 pertinent to its mission.

395 (f) The commission may use such funds as may be available from
396 federal, state or other sources, and may enter into contracts to carry out
397 the provisions of this section.

398 (g) The commission may, within available appropriations and
399 subject to the provisions of chapter 67, employ any necessary staff.

400 (h) The commission shall be within the Office of the Healthcare
401 Advocate for administrative purposes only.

402 (i) The commission shall report to the Governor and the General
403 Assembly on its findings not later than June 1, 2010.

404 (j) The commission shall make a determination as to whether the
405 duties of the commission are duplicated by any other state agency,
406 office, bureau or commission and shall include information concerning
407 any such duplication or performance of similar duties by any other
408 state agency, office, bureau or commission in the report described in
409 subsection (i) of this section.

410 Sec. 10. (NEW) (*Effective October 1, 2009*) (a) As used in this section:

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

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

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

415 (4) "Licensee" means any person who receives a license from the
416 department pursuant to chapter 384 of the general statutes; and

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

420 (b) Except as otherwise provided in this section, for registration
421 periods beginning on and after July 1, 2011, a licensee applying for
422 license renewal shall earn a minimum of twenty-four contact hours of
423 continuing education within the preceding twenty-four-month period.
424 Such continuing education shall (1) be in an area of the licensee's
425 practice; and (2) reflect the professional needs of the licensee in order
426 to meet the veterinary health care needs of the public. Qualifying
427 continuing education activities include, but are not limited to, courses,
428 including on-line courses, offered or approved by national or state
429 veterinary medical organizations, societies or associations, colleges or
430 schools of veterinary medicine and other professional societies and
431 organizations as appropriate to the educational needs of the licensee.

432 (c) Each licensee applying for license renewal pursuant to section
433 19a-88 of the general statutes shall sign a statement attesting that he or
434 she has satisfied the continuing education requirements of subsection
435 (b) of this section on a form prescribed by the department. Each
436 licensee shall retain records of attendance or certificates of completion
437 that demonstrate compliance with such continuing education
438 requirements for a minimum of three years following the year in
439 which the continuing education activities were completed and shall
440 submit such records to the department for inspection not later than

441 forty-five days after a request by the department for such records.

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

445 (e) A licensee who is not engaged in active professional practice in
446 any form during a registration period shall be exempt from the
447 continuing education requirements of this section, provided the
448 licensee submits to the department, prior to the expiration of the
449 registration period, a notarized application for exemption on a form
450 prescribed by the department and such other documentation as may
451 be required by the department. The application for exemption
452 pursuant to this subsection shall contain a statement that the licensee
453 may not engage in professional practice until the licensee has met the
454 continuing education requirements of this section.

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

469 (g) Any licensee whose license has become void pursuant to section
470 19a-88 of the general statutes and who applies to the department for
471 reinstatement of such license pursuant to section 19a-14 of the general
472 statutes shall submit evidence documenting successful completion of
473 twelve contact hours of continuing education within the one-year

474 period immediately preceding application for reinstatement.

475 Sec. 11. Section 20-202 of the general statutes is repealed and the
476 following is substituted in lieu thereof (*Effective October 1, 2009*):

477 After notice and opportunity for hearing as provided in the
478 regulations established by the Commissioner of Public Health, said
479 board may take any of the actions set forth in section 19a-17 for any of
480 the following causes: (1) The presentation to the board of any diploma,
481 license or certificate illegally or fraudulently obtained; (2) proof that
482 the holder of such license or certificate has become unfit or
483 incompetent or has been guilty of cruelty, unskillfulness or negligence
484 towards animals and birds; (3) conviction of the violation of any of the
485 provisions of this chapter by any court of criminal jurisdiction,
486 provided no license or registration shall be revoked or suspended
487 because of such conviction if an appeal to a higher court has been filed
488 until such appeal has been determined by the higher court and the
489 conviction sustained; (4) the violation of any of the provisions of this
490 chapter or the refusal to comply with any of said provisions; (5) the
491 publication or circulation of any statement of a character tending to
492 deceive or mislead the public; (6) the supplying of drugs, biologics,
493 instruments or any substances or devices by which unqualified
494 persons may practice veterinary medicine, surgery and dentistry,
495 except that such drugs, biologics, instruments, substances or devices
496 may be supplied to a farmer for his own animals or birds; (7)
497 fraudulent issue or use of any health certificate, vaccination certificate,
498 test chart or other blank form used in the practice of veterinary
499 medicine relating to the dissemination of animal disease,
500 transportation of diseased animals or the sale of inedible products of
501 animal origin for human consumption; (8) knowingly having
502 professional association with, or knowingly employing any person
503 who is unlawfully practicing veterinary medicine; (9) failure to keep
504 veterinary premises and equipment in a clean and sanitary condition;
505 (10) physical or mental illness, emotional disorder or loss of motor
506 skill, including but not limited to, deterioration through the aging
507 process; [or] (11) abuse or excessive use of drugs, including alcohol,

508 narcotics or chemicals; or (12) failure to comply with the continuing
509 education requirements prescribed in section 10 of this act. A violation
510 of any of the provisions of this chapter by any unlicensed employee in
511 the practice of veterinary medicine, with the knowledge of his
512 employer, shall be deemed a violation thereof by his employer. The
513 Commissioner of Public Health may order a license holder to submit to
514 a reasonable physical or mental examination if his physical or mental
515 capacity to practice safely is the subject of an investigation. Said
516 commissioner may petition the superior court for the judicial district of
517 Hartford to enforce such order or any action taken pursuant to section
518 19a-17.

