



General Assembly

January Session, 2009

**Raised Bill No. 6678**

LCO No. 4686

\*04686 \_\_\_\_\_ PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***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2 repealed and the following is substituted in lieu thereof (*Effective*  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20 repealed and the following is substituted in lieu thereof (*Effective*  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; (20) the plans  
157 for food concessions and concessioners who will be allowed to operate  
158 on the grounds including the names and addresses of all concessioners  
159 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. (NEW) (*Effective October 1, 2009*) (a) As used in this section:

240 (1) "Health care provider" means any person that furnishes health  
241 care services and is licensed or certified to furnish such services  
242 pursuant to chapters 370 to 373 of the general statutes, inclusive, 375 to  
243 384a, inclusive, 388, 398 and 399 of the general statutes or is licensed or  
244 certified pursuant to chapter 368d of the general statutes;

245 (2) "Health care facility or institution" means any facility or  
246 institution engaged primarily in providing services for the prevention,  
247 diagnosis or treatment of human health conditions, including, but not  
248 limited to: (A) Outpatient clinics; (B) outpatient surgical facilities; (C)  
249 imaging centers; (D) home health agencies and mobile field hospitals,  
250 as defined in section 19a-490 of the general statutes; (E) clinical  
251 laboratory or central service facilities serving one or more health care  
252 facilities, practitioners or institutions; (F) hospitals; (G) nursing homes;  
253 (H) rest homes; (I) nonprofit health centers; (J) diagnostic and  
254 treatment facilities; (K) rehabilitation facilities; and (L) mental health  
255 facilities. "Health care facility or institution" includes any parent  
256 company, subsidiary, affiliate or joint venture, or any combination  
257 thereof, of any such facility or institution, but does not include any  
258 health care facility operated by a nonprofit educational institution  
259 solely for the students, faculty and staff of such institution and their  
260 dependents, or any Christian Science sanatorium operated or listed  
261 and certified by the First Church of Christ, Scientist, Boston,  
262 Massachusetts, including a state health care facility or institution.

263 (b) Any health care provider who works at a health care facility and  
264 who provides direct patient care shall be required to wear an  
265 identification badge that indicates such provider's name and the type  
266 of license or certificate that the provider holds. A health care facility  
267 shall develop policies concerning the size and content of the  
268 identification badge required pursuant to this subsection.

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

271 (a) Whereas the General Assembly finds that: (1) Equal enjoyment of  
272 the highest attainable standard of health is a human right and a  
273 priority of the state, (2) research and experience demonstrate that  
274 inhabitants of the state experience barriers to the equal enjoyment of  
275 good health based on race, ethnicity, gender, national origin and  
276 linguistic ability, and (3) addressing such barriers, and others that may  
277 arise in the future, requires: The collection, analysis and reporting of  
278 information, the identification of causes, and the development and  
279 implementation of policy solutions that address health disparities  
280 while improving the health of the public as a whole therefore, there is  
281 established a Commission on Health Equity with the mission of  
282 eliminating disparities in health status based on race, ethnicity, gender  
283 and linguistic ability, and improving the quality of health for all of the  
284 state's residents. Such commission shall consist of the following  
285 commissioners, or their designees, and public members: (A) The  
286 Commissioners of Public Health, Mental Health and Addiction  
287 Services, Developmental Services, Social Services, Correction, Children  
288 and Families, and Education; (B) the dean of The University of  
289 Connecticut Health Center, or his designee; (C) the director of The  
290 University of Connecticut Health Center and Center for Public Health  
291 and Health Policy, or their designees; (D) the dean of the Yale  
292 University Medical School, or his designee; (E) the dean of Public  
293 Health and the School of Epidemiology at Yale University, or his  
294 designee; (F) one member appointed by the president pro tempore of  
295 the Senate, who shall be a member of an affiliate of the National Urban  
296 League; (G) one member appointed by the speaker of the House of  
297 Representatives, who shall be a member of the National Association  
298 for the Advancement of Colored People; (H) one member appointed  
299 by the majority leader of the House of Representatives, who shall be a  
300 member of the Black and Puerto Rican Caucus of the General  
301 Assembly; (I) one member appointed by the majority leader of the  
302 Senate with the advice of the Native American Heritage Advisory  
303 Council or the chairperson of the Indian Affairs Council, who shall be  
304 a representative of the Native American community; (J) one member

