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:

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 Subsection (b) of section 19a-91 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2009):

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

(2) Any deceased person who is to be entombed in a crypt or mausoleum shall be in a casket that is sealed in a zinc-lined or an acrylonitrile butadiene styrene (ABS) sheet plastic container or, if permitted by the cemetery where the disposition of the body is to be made, a nonoxidizing metal or ABS plastic sheeting tray.
Sec. 2. Subsection (b) of section 19a-517 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2009):

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

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

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

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

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

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

(a) No person shall permit, maintain, promote, conduct, advertise,
act as entrepreneur, undertake, organize, manage or sell or give tickets
to an actual or reasonably anticipated assembly of [three] one
thousand or more people which continues or can reasonably be
expected to continue for [eighteen] eight or more consecutive hours,
whether on public or private property, unless a license to hold the assembly has first been issued by the chief of police of the municipality in which the assembly is to gather or, if there is none, the first selectman. A license to hold an assembly issued to one person shall permit any person to engage in any lawful activity in connection with the holding of the licensed assembly.

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

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

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

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

(c) The application shall contain and disclose: (1) The name, age, residence and mailing address of all persons required to sign the application by subsection (b) of this section and, in the case of a corporation, a certified copy of the articles of incorporation together with the name, age, residence and mailing address of each person
holding ten per cent or more of the stock of such corporation; (2) the
address and legal description of all property upon which the assembly
is to be held, together with the name, residence and mailing address of
the record owner or owners of all such property; (3) proof of
ownership of all property upon which the assembly is to be held or a
statement made upon oath or affirmation by the record owner or
owners of all such property that the applicant has permission to use
such property for an assembly of [three] one thousand or more
persons; (4) the nature or purpose of the assembly; (5) the total number
of days or hours during which the assembly is to last; (6) the maximum
number of persons which the applicant shall permit to assemble at any
time, not to exceed the maximum number which can reasonably
assemble at the location of the assembly, in consideration of the nature
of the assembly or the maximum number of persons allowed to sleep
within the boundaries of the location of the assembly by the zoning
ordinances of the municipality if the assembly is to continue overnight;
(7) the maximum number of tickets to be sold, if any; (8) the plans of
the applicant to limit the maximum number of people permitted to
assemble; (9) the plans for supplying potable water including the
source, amount available and location of outlets; (10) the plans for
providing toilet and lavatory facilities, including the source, number,
location and type, and the means of disposing of waste deposited; (11)
the plans for holding, collecting and disposing of solid waste material;
(12) the plans to provide for medical facilities, including the location
and construction of a medical structure, the names and addresses and
hours of availability of physicians and nurses, and provisions for
emergency ambulance service; (13) the plans, if any, to illuminate the
location of the assembly, including the source and amount of power
and the location of lamps; (14) the plans for parking vehicles, including
size and location of lots, points of highway access and interior roads,
including routes between highway access and parking lots; (15) the
plans for telephone service, including the source, number and location
of telephones; (16) the plans for camping facilities, if any, including
facilities available and their location; (17) the plans for security,
including the number of guards, their deployment, and their names,
addresses, credentials and hours of availability; (18) the plans for fire protection, including the number, type and location of all protective devices including alarms and extinguishers, and the number of emergency fire personnel available to operate the equipment; (19) the plans for sound control and sound amplification, if any, including the number, location and power of amplifiers and speakers; and (20) the plans for food concessions and concessioners who will be allowed to operate on the grounds including the names and addresses of all concessioners and their license or permit numbers.

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

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

(a) As used in this section:

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

(2) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals;

(3) "Health care provider" means any person or organization that
(4) "Reportable tumor" means tumors and conditions included in the Connecticut Tumor Registry reportable list maintained by the Department of Public Health, as amended from time to time, as deemed necessary by the department.

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

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

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

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

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

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

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

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

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

(a) The embalmer or funeral director licensed by the department, or licensed in a state having a reciprocal agreement on file with the department and complying with the terms of such agreement, who
assumes custody of a dead body shall obtain a removal, transit and burial permit from the registrar of the town in which the death occurred or the town in which the embalmer or funeral director maintains a place of business not later than five calendar days after death, and prior to final disposition or removal of the body from the state. The embalmer or funeral director who assumes custody and control of the body and obtains a removal, transit and burial permit from the registrar of the town in which the embalmer or funeral director maintains a place of business shall be obligated to file the death certificate, in accordance with the provisions of section 7-62b, in person, through an electronic registry system or by certified mail, return receipt requested. The removal, transit and burial permit shall specify the place of burial or other place of interment and state that the death certificate and any other certificate required by law have been returned and recorded.