519 Sec. 12. Subsection (b) of section 19a-323 of the general statutes is
520 repealed and the following is substituted in lieu thereof (*Effective*
521 *October 1, 2009*):

522 (b) If death occurred in this state, the death certificate required by
523 law shall be filed with the registrar of vital statistics for the town in
524 which such person died, if known, or, if not known, for the town in
525 which the body was found. The Chief Medical Examiner, Deputy Chief
526 Medical Examiner, associate medical examiner, or an authorized
527 assistant medical examiner shall complete the cremation certificate,
528 stating that such medical examiner has made inquiry into the cause
529 and manner of death and is of the opinion that no further examination
530 or judicial inquiry is necessary. The cremation certificate shall be
531 submitted to the registrar of vital statistics of the town in which such
532 person died, if known, or, if not known, of the town in which the body
533 was found, or with the registrar of vital statistics of the town in which
534 the funeral director having charge of the body is located. Upon receipt
535 of the cremation certificate, the registrar shall authorize [the cremation]
536 such certificate, keep [it] such certificate on permanent record, and
537 issue a cremation permit, except that if the cremation certificate is
538 submitted to the registrar of the town where the funeral director is
539 located, such certificate shall be forwarded to the registrar of the town
540 where the person died to be kept on permanent record. If a cremation
541 permit needs to be obtained during the hours that the office of the local

542 registrar of the town where death occurred is closed, a subregistrar
543 appointed to serve such town may authorize such cremation permit
544 upon receipt and review of a properly completed cremation permit
545 and cremation certificate. A subregistrar who is licensed as a funeral
546 director or embalmer pursuant to chapter 385, or the employee or
547 agent of such funeral director or embalmer shall not issue a cremation
548 permit to himself or herself. A subregistrar shall forward the cremation
549 certificate to the local registrar of the town where death occurred, not
550 later than seven days after receiving such certificate. The estate of the
551 deceased person, if any, shall pay the sum of forty dollars for the
552 issuance of the cremation certificate or an amount equivalent to the
553 compensation then being paid by the state to authorized assistant
554 medical examiners, if greater, provided, the Office of the Chief Medical
555 Examiner shall not assess any fees for costs that are associated with the
556 cremation of a stillborn fetus. No cremation certificate shall be
557 required for a permit to cremate the remains of bodies pursuant to
558 section 19a-270a. When the cremation certificate is submitted to a town
559 other than that where the person died, the registrar of vital statistics
560 for such other town shall ascertain from the original removal, transit
561 and burial permit that the certificates required by the state statutes
562 have been received and recorded, that the body has been prepared in
563 accordance with the Public Health Code and that the entry regarding
564 the place of disposal is correct. Whenever the registrar finds that the
565 place of disposal is incorrect, the registrar shall issue a corrected
566 removal, transit and burial permit and, after inscribing and recording
567 the original permit in the manner prescribed for sextons' reports under
568 section [7-72] 7-66, as amended by this act, shall then immediately give
569 written notice to the registrar for the town where the death occurred of
570 the change in place of disposal stating the name and place of the
571 crematory and the date of cremation. Such written notice shall be
572 sufficient authorization to correct these items on the original certificate
573 of death. The fee for a cremation permit shall be three dollars and for
574 the written notice one dollar. The Department of Public Health shall
575 provide forms for cremation permits, which shall not be the same as
576 for regular burial permits and shall include space to record

577 information about the intended manner of disposition of the cremated
578 remains, and such blanks and books as may be required by the
579 registrars.

580 Sec. 13. Subsection (g) of section 20-222 of the general statutes is
581 repealed and the following is substituted in lieu thereof (*Effective*
582 *October 1, 2009*):

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

586 (1) All records relating to contracts for funeral services, prepaid
587 funeral contracts or escrow accounts for a period of not less than
588 [three] six years after the death of the individual for whom funeral
589 services were provided;

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

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

599 Sec. 14. Subsection (a) of section 19a-493 of the general statutes is
600 repealed and the following is substituted in lieu thereof (*Effective July*
601 *1, 2009*):

602 (a) Upon receipt of an application for an initial license, the
603 Department of Public Health, subject to the provisions of section 19a-
604 491a, shall issue such license if, upon conducting a scheduled
605 inspection and investigation, it finds that the applicant and facilities
606 meet the requirements established under section 19a-495, provided a
607 license shall be issued to or renewed for an institution, as defined in

608 subsection (d), (e) or (f) of section 19a-490, only if such institution is not
609 otherwise required to be licensed by the state. Upon receipt of an
610 application for an initial license to establish, conduct, operate or
611 maintain an institution, as defined in subsection (d), (e) or (f) of section
612 19a-490, and prior to the issuance of such license, the commissioner
613 may issue a provisional license for a term not to exceed twelve months
614 upon such terms and conditions as the commissioner may require. If
615 an institution, as defined in subsections (b), (c), (d), (e) and (f) of
616 section 19a-490, applies for license renewal and has been certified as a
617 provider of services by the United States Department of Health and
618 Human [Resources] Services under Medicare or Medicaid programs
619 within the immediately preceding twelve-month period, or if an
620 institution, as defined in subsection (b) of section 19a-490, is currently
621 certified, the commissioner or the commissioner's designee may waive
622 the inspection and investigation of such facility required by this
623 section and, in such event, any such facility shall be deemed to have
624 satisfied the requirements of section 19a-495 for the purposes of
625 licensure. Such license shall be valid for two years or a fraction thereof
626 and shall terminate on March thirty-first, June thirtieth, September
627 thirtieth or December thirty-first of the appropriate year. A license
628 issued pursuant to this chapter, other than a provisional license or a
629 nursing home license, unless sooner suspended or revoked, shall be
630 renewable biennially after an unscheduled inspection is conducted by
631 the department, and upon the filing by the licensee, and approval by
632 the department, of a report upon such date and containing such
633 information in such form as the department prescribes and satisfactory
634 evidence of continuing compliance with requirements, and in the case
635 of an institution, as defined in subsection (d), (e) or (f) of section 19a-
636 490, after inspection of such institution by the department unless such
637 institution is also certified as a provider under the Medicare program
638 and such inspection would result in more frequent reviews than are
639 required under the Medicare program for home health agencies. Each
640 license shall be issued only for the premises and persons named in the
641 application and shall not be transferable or assignable. Licenses shall
642 be posted in a conspicuous place in the licensed premises.