305 appointed by the minority leader of the Senate, who shall be a  
306 representative of an advocacy group for Hispanics; (K) one member  
307 appointed by the minority leader of the House of Representatives, who  
308 shall be a representative of the state-wide Multicultural Health  
309 Network; (L) the chairperson of the African-American Affairs  
310 Commission, or his or her designee; (M) the chairperson of the Latino  
311 and Puerto Rican Affairs Commission, or his or her designee; (N) the  
312 chairperson of the Permanent Commission on the Status of Women, or  
313 his or her designee; (O) the chairperson of the Asian Pacific American  
314 Affairs Commission, or his or her designee; (P) the director of the  
315 Hispanic Health Council, or his or her designee; (Q) the chairperson of  
316 the Office of the Healthcare Advocate, or his or her designee; and (R)  
317 eight members of the public, representing communities facing  
318 disparities in health status based on race, ethnicity, gender and  
319 linguistic ability, who shall be appointed as follows: Two by the  
320 president pro tempore of the Senate, two by the speaker of the House  
321 of Representatives, two by the minority leader of the Senate, and two  
322 by the minority leader of the House of Representatives. Vacancies on  
323 the council shall be filled by the appointing authority.

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

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

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

335 (e) The commission shall: (1) Review and comment on any proposed  
336 state legislation and regulations that would affect the health of

337 populations in the state experiencing racial, ethnic, cultural or  
338 linguistic disparities in health status, (2) review and comment on the  
339 Department of Public Health's health disparities performance  
340 measures, (3) advise and provide information to the Governor and the  
341 General Assembly on the state's policies concerning the health of  
342 populations in the state experiencing racial, ethnic, cultural or  
343 linguistic disparities in health status, (4) work as a liaison between  
344 populations experiencing racial, ethnic, cultural or linguistic  
345 disparities in health status and state agencies in order to eliminate such  
346 health disparities, (5) evaluate policies, procedures, activities and  
347 resource allocations to eliminate health status disparities among racial,  
348 ethnic and linguistic populations in the state and have the authority to  
349 convene the directors and commissioners of all state agencies whose  
350 purview is relevant to the elimination of health disparities, including  
351 but not limited to, the Departments of Public Health, Social Services,  
352 Children and Families, Developmental Services, Education, Mental  
353 Health and Addiction Services, Labor, Transportation, the Housing  
354 Finance Authority and the Office of Health Care Access for the  
355 purpose of advising on and directing the implementation of policies,  
356 procedures, activities and resource allocations to eliminate health  
357 status disparities among racial, ethnic and linguistic populations in the  
358 state, (6) prepare and submit to the Governor and General Assembly  
359 an annual report, in accordance with section 11-4a, that provides both  
360 a retrospective and prospective view of health disparities and the  
361 state's efforts to ameliorate identifiable disparities among populations  
362 of the state experiencing racial, ethnic, cultural or linguistic disparities  
363 in health status, (7) explore other successful programs in other sectors  
364 and states, and pilot and provide grants for new creative programs  
365 that may diminish or contribute to the elimination of health disparities  
366 in the state and culturally appropriate health education demonstration  
367 projects, for which the commission may apply for, accept and expand  
368 public and private funding, (8) have the authority to collect and  
369 analyze government and other data regarding the health status of state  
370 inhabitants based on race, ethnicity, gender, national origin and

371 linguistic ability, including access, services and outcomes in private  
372 and public health care institutions within the state, including, but not  
373 limited to, the data collected by the Connecticut Health Information  
374 Network, (9) have the authority to draft and recommend proposed  
375 legislation, regulations and other policies designed to address  
376 disparities in health status, and (10) have the authority to conduct  
377 hearings and interviews, and receive testimony, regarding matters  
378 pertinent to its mission.

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

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

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

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

388 (j) The commission shall make a determination as to whether the  
389 duties of the commission are duplicated by any other state agency,  
390 office, bureau or commission and shall include information concerning  
391 any such duplication or performance of similar duties by any other  
392 state agency, office, bureau or commission in the report described in  
393 subsection (i) of this section.