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

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

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

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

(a) Whereas the General Assembly finds that: (1) Equal enjoyment of the highest attainable standard of health is a human right and a priority of the state, (2) research and experience demonstrate that inhabitants of the state experience barriers to the equal enjoyment of good health based on race, ethnicity, gender, national origin and linguistic ability, and (3) addressing such barriers, and others that may arise in the future, requires: The collection, analysis and reporting of information, the identification of causes, and the development and implementation of policy solutions that address health disparities while improving the health of the public as a whole therefore, there is established a Commission on Health Equity with the mission of eliminating disparities in health status based on race, ethnicity, gender and linguistic ability, and improving the quality of health for all of the state's residents. Such commission shall consist of the following commissioners, or their designees, and public members: (A) The Commissioners of Public Health, Mental Health and Addiction Services, Developmental Services, Social Services, Correction, Children and Families, and Education; (B) the dean of The University of Connecticut Health Center, or his designee; (C) the director of The University of Connecticut Health Center and Center for Public Health and Health Policy, or their designees; (D) the dean of the Yale University Medical School, or his designee; (E) the dean of Public Health and the School of Epidemiology at Yale University, or his designee; (F) one member appointed by the president pro tempore of
the Senate, who shall be a member of an affiliate of the National Urban
League; (G) one member appointed by the speaker of the House of
Representatives, who shall be a member of the National Association
for the Advancement of Colored People; (H) one member appointed
by the majority leader of the House of Representatives, who shall be a
member of the Black and Puerto Rican Caucus of the General
Assembly; (I) one member appointed by the majority leader of the
Senate with the advice of the Native American Heritage Advisory
Council or the chairperson of the Indian Affairs Council, who shall be
a representative of the Native American community; (J) one member
appointed by the minority leader of the Senate, who shall be a
representative of an advocacy group for Hispanics; (K) one member
appointed by the minority leader of the House of Representatives, who
shall be a representative of the state-wide Multicultural Health
Network; (L) the chairperson of the African-American Affairs
Commission, or his or her designee; (M) the chairperson of the Latino
and Puerto Rican Affairs Commission, or his or her designee; (N) the
chairperson of the Permanent Commission on the Status of Women, or
his or her designee; (O) the chairperson of the Asian Pacific American
Affairs Commission, or his or her designee; (P) the director of the
Hispanic Health Council, or his or her designee; (Q) the chairperson of
the Office of the Healthcare Advocate, or his or her designee; and (R)
eight members of the public, representing communities facing
disparities in health status based on race, ethnicity, gender and
linguistic ability, who shall be appointed as follows: Two by the
president pro tempore of the Senate, two by the speaker of the House
of Representatives, two by the minority leader of the Senate, and two
by the minority leader of the House of Representatives. Vacancies on
the council shall be filled by the appointing authority.

(b) The commission shall elect a chairperson and a vice-chairperson
from among its members. Any member absent from either: (1) Three
consecutive meetings of the commission, or (2) fifty per cent of such
meetings during any calendar year, shall be deemed to have resigned
from the commission.
(c) Members of the commission shall serve without compensation, but within available appropriations, and shall be reimbursed for expenses necessarily incurred in the performance of their duties.

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

(e) The commission shall: (1) Review and comment on any proposed state legislation and regulations that would affect the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (2) review and comment on the Department of Public Health's health disparities performance measures, (3) advise and provide information to the Governor and the General Assembly on the state's policies concerning the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (4) work as a liaison between populations experiencing racial, ethnic, cultural or linguistic disparities in health status and state agencies in order to eliminate such health disparities, (5) evaluate policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state and have the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities, including but not limited to, the Departments of Public Health, Social Services, Children and Families, Developmental Services, Education, Mental Health and Addiction Services, Labor, Transportation, the Housing Finance Authority and the Office of Health Care Access for the purpose of advising on and directing the implementation of policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state, (6) prepare and submit to the Governor and General Assembly an annual report, in accordance with section 11-4a, that provides both a retrospective and prospective view of health disparities and the state's efforts to ameliorate identifiable disparities among populations of the state experiencing racial, ethnic, cultural or linguistic disparities.
in health status, (7) explore other successful programs in other sectors and states, and pilot and provide grants for new creative programs that may diminish or contribute to the elimination of health disparities in the state and culturally appropriate health education demonstration projects, for which the commission may apply for, accept and expand public and private funding, (8) have the authority to collect and analyze government and other data regarding the health status of state inhabitants based on race, ethnicity, gender, national origin and linguistic ability, including access, services and outcomes in private and public health care institutions within the state, including, but not limited to, the data collected by the Connecticut Health Information Network, (9) have the authority to draft and recommend proposed legislation, regulations and other policies designed to address disparities in health status, and (10) have the authority to conduct hearings and interviews, and receive testimony, regarding matters pertinent to its mission.