643 Sec. 15. Subsection (d) of section 10a-34 of the general statutes is
644 repealed and the following is substituted in lieu thereof (*Effective*
645 *October 1, 2009*):

646 (d) No person, school, board, association or corporation shall
647 operate a program or institution of higher learning unless it has been
648 licensed or accredited by the Board of Governors of Higher Education,
649 nor shall it confer any degree unless it has been accredited in
650 accordance with this section. The board shall not grant any new license
651 or accreditation until it has received a report of an evaluation of such
652 program or institution by competent educators approved by the board.
653 In addition, the board shall not permit any person, school, board,
654 association or corporation to operate a program of higher learning
655 with respect to a health care profession unless and until such time as
656 the board receives written certification from the Commissioner of
657 Public Health that such profession is recognized as a licensed, certified
658 or registered health care profession under the auspices of the
659 Department of Public Health. The Board of Governors of Higher
660 Education shall accept regional or, where appropriate, national
661 accreditation, in satisfaction of the requirements of this subsection
662 unless the board finds cause not to rely upon such accreditation.

663 Sec. 16. Subsection (b) of section 20-10b of the general statutes is
664 repealed and the following is substituted in lieu thereof (*Effective*
665 *October 1, 2009*):

666 (b) Except as otherwise provided in subsections (d), (e) and (f) of
667 this section, for registration periods beginning on and after October 1,
668 2007, a licensee applying for license renewal shall earn a minimum of
669 fifty contact hours of continuing medical education within the
670 preceding twenty-four-month period. Such continuing medical
671 education shall (1) be in an area of the physician's practice; (2) reflect
672 the professional needs of the licensee in order to meet the health care
673 needs of the public; and (3) include at least one contact hour of training
674 or education in each of the following topics: (A) Infectious diseases,
675 including, but not limited to, acquired immune deficiency syndrome

676 and human immunodeficiency virus, (B) risk management, (C) sexual
677 assault, [and] (D) domestic violence, and (E) cultural competency. For
678 purposes of this section, qualifying continuing medical education
679 activities include, but are not limited to, courses offered or approved
680 by the American Medical Association, American Osteopathic Medical
681 Association, Connecticut Hospital Association, Connecticut State
682 Medical Society, county medical societies or equivalent organizations
683 in another jurisdiction, educational offerings sponsored by a hospital
684 or other health care institution or courses offered by a regionally
685 accredited academic institution or a state or local health department.

686 Sec. 17. Subsection (a) of section 20-222 of the general statutes is
687 repealed and the following is substituted in lieu thereof (*Effective*
688 *October 1, 2009*):

689 (a) No person, firm, partnership or corporation shall enter into,
690 engage in, or carry on a funeral service business unless an inspection
691 certificate has been issued by the department for each place of
692 business. Any person, firm, partnership or corporation desiring to
693 engage in the funeral service business shall submit, in writing, to the
694 department an application upon blanks furnished by the department
695 for an inspection certificate for a funeral service business for each place
696 of business, and each such application shall be accompanied by a fee of
697 three hundred dollars and shall identify the manager. Each holder of
698 an inspection certificate shall, annually, on or before July first, submit
699 in writing to the Department of Public Health an application for
700 renewal of such certificate together with a fee of one hundred fifty
701 dollars. If the Department of Public Health issues to such applicant
702 such an inspection certificate, the same shall be valid until July first
703 next following, unless revoked or suspended. Nothing in this
704 subsection shall be construed to prohibit an institution of higher
705 learning that operates a program in mortuary science that has been
706 accredited by the Board of Governors of Higher Education in
707 accordance with the provisions of section 10a-34, as amended by this
708 act, from installing working preparation embalming rooms.

709 Sec. 18. Section 7-66 of the general statutes is repealed and the
710 following is substituted in lieu thereof (*Effective October 1, 2009*):

711 (a) The sexton of a cemetery shall specify on the removal, transit
712 and burial permit the place of burial, by section, lot or grave, or other
713 place of interment. If the removal, transit and burial permit is recorded
714 in an electronic death registry system, the sexton shall enter the place
715 of burial in such system not later than three days after the date of the
716 burial. For any removal, transit and burial permit in a paper format,
717 the sexton shall forward such completed and signed removal, transit
718 and burial permit to the registrar of the town where the body is buried,
719 and send a copy of such removal, transit and burial permit to the
720 registrar of the town where death occurred. For any disinterment of a
721 body, the sexton who is in charge of reintering such body shall: (1)
722 Complete a disinterment permit as required pursuant to section 7-67,
723 as amended by this act, specifying the place of reinterment by section,
724 lot or grave, or other place of interment; (2) return a completed
725 disinterment permit to the registrar of the town where the body is
726 buried; and (3) send a copy of such disinterment permit to the registrar
727 of the town where the death occurred. Any removal, burial and transit
728 permits and disinterment permit in a paper format shall be forwarded
729 to the proper registrar by the first week of the month following
730 interment or disinterment.