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

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

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

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

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

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

404 (b) Except as otherwise provided in this section, for registration  
405 periods beginning on and after July 1, 2011, a licensee applying for  
406 license renewal shall earn a minimum of twenty-four contact hours of  
407 continuing education within the preceding twenty-four-month period.  
408 Such continuing education shall (1) be in an area of the licensee's  
409 practice; and (2) reflect the professional needs of the licensee in order  
410 to meet the veterinary health care needs of the public. Qualifying  
411 continuing education activities include, but are not limited to, courses,  
412 including on-line courses, offered or approved by national or state  
413 veterinary medical organizations, societies or associations, colleges or  
414 schools of veterinary medicine and other professional societies and  
415 organizations as appropriate to the educational needs of the licensee.

416 (c) Each licensee applying for license renewal pursuant to section  
417 19a-88 of the general statutes shall sign a statement attesting that he or  
418 she has satisfied the continuing education requirements of subsection  
419 (b) of this section on a form prescribed by the department. Each  
420 licensee shall retain records of attendance or certificates of completion  
421 that demonstrate compliance with such continuing education  
422 requirements for a minimum of three years following the year in  
423 which the continuing education activities were completed and shall  
424 submit such records to the department for inspection not later than  
425 forty-five days after a request by the department for such records.

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

429 (e) A licensee who is not engaged in active professional practice in

430 any form during a registration period shall be exempt from the  
431 continuing education requirements of this section, provided the  
432 licensee submits to the department, prior to the expiration of the  
433 registration period, a notarized application for exemption on a form  
434 prescribed by the department and such other documentation as may  
435 be required by the department. The application for exemption  
436 pursuant to this subsection shall contain a statement that the licensee  
437 may not engage in professional practice until the licensee has met the  
438 continuing education requirements of this section.

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

453 (g) Any licensee whose license has become void pursuant to section  
454 19a-88 of the general statutes and who applies to the department for  
455 reinstatement of such license pursuant to section 19a-14 of the general  
456 statutes shall submit evidence documenting successful completion of  
457 twelve contact hours of continuing education within the one-year  
458 period immediately preceding application for reinstatement.

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

461 After notice and opportunity for hearing as provided in the

462 regulations established by the Commissioner of Public Health, said  
463 board may take any of the actions set forth in section 19a-17 for any of  
464 the following causes: (1) The presentation to the board of any diploma,  
465 license or certificate illegally or fraudulently obtained; (2) proof that  
466 the holder of such license or certificate has become unfit or  
467 incompetent or has been guilty of cruelty, unskillfulness or negligence  
468 towards animals and birds; (3) conviction of the violation of any of the  
469 provisions of this chapter by any court of criminal jurisdiction,  
470 provided no license or registration shall be revoked or suspended  
471 because of such conviction if an appeal to a higher court has been filed  
472 until such appeal has been determined by the higher court and the  
473 conviction sustained; (4) the violation of any of the provisions of this  
474 chapter or the refusal to comply with any of said provisions; (5) the  
475 publication or circulation of any statement of a character tending to  
476 deceive or mislead the public; (6) the supplying of drugs, biologics,  
477 instruments or any substances or devices by which unqualified  
478 persons may practice veterinary medicine, surgery and dentistry,  
479 except that such drugs, biologics, instruments, substances or devices  
480 may be supplied to a farmer for his own animals or birds; (7)  
481 fraudulent issue or use of any health certificate, vaccination certificate,  
482 test chart or other blank form used in the practice of veterinary  
483 medicine relating to the dissemination of animal disease,  
484 transportation of diseased animals or the sale of inedible products of  
485 animal origin for human consumption; (8) knowingly having  
486 professional association with, or knowingly employing any person  
487 who is unlawfully practicing veterinary medicine; (9) failure to keep  
488 veterinary premises and equipment in a clean and sanitary condition;  
489 (10) physical or mental illness, emotional disorder or loss of motor  
490 skill, including but not limited to, deterioration through the aging  
491 process; [or] (11) abuse or excessive use of drugs, including alcohol,  
492 narcotics or chemicals; or (12) failure to comply with the continuing  
493 education requirements prescribed in section 10 of this act. A violation  
494 of any of the provisions of this chapter by any unlicensed employee in  
495 the practice of veterinary medicine, with the knowledge of his

496 employer, shall be deemed a violation thereof by his employer. The  
497 Commissioner of Public Health may order a license holder to submit to  
498 a reasonable physical or mental examination if his physical or mental  
499 capacity to practice safely is the subject of an investigation. Said  
500 commissioner may petition the superior court for the judicial district of  
501 Hartford to enforce such order or any action taken pursuant to section  
502 19a-17.