731 (b) [No additional burial or removal, transit and burial permit shall
732 be required for] For a body that is placed temporarily in a receiving
733 vault of any cemetery and subsequently buried in the same cemetery,
734 no additional removal, burial and transit permit shall be required. In
735 each case herein provided for, the sexton of such cemetery shall
736 endorse upon the removal, transit and burial permit the date when the
737 body was placed in the temporary receiving vault, and the date when
738 and the place where such body was subsequently buried. [The sexton
739 shall also include a statement of the same in the monthly returns to the
740 registrar of vital statistics. The sexton shall send a copy of the endorsed
741 removal, transit and burial permit, or the permit for final disposition if
742 the death occurred in another state, to the registrar of vital statistics

743 who filed the death certificate for the body for which said removal,
744 transit and burial permit was issued.] If such subsequent burial is to be
745 in any cemetery other than the cemetery where the body was
746 temporarily deposited or if the body is to be cremated, the sexton shall
747 return the original burial permit to the [issuing] registrar of the town
748 where death occurred, who shall thereupon issue [the] another
749 removal, burial and transit, or cremation permit if necessary. [permits.
750 Any person who violates any provision of this section shall be fined
751 not more than five hundred dollars or imprisoned not more than five
752 years.]

753 (c) Each sexton having charge of any cemetery shall report all
754 interments, disinterments and removals made by such sexton to the
755 registrar of the town where the cemetery is located. If the death is
756 recorded in an electronic death registry system, a sexton shall fulfill the
757 requirements of this subsection by completing the removal, transit and
758 burial permit in such registry system. For any removal, transit and
759 burial permit in a paper format, the sexton shall forward to the
760 registrar of the town where the cemetery is located a monthly list of all
761 interments, disinterments and removals. Such list shall be due during
762 the first week of the month following the month in which the sexton
763 completed the interments, disinterments and removals.

764 (d) Any sexton who violates the provisions of subsections (a) and
765 (b) of this section shall be fined not more than five hundred dollars or
766 imprisoned not more than five years. Any sexton who fails to make the
767 appropriate filing of reports as required by subsection (c) of this
768 section, by the end of the third week of a month to the registrar of the
769 town where the cemetery is located, shall be subject to a fine of not
770 more than one hundred dollars per day.

771 Sec. 19. Section 7-67 of the general statutes is repealed and the
772 following is substituted in lieu thereof (*Effective October 1, 2009*):

773 (a) No person shall open any grave for the disinterment of the body
774 of any person in any cemetery or burial place or disinter or remove
775 any dead body from the town in which the death took place, without

776 having procured a disinterment permit from the local registrar [a
777 permit therefor] of vital statistics of the town where the body is buried
778 or the local registrar of vital statistics where the death occurred, or an
779 order from a Superior Court judge as provided in section 19a-413.

780 (b) An embalmer or funeral director licensed by the department or
781 licensed by a state having a reciprocal agreement on file with the
782 department, or an individual designated by an order issued by a judge
783 of the Superior Court, pursuant to the provisions of section 19a-413,
784 may apply for a disinterment permit. Such application shall be made to
785 the registrar of vital statistics of the town where the body is buried or
786 to the registrar of vital statistics of the town where the death occurred.
787 The disinterment permit shall state the place where the body is
788 presently interred and the place where the body will be reinterred.

789 (c) No permit for the disinterment of the body of any deceased
790 person shall be issued in any case where the death was caused by a
791 communicable disease, except by the permission and under the
792 direction of the local director of health of the town where the body is
793 interred.

794 Sec. 20. (*Effective from passage*) The Commissioner of Public Health,
795 in concurrence with the Commissioners of Consumer Protection and
796 Environmental Protection, may issue variances to the regulations of
797 the Connecticut state agencies to an institution of higher education that
798 is located in a city with a population of not less than one hundred
799 thousand, but not more than one hundred fifty thousand and within a
800 groundwater zone that is classified by the state as GB for the
801 installation and study of standing column geothermal wells. Prior to
802 issuing such variances, such institution of higher education shall
803 submit such information and data as the Departments of Public
804 Health, Environment and Consumer Protection deem necessary to
805 ensure the protection of the public health and environment. Said
806 commissioners may require certain minimum safeguards in excess of
807 existing regulatory requirements for such wells. In the event that
808 operation of any geothermal well system is deemed to be injurious to

809 the public health or environment, the Commissioner of Public Health
810 or the Commissioner of Environmental Protection may order such
811 system be closed down and abandoned in accordance with the
812 regulations of Connecticut state agencies. An institution of higher
813 education granted such variances shall engage, at such institution's
814 expense, an independent, third-party expert, approved by the
815 Department of Public Health, to review any data submitted to said
816 departments for purposes of assisting said departments in developing
817 future regulations for geothermal wells.

818 Sec. 21. (NEW) (*Effective July 1, 2009*) A physician or other health
819 care provider who provides health care services to a pregnant woman
820 during the last trimester of her pregnancy, which health care services
821 are directly related to her pregnancy, shall provide the woman with
822 timely, relevant and appropriate information sufficient to allow her to
823 make an informed and voluntary choice regarding options to bank or
824 donate umbilical cord blood following the delivery of a newborn child.