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

506 (b) If death occurred in this state, the death certificate required by  
507 law shall be filed with the registrar of vital statistics for the town in  
508 which such person died, if known, or, if not known, for the town in  
509 which the body was found. The Chief Medical Examiner, Deputy Chief  
510 Medical Examiner, associate medical examiner, or an authorized  
511 assistant medical examiner shall complete the cremation certificate,  
512 stating that such medical examiner has made inquiry into the cause  
513 and manner of death and is of the opinion that no further examination  
514 or judicial inquiry is necessary. The cremation certificate shall be  
515 submitted to the registrar of vital statistics of the town in which such  
516 person died, if known, or, if not known, of the town in which the body  
517 was found, or with the registrar of vital statistics of the town in which  
518 the funeral director having charge of the body is located. Upon receipt  
519 of the cremation certificate, the registrar shall authorize the cremation  
520 certificate, keep [it] such certificate on permanent record, and issue a  
521 cremation permit, except that if the cremation certificate is submitted  
522 to the registrar of the town where the funeral director is located, such  
523 certificate shall be forwarded to the registrar of the town where the  
524 person died to be kept on permanent record. A subregistrar may issue  
525 a cremation permit based upon receipt of a completed cremation  
526 certificate during the hours in which the office of the registrar of vital  
527 statistics is closed or in the event of an emergency declared by the  
528 Governor pursuant to section 19a-131 or chapter 517. All such

529 cremation certificates upon which a permit is issued shall be  
530 forwarded by the subregistrar to the registrar of the town where the  
531 subregistrar has been appointed not later than seven days after the  
532 date of issuance of the cremation permit. The registrar shall then  
533 forward the cremation certificate to the town where the person died to  
534 be kept on permanent record. The estate of the deceased person, if any,  
535 shall pay the sum of forty dollars for the issuance of the cremation  
536 certificate or an amount equivalent to the compensation then being  
537 paid by the state to authorized assistant medical examiners, if greater,  
538 provided, the Office of the Chief Medical Examiner shall not assess any  
539 fees for costs that are associated with the cremation of a stillborn fetus.  
540 No cremation certificate shall be required for a permit to cremate the  
541 remains of bodies pursuant to section 19a-270a. When the cremation  
542 certificate is submitted to a town other than that where the person  
543 died, the registrar of vital statistics for such other town shall ascertain  
544 from the original removal, transit and burial permit that the certificates  
545 required by the state statutes have been received and recorded, that  
546 the body has been prepared in accordance with the Public Health Code  
547 and that the entry regarding the place of disposal is correct. Whenever  
548 the registrar finds that the place of disposal is incorrect, the registrar  
549 shall issue a corrected removal, transit and burial permit and, after  
550 inscribing and recording the original permit in the manner prescribed  
551 for sextons' reports under section 7-72, shall then immediately give  
552 written notice to the registrar for the town where the death occurred of  
553 the change in place of disposal stating the name and place of the  
554 crematory and the date of cremation. Such written notice shall be  
555 sufficient authorization to correct these items on the original certificate  
556 of death. The fee for a cremation permit shall be three dollars and for  
557 the written notice one dollar. The Department of Public Health shall  
558 provide forms for cremation permits, which shall not be the same as  
559 for regular burial permits and shall include space to record  
560 information about the intended manner of disposition of the cremated  
561 remains, and such blanks and books as may be required by the  
562 registrars.

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

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

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

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

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

582 Sec. 14. Section 19a-175 of the general statutes is amended by adding  
583 subdivision (25) as follows (*Effective October 1, 2009*):

584 (NEW) (25) "Neonatal and pediatric specialty care transport" means  
585 the interfacility transport between licensed hospitals of a critically  
586 injured or ill neonate, infant or child by at least a basic level ambulance  
587 that meets the requirements of regulations adopted pursuant to section  
588 19a-179, including requirements concerning medically necessary  
589 supplies and services at a level that is beyond the scope of services  
590 supplied by an emergency medical technician-paramedic.

591 Sec. 15. (NEW) (*Effective October 1, 2009*) Neonatal and pediatric  
592 specialty care transport shall be required when the patient's condition

593 requires ongoing care that must be furnished by one or more certified  
594 or licensed health care professionals from an appropriate specialty care  
595 area of neonatology or pediatrics. Any ambulance used for neonatal  
596 and pediatric specialty care transport shall meet the requirements for a  
597 basic level ambulance, as prescribed in regulations adopted pursuant  
598 to section 19a-179 of the general statutes, and shall be supported by an  
599 individual who possesses the credentials required of a licensed  
600 registered nurse with current training and certification in Pediatric  
601 Advanced Life Support pursuant to American Heart Association  
602 standards, or from the Neonatal Resuscitation Program of the  
603 American Academy of Pediatrics, as appropriate, based on the  
604 patient's condition.

605 Sec. 16. Subsection (a) of section 19a-493 of the general statutes is  
606 repealed and the following is substituted in lieu thereof (*Effective July*  
607 *1, 2009*):

608 (a) Upon receipt of an application for an initial license, the  
609 Department of Public Health, subject to the provisions of section 19a-  
610 491a, shall issue such license if, upon conducting a scheduled  
611 inspection and investigation, it finds that the applicant and facilities  
612 meet the requirements established under section 19a-495, provided a  
613 license shall be issued to or renewed for an institution, as defined in  
614 subsection (d), (e) or (f) of section 19a-490, only if such institution is not  
615 otherwise required to be licensed by the state. Upon receipt of an  
616 application for an initial license to establish, conduct, operate or  
617 maintain an institution, as defined in subsection (d), (e) or (f) of section  
618 19a-490, and prior to the issuance of such license, the commissioner  
619 may issue a provisional license for a term not to exceed twelve months  
620 upon such terms and conditions as the commissioner may require. If  
621 an institution, as defined in subsections (b), (c), (d), (e) and (f) of  
622 section 19a-490, applies for license renewal and has been certified as a  
623 provider of services by the United States Department of Health and  
624 Human [Resources] Services under Medicare or Medicaid programs  
625 within the immediately preceding twelve-month period, or if an

626 institution, as defined in subsection (b) of section 19a-490, is currently  
627 certified, the commissioner or the commissioner's designee may waive  
628 the inspection and investigation of such facility required by this  
629 section and, in such event, any such facility shall be deemed to have  
630 satisfied the requirements of section 19a-495 for the purposes of  
631 licensure. Such license shall be valid for two years or a fraction thereof  
632 and shall terminate on March thirty-first, June thirtieth, September  
633 thirtieth or December thirty-first of the appropriate year. A license  
634 issued pursuant to this chapter, other than a provisional license or a  
635 nursing home license, unless sooner suspended or revoked, shall be  
636 renewable biennially after an unscheduled inspection is conducted by  
637 the department, and upon the filing by the licensee, and approval by  
638 the department, of a report upon such date and containing such  
639 information in such form as the department prescribes and satisfactory  
640 evidence of continuing compliance with requirements, and in the case  
641 of an institution, as defined in subsection (d), (e) or (f) of section 19a-  
642 490, after inspection of such institution by the department unless such  
643 institution is also certified as a provider under the Medicare program  
644 and such inspection would result in more frequent reviews than are  
645 required under the Medicare program for home health agencies. Each  
646 license shall be issued only for the premises and persons named in the  
647 application and shall not be transferable or assignable. Licenses shall  
648 be posted in a conspicuous place in the licensed premises.

649 Sec. 17. Subsection (d) of section 10a-34 of the general statutes is  
650 repealed and the following is substituted in lieu thereof (*Effective*  
651 *October 1, 2009*):

652 (d) No person, school, board, association or corporation shall  
653 operate a program or institution of higher learning unless it has been  
654 licensed or accredited by the Board of Governors of Higher Education,  
655 nor shall it confer any degree unless it has been accredited in  
656 accordance with this section. The board shall not grant any new license  
657 or accreditation until it has received a report of an evaluation of such  
658 program or institution by competent educators approved by the board.

659 In addition, the board shall not permit any person, school, board,  
660 association or corporation to operate a program of higher learning  
661 with respect to a health care profession unless and until such time as  
662 the board receives written certification from the Commissioner of  
663 Public Health that such profession is recognized as a licensed, certified  
664 or registered health care profession under the auspices of the  
665 Department of Public Health. The Board of Governors of Higher  
666 Education shall accept regional or, where appropriate, national  
667 accreditation, in satisfaction of the requirements of this subsection  
668 unless the board finds cause not to rely upon such accreditation.