825 Sec. 22. Subsection (a) of section 19a-45 of the general statutes is
826 repealed and the following is substituted in lieu thereof (*Effective*
827 *October 1, 2009*):

828 (a) The Department of Public Health may, by agreement, transmit
829 copies of vital records required by sections 7-42, 7-45, 7-46, 7-47b, 7-48,
830 7-50, 7-57, 7-60, 7-62b, 7-62c, 7-64, 7-65, as amended by this act, [7-68]
831 and 19a-41 to 19a-45, inclusive, to offices of vital statistics outside this
832 state when such records relate to residents of those jurisdictions or
833 persons born in those jurisdictions. The agreement shall require that
834 the copies be used for statistical and administrative purposes only and
835 the agreement shall further provide for the retention and disposition of
836 such copies. Copies received by the department from offices of vital
837 statistics in other states shall be handled in the same manner as
838 prescribed in this section.

839 Sec. 23. Section 19a-270 of the general statutes is repealed and the
840 following is substituted in lieu thereof (*Effective October 1, 2009*):

841 The first selectman of any town, the mayor of any city, the
842 administrative head of any state correctional institution or the
843 superintendent or person in charge of any almshouse, asylum,
844 hospital, morgue or other public institution which is supported, in
845 whole or in part, at public expense, having in his or her possession or
846 control the dead body of any person which, if not claimed as provided
847 in this section, would have to be buried at public expense, or at the
848 expense of any such institution, shall, immediately upon the death of
849 such person, notify such person's relatives thereof, if known, and, if
850 such relatives are not known, shall notify the person or persons
851 bringing or committing such person to such institution. Such official
852 shall, within twenty-four hours from the time such body came into his
853 or her possession or control, give notice thereof to the Department of
854 Public Health and shall deliver such body to The University of
855 Connecticut, the Yale University School of Medicine or the University
856 of Bridgeport College of Chiropractic or its successor institution, as
857 said department may direct and in accordance with an agreement to be
858 made among said universities in such manner as is directed by said
859 department and at the expense of the university receiving the body, if
860 The University of Connecticut, Yale University, or the University of
861 Bridgeport College of Chiropractic or its successor institution, at any
862 time within one year, has given notice to any of such officials that such
863 bodies would be needed for the purposes specified in section 19a-270b;
864 provided any such body shall not have been claimed by a relative,
865 either by blood or marriage, or a legal representative of such deceased
866 person prior to delivery to any of said universities. The university
867 receiving such body shall not embalm such body for a period of at
868 least forty-eight hours after death, and any relative, either by blood or
869 marriage, or a legal representative of such deceased person may claim
870 such body during said period. If any such body is not disposed of in
871 either manner specified in this section, it may be cremated or buried.
872 When any person has in his or her possession or control the dead body
873 of any person which would have to be buried at public expense or at
874 the expense of any such institution, he or she shall, within forty-eight
875 hours after such body has come into his or her possession or control,

876 file, with the registrar of the town within which such death occurred, a
 877 certificate of death as provided in section 7-62b, unless such certificate
 878 has been filed by a funeral director. Before any such body is removed
 879 to any of said universities, the official or person contemplating such
 880 removal shall secure a removal, transit and burial permit which shall
 881 be delivered with the body to the official in charge of such university,
 882 who shall make return of such removal, transit and burial permit in the
 883 manner provided in section [7-72] 7-66, as amended by this act.

884 Sec. 24. Subsection (b) of section 19a-314a of the general statutes is
 885 repealed and the following is substituted in lieu thereof (*Effective*
 886 *October 1, 2009*):

887 (b) Each town, ecclesiastical society or cemetery association which
 888 owns, manages or controls a cemetery shall disclose to each consumer,
 889 in writing at the time of the sale of any item or service, any dispute
 890 resolution procedure of such town, ecclesiastical society or cemetery
 891 association. The written disclosure shall also indicate that the
 892 consumer may contact the Department of Public Health or local public
 893 health director if the consumer has any complaints which concern
 894 violations of sections 7-64 to [7-72] 7-71, inclusive, 19a-310 and 19a-311.

895 Sec. 25. Section 10-292p of the general statutes is repealed. (*Effective*
 896 *from passage*)

897 Sec. 26. Sections 7-68 and 7-72 of the general statutes are repealed.
 898 (*Effective October 1, 2009*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2009</i>	19a-91(b)
Sec. 2	<i>October 1, 2009</i>	19a-517(b)
Sec. 3	<i>October 1, 2009</i>	20-11a(a)
Sec. 4	<i>October 1, 2009</i>	20-126l(a)(2)
Sec. 5	<i>October 1, 2009</i>	19a-436(a) and (b)
Sec. 6	<i>October 1, 2009</i>	19a-438
Sec. 7	<i>October 1, 2009</i>	19a-72

Sec. 8	<i>October 1, 2009</i>	7-65
Sec. 9	<i>from passage</i>	38a-1051
Sec. 10	<i>October 1, 2009</i>	New section
Sec. 11	<i>October 1, 2009</i>	20-202
Sec. 12	<i>October 1, 2009</i>	19a-323(b)
Sec. 13	<i>October 1, 2009</i>	20-222(g)
Sec. 14	<i>July 1, 2009</i>	19a-493(a)
Sec. 15	<i>October 1, 2009</i>	10a-34(d)
Sec. 16	<i>October 1, 2009</i>	20-10b(b)
Sec. 17	<i>October 1, 2009</i>	20-222(a)
Sec. 18	<i>October 1, 2009</i>	7-66
Sec. 19	<i>October 1, 2009</i>	7-67
Sec. 20	<i>from passage</i>	New section
Sec. 21	<i>July 1, 2009</i>	New section
Sec. 22	<i>October 1, 2009</i>	19a-45(a)
Sec. 23	<i>October 1, 2009</i>	19a-270
Sec. 24	<i>October 1, 2009</i>	19a-314a(b)
Sec. 25	<i>from passage</i>	Repealer section
Sec. 26	<i>October 1, 2009</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 House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$
Public Health, Dept.	GF - Potential Revenue Gain	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill makes various changes, which have fiscal impacts as follows:

Sec. 1 changes certain requirements for transporting of bodies and entombment in a crypt or mausoleum and does not result in a fiscal impact.