669 Sec. 18. Subsection (b) of section 20-10b of the general statutes is  
670 repealed and the following is substituted in lieu thereof (*Effective*  
671 *October 1, 2009*):

672 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
673 this section, for registration periods beginning on and after October 1,  
674 2007, a licensee applying for license renewal shall earn a minimum of  
675 fifty contact hours of continuing medical education within the  
676 preceding twenty-four-month period. Such continuing medical  
677 education shall (1) be in an area of the physician's practice; (2) reflect  
678 the professional needs of the licensee in order to meet the health care  
679 needs of the public; and (3) include at least one contact hour of training  
680 or education in each of the following topics: (A) Infectious diseases,  
681 including, but not limited to, acquired immune deficiency syndrome  
682 and human immunodeficiency virus, (B) risk management, (C) sexual  
683 assault, [and] (D) domestic violence, and (E) cultural competency. For  
684 purposes of this section, qualifying continuing medical education  
685 activities include, but are not limited to, courses offered or approved  
686 by the American Medical Association, American Osteopathic Medical  
687 Association, Connecticut Hospital Association, Connecticut State  
688 Medical Society, county medical societies or equivalent organizations  
689 in another jurisdiction, educational offerings sponsored by a hospital  
690 or other health care institution or courses offered by a regionally  
691 accredited academic institution or a state or local health department.

692 Sec. 19. Subsection (a) of section 20-222 of the general statutes is  
693 repealed and the following is substituted in lieu thereof (*Effective*  
694 *October 1, 2009*):

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

715 Sec. 20. Section 7-66 of the general statutes is repealed and the  
716 following is substituted in lieu thereof (*Effective October 1, 2009*):

717 The sexton of a cemetery shall specify on the burial permit the place  
718 of burial, by section, lot or grave, or other place of interment. No  
719 additional burial or removal, transit and burial permit shall be  
720 required for a body that is placed temporarily in a receiving vault of  
721 any cemetery and subsequently buried in the same cemetery. In each  
722 case herein provided for, the sexton of such cemetery shall endorse  
723 upon the burial permit the date when the body was placed in the

724 temporary receiving vault, and the date when and the place where  
725 such body was subsequently buried. The sexton shall also include a  
726 statement of the same in the monthly returns to the registrar of vital  
727 statistics. [The] Not later than thirty days after the date of burial, the  
728 sexton shall send a copy of the endorsed removal, transit and burial  
729 permit, or the permit for final disposition if the death occurred in  
730 another state, to the registrar of vital statistics who filed the death  
731 certificate for the body for which said removal, transit and burial  
732 permit was issued. Any removal, transit and burial permit shall  
733 conspicuously note: "A copy of this removal, transit and burial permit  
734 upon endorsement by the sexton shall be returned to the registrar of  
735 vital statistics of the town where the death occurred." For those deaths  
736 occurring in this state, a copy of the endorsed burial permit or  
737 removal, transit and burial permit shall be attached to the original  
738 death certificate. If such subsequent burial is to be in any cemetery  
739 other than the cemetery where the body was temporarily deposited or  
740 if the body is to be cremated, the sexton shall return the burial permit  
741 to the issuing registrar, who shall thereupon issue the necessary  
742 permits. Any person who violates any provision of this section shall be  
743 fined not more than five hundred dollars or imprisoned not more than  
744 five years.

745 Sec. 21. Subsection (c) of section 19a-91 of the general statutes is  
746 repealed and the following is substituted in lieu thereof (*Effective*  
747 *October 1, 2009*):

748 (c) In addition to the requirements set forth in subsection (b) of this  
749 section, (1) in the case of death resulting from a disease on the current  
750 list of reportable diseases developed pursuant to section 19a-36-A2 of  
751 the regulations of Connecticut state agencies, the licensed embalmer or  
752 funeral director having charge of the dead human body shall prepare  
753 such body for burial or cremation by having the body washed,  
754 embalmed or wrapped as soon as practicable after the body arrives at  
755 the licensed embalmer's or licensed funeral director's place of business.  
756 The provisions of this [subsection do] subdivision shall not apply if

757 death is not the result of a disease on the current list of reportable  
758 diseases developed pursuant to section 19a-36-A2 of the regulations of  
759 Connecticut state agencies, provided the licensed embalmer or funeral  
760 director having charge of the body takes appropriate measures to  
761 ensure that the body does not pose a threat to the public health; and (2)  
762 the body of any deceased whose death is not the result of a disease on  
763 the current list of reportable diseases developed pursuant to section  
764 19a-36-A2 of the regulations of Connecticut state agencies that: (A)  
765 Shall not reach its final disposition or destination within forty-eight  
766 hours from the time of death, (B) is addressed to the demonstrator of  
767 anatomy of a medical college, or (C) is for other demonstration  
768 purposes shall be embalmed, unless embalmment is contrary to the  
769 religious beliefs of the deceased person or the deceased person is kept  
770 in a climate controlled room.