Sec. 2 and 3 expand DPH's ability to take disciplinary action against certain license and permit holders. Any increase in associated workload can be accommodated within normally budgeted resources.

Sec. 4 expands the definition of "public health facility" related to the provision of dental services, increasing DPH's ability take disciplinary action against dental service providers. Any increase in associated workload can be accommodated within normally budgeted resources.

Sec. 5 and 6 reduce the allowed number of persons at a mass gathering and the length of time of such gatherings, and do not result in a fiscal impact.

Sec. 7 makes changes to Connecticut Tumor Registry related statutes, including allowing DPH to collect civil penalties from hospitals and other health care providers that fail to comply with the provisions of those statutes, resulting in a potential minimal revenue

gain to the General Fund to the extent that these penalties will be assessed and collected by the agency.

Sec. 8, 12, 22, and 23 make changes to law concerning removal, transit and burial permits, cremation permits, and copies of such permits, and do not result in a fiscal impact.

Sec. 9 modifies the mission of the Commission on Health Equity to include the elimination of disparities in health status based on gender, and does not result in a fiscal impact.

Sec. 10 creates continuing education requirements for persons holding a license to practice dentistry, optometry, midwifery or dental hygiene. Sec. 11 makes these requirements applicable to licensed veterinarians. Both sections do not result in a fiscal impact.

Sec. 13 changes the length of time records need to be maintained by funeral service businesses and does not result in a fiscal impact.

Sec. 14 changes nursing home inspection requirements and does not result in a fiscal impact.

Sec. 15 requires the Department of Higher Education to obtain certification from DPH regarding educational programs related to health care professions. Any increase in associated workload can be accommodated within the agencies' normally budgeted resources.

Sec. 16 expands continuing medical education for physicians to include cultural competency and does not result in a fiscal impact.

Sec. 17 allows higher education institutions operating a program in mortuary science to install working preparation embalming rooms and does not result in a fiscal impact.

Sec. 18 expands fines for sextons that fail to comply with reporting requirements beyond the current requirements under 7-72 of the general statutes, resulting in a potential minimal revenue gain to the General Fund to the extent that these fines will be assessed and

collected.

Sec. 19 makes changes to disinterment permit requirements and does not result in a fiscal impact.

Sec. 20 allows DPH, in concurrence with the Commissioners of Consumer Protection and Environmental Protection, to issue variances to the regulations of Connecticut state agencies to an institution of higher education related to the location of geothermal wells. Any increase in associated workload from this section of the bill can be accommodated within the agencies' normally budgeted resources.

Sec. 21 requires health care service providers treating pregnant women to provide information on umbilical cord blood options and does not result in a fiscal impact.

Sec. 22 removes Sec. 7-71 ("Report of name of sexton") of the general statutes as an item for consumer complaint and does not result in a fiscal impact.

Sec. 25 repeals Sec. 10-292p of the general statutes, which requires that any school-based health clinic (SBHC) located in or attached to a school building constructed on or after July 1, 2009, that shares a first floor exterior wall with the school building, must include an entrance that is separate from the entrance to the school building. This may reduce local costs in instances in which new SBHCs are placed in existing buildings. Since the state does not routinely provide financial support for SBHC related capital costs, no state fiscal impact is anticipated.

Sec. 26 repeals Sec. 7-68 and 7-72 of the general statutes. Sec. 7-68 of the general statutes concerns issuance of disinterment or removal permits and the repeal of this statute does not result in a fiscal impact. Sec. 7-72 is related to sextons fines and does not result in a fiscal impact due to Sec. 18 of the bill, which expands the fines under this statute.

The Out Years

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

Sources: 3/16/09 Public Hearing Testimony

OLR Bill Analysis**sHB 6678*****AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES.*****SUMMARY:**

This bill makes a number of substantive and minor changes to laws governing Department of Public Health (DPH) programs and health professional licensing. The changes related to DPH programs address funeral home practices and death records, the Connecticut Tumor Registry, mass gatherings, the home health agency inspection schedule, and geothermal wells. The professional licensing changes affect physicians, nursing home administrators, dental hygienists, and veterinarians.

The bill requires certain health care practitioners to inform pregnant women about umbilical cord blood and cord blood banks. And it makes minor changes in laws concerning the Health Equity Commission and school-based health centers.

EFFECTIVE DATE: October 1, 2009, except for the sections on (1) the Health Equity Commission, geothermal wells, and repeal of the school-based health center entrance requirement, which take effect on passage and (2) home health agency inspections and umbilical cord blood, which take effect on July 1, 2009.