771 Sec. 22. Section 21a-254a of the general statutes is repealed and the  
772 following is substituted in lieu thereof (*Effective October 1, 2009*):

773 The Commissioner of Consumer Protection shall appoint a  
774 prescription drug monitoring working group for the purpose of  
775 advising the commissioner on the implementation of the electronic  
776 prescription drug monitoring program established pursuant to section  
777 21a-254, including the adoption of regulations by the commissioner.  
778 Such advice shall include, but not be limited to, recommendations on  
779 how to effectively use the data collected pursuant to such program to  
780 detect fraud or improper prescribing of controlled substances while  
781 protecting the legitimate use of such controlled substances. The  
782 working group shall include, but not be limited to: (1) A physician,  
783 licensed pursuant to chapter 370, specializing in internal medicine; (2)  
784 a board certified oncologist; (3) a person licensed to perform advanced  
785 level nursing practice activities pursuant to subsection (b) of section  
786 20-87a; (4) a representative from an acute care hospital licensed  
787 pursuant to chapter 368v; (5) a state police officer appointed in  
788 accordance with section 29-4; (6) a municipal police chief; (7) a  
789 representative from the Division of Criminal Justice; (8) a

790 representative from a hospice licensed by the Department of Public  
791 Health or certified pursuant to 42 USC 1395x; (9) a pain management  
792 specialist, as defined in section 38a-492i; (10) a pharmacist licensed  
793 pursuant to section 20-590, 20-591 or 20-592; and (11) a representative  
794 from the Department of Mental Health and Addiction Services.

795       Sec. 23. (*Effective from passage*) The Commissioner of Public Health,  
796 in concurrence with the Commissioners of Consumer Protection and  
797 Environmental Protection, may issue variances to the regulations of  
798 the Connecticut state agencies to an institution of higher education that  
799 is located in a city with the population of not less than one hundred  
800 thousand, but not more than one hundred fifty thousand and within a  
801 groundwater zone that is classified by the state as GB for the  
802 installation and study of standing column geothermal wells in New  
803 Haven, Connecticut. Prior to issuing such variances, such institution of  
804 higher education shall submit such information and data as the  
805 Departments of Public Health, Environment and Consumer Protection  
806 deem necessary to ensure protection of the public health and  
807 environment. Said commissioners may require certain minimum  
808 safeguards in excess of existing regulatory requirements for such wells.  
809 In the event that operation of any geothermal well system is deemed to  
810 be injurious to the public health or environment, the Commissioner of  
811 Public Health or the Commissioner of Environmental Protection may  
812 order such system be closed down and abandoned in accordance with  
813 the regulations of Connecticut state agencies. An institution of higher  
814 education granted such variances shall engage, at such institution's  
815 expense, an independent, third-party expert, approved by the  
816 Department of Public Health, to review any data submitted to said  
817 departments for purposes of assisting said departments in developing  
818 future regulations for geothermal wells.

819       Sec. 24. (*Effective from passage*) Section 10-292p of the general statutes  
820 is repealed.

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>	20-1261(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>	New section
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>October 1, 2009</i>	19a-175
Sec. 15	<i>October 1, 2009</i>	New section
Sec. 16	<i>July 1, 2009</i>	19a-493(a)
Sec. 17	<i>October 1, 2009</i>	10a-34(d)
Sec. 18	<i>October 1, 2009</i>	20-10b(b)
Sec. 19	<i>October 1, 2009</i>	20-222(a)
Sec. 20	<i>October 1, 2009</i>	7-66
Sec. 21	<i>October 1, 2009</i>	19a-91(c)
Sec. 22	<i>October 1, 2009</i>	21a-254a
Sec. 23	<i>from passage</i>	New section
Sec. 24	<i>from passage</i>	Repealer section

**Statement of Purpose:**

To make various changes concerning licensing requirements applicable to health care professionals and institutions.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*