§§ 1, 13, 17 — FUNERAL HOME PRACTICES

The law requires funeral directors to wash or embalm a body before transporting it from the place where the death occurred. The bill makes an exception when the person who assumes custody of the body for burial purposes determines that doing this is contrary to the deceased's religious beliefs or customs. The law still requires funeral directors to wash, embalm, or wrap a body as soon as practicable after

it arrives at the funeral home if the person died from a disease that must be reported to DPH (CGS § 19a-91(c)).

The bill requires placing any body entombed in a crypt or mausoleum in a zinc-lined or plastic container (made of acrylonitrile butadiene styrene, ABS) or, if the cemetery permits, a non-rusting or ABS sheeting tray.

It extends, to six from three years:

1. the period after death that funeral homes must keep their records related to funeral services, prepaid funeral contracts, and escrow accounts;
2. the period after a body's final disposition that funeral homes must keep copies of permits, certificates, and written agreements about disposition, including the final bill; and
3. the period after last distributing them to consumers that funeral homes must keep copies of price lists.

The bill permits a college that operates an accredited mortuary science program to install working preparation embalming rooms, regardless of the law that prohibits anyone from engaging in the funeral service business without a DPH license. But another law requires any person or firm that engages in preserving dead human bodies to obtain a DPH funeral business license (CGS § 20-212).

§ 2 — PENALTIES FOR NURSING HOME ADMINISTRATORS

The bill adds another circumstance for which DPH can take action against a nursing home administrator—violating any state or federal law governing the administrator's practice in a nursing home. DPH can already take action against a licensee who is found guilty of a felony under this state's, another state's, or federal law. Sanctions include censure or reprimand, suspending or revoking the administrator's license, and civil penalties up to \$25,000.

§ 3 — MEDICAL RESIDENTS' PERMITS

Medical residents and interns must get a DPH permit to participate in their programs. Under the bill, the person's ability to practice medicine under the permit automatically ends when the internship or residency ends or he or she leaves the program. Anyone who continues to perform medicine is subject to DPH sanctions.

§ 4 — DENTAL HYGIENISTS

The bill permits dental hygienists to practice independently (i.e., without a dentist's general supervision) in a program offered or sponsored by the Women's, Infants, and Childrens (WIC) program. Hygienists can already practice independently in community health centers, group homes, schools, public preschools, and Head Start programs.

§§ 5 & 6 — MASS GATHERING LICENSE

The bill lowers the attendance and durational thresholds, from 3,000 to 1,000 people or 18 to eight consecutive hours, that trigger the requirement for an event organizer to obtain a mass event license from the local police chief or first selectman.

§ 7—CONNECTICUT TUMOR REGISTRY

The bill updates the law governing the Connecticut Tumor Registry, which under current law and regulation (1) requires all hospitals and clinical laboratories to report, by June 30 annually, laboratory data, diagnosis, medical, treatment, and occupational history, and lifetime follow-up information for anyone newly diagnosed with cancer and (2) subjects any entity that does not report to license suspension or revocation.

The bill requires the registry to include reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. It extends the reporting requirement to physicians, chiropractors, naturopaths, podiatrists, athletic trainers, physical and occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, midwives, nurses, nurse's aides, dentists, dental hygienists, optometrists, opticians, respiratory care

practitioners, perfusionists, psychologists, marital and family therapists, clinical social workers, professional counselors, veterinarians, massage therapists, electrologists, hearing instrument specialists, speech and language pathologists, audiologists, paramedics, and emergency medical technicians.

It requires the reports to cover every occurrence of a reportable tumor and condition, (DPH determines what must be reported) that was diagnosed or treated during the calendar year. The reports must include information from any health care provider's records; follow-up data; and demographic, diagnostic, treatment, and other medical information. They may include actual tissue samples and other information DPH prescribes. The bill requires the DPH commissioner to develop a list of data that must be reported. Reports are due annually beginning July 1, 2010.

Any hospital, lab, or provider that fails to report within six months of a confirmed diagnosis must be assessed a \$500 civil penalty for each day after the DPH commissioner orders it to report. (It is not clear how this reporting requirement relates to the annual reporting requirement.) The commissioner may ask the attorney general to enforce this penalty.

The bill requires all health care providers to give DPH access to their records to perform case finding or other quality improvement audits. It allows DPH to (1) contract for the storage, holding, and maintenance of tissue samples and (2) make reciprocal reporting agreements with other states' tumor registries to exchange tumor reports.

The bill authorizes DPH to perform "registry services" for any hospital, lab, or provider that fails to comply with its reporting requirements. The bill does not define this term, but it presumably includes reporting all required data. In such cases, the hospital, lab, or provider must reimburse DPH for its expenses.

§§ 8, 12, 18, 19 — DEATH-RELATED RECORDS

Subregistrars

The bill requires local registrars of vital statistics to appoint at least two subregistrars who can issue needed permits when the registrar's office is closed; current law does not set a minimum number. It allows subregistrars to issue cremation permits as well as removal, transit and burial permits. Before authorizing a cremation permit, the bill requires the subregistrar to receive and review a completed cremation certificate and permit. The bill prohibits a funeral director, embalmer, or an employee of either, acting as a subregistrar, to issue a cremation permit to him or herself.

The bill specifies that subregistrars must forward the death and cremation certificates upon which they issued permits to the registrar of the town where the death occurred, not the registrar that appointed them. It requires them to submit a cremation permit within seven days after receiving the cremation certificate, the same time currently required for submitting a death certificate. It also specifies that the chief, deputy chief, and associate medical examiners are considered subregistrars in any town where a death occurs only for issuing removal, transit, and burial permits (thus, not for issuing cremation permits).

Cemetery Sextons

The bill specifies time frames and procedures for cemetery sextons to follow for transmitting removal, transit, and burial permits to registrars. If they record a permit on an electronic registry, they must do so within three days of the burial. The bill requires them to send the completed and signed permit in paper format to the registrar of the town where the body is buried and a copy to the registrar of the town where the death occurred. A sexton in charge of reintering a disinterred body must (1) complete and return a disinterment permit to the registrar of the town where the body is buried and (2) send a copy to the registrar of the town where the death occurred. The bill requires sextons to send all paper permit forms within the first week of the month following the burial or disinterment.

The law requires sextons to report all interments, disinterments, and removals to the registrar of the town where the cemetery is located. Under the bill, they can fulfill this requirement by recording the removal, transit, and burial permit in an electronic registry. The bill removes requirements that the report be on a DPH-prescribed form and that sextons (1) include in their monthly reports a separate statement about bodies that were temporarily stored in their cemeteries' receiving vaults before burial and (2) send a copy of the permits for such burials to the registrar of the town where the death occurred.

Disinterment

The bill allows embalmers and funeral directors from other states that have reciprocal agreements with Connecticut to apply for a disinterment permit. It specifies that they and the DPH-licensed funeral directors and embalmers and people acting under a court order, who are currently allowed to apply for such permits, can apply to either the registrar of the town where the body is buried or of the town where the death occurred.

§ 9 — COMMISSION ON HEALTH EQUITY

The bill adds eliminating gender-related health disparities to the Commission on Health Equity's charge and requires one of its eight public members to represent women. The top four legislative leaders each appoint two public members.

§§ 10 & 11 — VETERINARIAN CONTINUING EDUCATION

The bill requires veterinarians to take at least 24 contact hours (a contact hour is 50 minutes) of continuing education every two years as a condition of license renewal and permits DPH to sanction a veterinarian who fails to comply. The requirement applies to license renewals occurring on or after July 1, 2011.

The continuing education must (1) be in an area of the veterinarian's practice and (2) reflect his or her professional needs. In-person and online courses offered by national and state veterinarian organizations,

veterinary schools, and other professional organizations all qualify as continuing education activities. A veterinarian applying for license renewal must (1) attest in writing to DPH that he or she satisfied the continuing education requirements and (2) keep records to that effect for at least three years after completion. The veterinarian must submit these records to DPH with 45 days of its asking for them.

The requirements do not apply to veterinarians who (1) renew a license for the first time or (2) submit a notarized exemption application to DPH stating they do not practice actively. The bill allows the DPH commissioner to waive the requirement or grant an extension for up to one year for a veterinarian who is ill or medically disabled. A doctor's note certifying the condition must accompany the veterinarian's waiver or extension application. Upon application, the commissioner can grant additional waivers and extensions if the condition continues.

A veterinarian whose license is voided for failure to renew must document successfully completing at least 12 contact hours of continuing education in the year immediately preceding the year he or she applies to reinstate the license.

§ 14 — HOME HEALTH AGENCY INSPECTIONS

Under current law, DPH must conduct an unscheduled inspection of a home health agency before the agency's license can be renewed. Licenses are renewable every two years. Agencies that participate in Medicare must be inspected every three years; DPH also conducts these inspections.

The bill exempts Medicare-certified home health agencies from the two-year inspection schedule, thus bringing inspections into line with the triennial federal schedule. But it retains the biennial licensing requirement, which means inspections and license renewals will no longer be aligned. (While the bill appears to affect homemaker-home health aide agencies and homemaker-home health aide services, Medicare does not certify these.)

§ 15 — HEALTH CARE PROVIDER EDUCATION PROGRAMS

The bill prohibits the Board of Governors of Higher Education from approving a college or university's application to operate a program related to a health care profession unless the DPH commissioner certifies in writing that DPH licenses, certifies, or registers that profession.

§ 16 — PHYSICIAN CONTINUING MEDICAL EDUCATION

The bill adds cultural competency to the list of continuing medical education topics physicians must take every two years. The list currently covers infectious diseases, risk management, sexual assault, and domestic violence. Physicians must take at least 50 minutes (one contact hour) of education in these topics every two years.

§ 20 — GEOTHERMAL WELLS

The bill permits the DPH commissioner, with the concurrence of the environmental and consumer protection commissioners, to give a university located in a city whose population is between 100,000 and 150,000 a variance from state regulations to install standing column geothermal wells in a class GB groundwater zone (not fit for human consumption without treatment). The commissioners may require the wells to meet minimum safeguards that exceed existing regulatory requirements.

Before the variance may be granted, the school must submit information these agencies deem necessary to assure the public health and the environment are protected. The school must hire, at its expense, an independent expert to help the state agencies develop regulations for geothermal wells.

If, once it is operating, the public health or environmental protection commissioners determine the well to be injuring public health or the environment, either may order it to be closed and abandoned according to regulatory requirements.

§ 22 — UMBILICAL CORD BLOOD

The bill requires doctors and other health care providers who provide pregnancy-related care for women during their third trimester to provide the women with timely, relevant, and appropriate information about umbilical cord blood and cord blood banks. The information must be sufficient to allow women to make informed choices about banking or donating their child’s cord blood.

§ 25 & 26 — REPEALED STATUTES

The bill repeals the requirement that any school-based health clinic located in or attached to a school building constructed on or after July 1, 2009, that shares a first floor exterior wall with the school building include an entrance separate from the school building entrance.

It also repeals two statutes governing disinterment and sexton reporting that it incorporates into other sections the bill amends.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/26/2009)