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

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

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

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

(j) The commission shall make a determination as to whether the duties of the commission are duplicated by any other state agency, office, bureau or commission and shall include information concerning any such duplication or performance of similar duties by any other state agency, office, bureau or commission in the report described in subsection (i) of this section.
Sec. 10. (NEW) (Effective October 1, 2009) (a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

After notice and opportunity for hearing as provided in the
regulations established by the Commissioner of Public Health, said
board may take any of the actions set forth in section 19a-17 for any of
the following causes: (1) The presentation to the board of any diploma,
license or certificate illegally or fraudulently obtained; (2) proof that
the holder of such license or certificate has become unfit or
incompetent or has been guilty of cruelty, unskillfulness or negligence
towards animals and birds; (3) conviction of the violation of any of the
provisions of this chapter by any court of criminal jurisdiction,
provided no license or registration shall be revoked or suspended
because of such conviction if an appeal to a higher court has been filed
until such appeal has been determined by the higher court and the
conviction sustained; (4) the violation of any of the provisions of this
chapter or the refusal to comply with any of said provisions; (5) the
publication or circulation of any statement of a character tending to
deceive or mislead the public; (6) the supplying of drugs, biologics,
instruments or any substances or devices by which unqualified
persons may practice veterinary medicine, surgery and dentistry,
except that such drugs, biologics, instruments, substances or devices
may be supplied to a farmer for his own animals or birds; (7)
fraudulent issue or use of any health certificate, vaccination certificate,
test chart or other blank form used in the practice of veterinary
medicine relating to the dissemination of animal disease,
transportation of diseased animals or the sale of inedible products of
animal origin for human consumption; (8) knowingly having
professional association with, or knowingly employing any person
who is unlawfully practicing veterinary medicine; (9) failure to keep
veterinary premises and equipment in a clean and sanitary condition;
(10) physical or mental illness, emotional disorder or loss of motor
skill, including but not limited to, deterioration through the aging process; [or] (11) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (12) failure to comply with the continuing education requirements prescribed in section 10 of this act. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of veterinary medicine, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

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

(b) If death occurred in this state, the death certificate required by law shall be filed with the registrar of vital statistics for the town in which such person died, if known, or, if not known, for the town in which the body was found. The Chief Medical Examiner, Deputy Chief Medical Examiner, associate medical examiner, or an authorized assistant medical examiner shall complete the cremation certificate, stating that such medical examiner has made inquiry into the cause and manner of death and is of the opinion that no further examination or judicial inquiry is necessary. The cremation certificate shall be submitted to the registrar of vital statistics of the town in which such person died, if known, or, if not known, of the town in which the body was found, or with the registrar of vital statistics of the town in which the funeral director having charge of the body is located. Upon receipt of the cremation certificate, the registrar shall authorize [the cremation] such certificate, keep [it] such certificate on permanent record, and issue a cremation permit, except that if the cremation certificate is submitted to the registrar of the town where the funeral director is located, such certificate shall be forwarded to the registrar of the town.
where the person died to be kept on permanent record. If a cremation
permit needs to be obtained during the hours that the office of the local
registrar of the town where death occurred is closed, a subregistrar
appointed to serve such town may authorize such cremation permit
upon receipt and review of a properly completed cremation permit
and cremation certificate. A subregistrar who is licensed as a funeral
director or embalmer pursuant to chapter 385, or the employee or
agent of such funeral director or embalmer shall not issue a cremation
permit to himself or herself. A subregistrar shall forward the cremation
certificate to the local registrar of the town where death occurred, not
later than seven days after receiving such certificate. The estate of the
deceased person, if any, shall pay the sum of forty dollars for the
issuance of the cremation certificate or an amount equivalent to the
compensation then being paid by the state to authorized assistant
medical examiners, if greater, provided, the Office of the Chief Medical
Examiner shall not assess any fees for costs that are associated with the
cremation of a stillborn fetus. No cremation certificate shall be
required for a permit to cremate the remains of bodies pursuant to
section 19a-270a. When the cremation certificate is submitted to a town
other than that where the person died, the registrar of vital statistics
for such other town shall ascertain from the original removal, transit
and burial permit that the certificates required by the state statutes
have been received and recorded, that the body has been prepared in
accordance with the Public Health Code and that the entry regarding
the place of disposal is correct. Whenever the registrar finds that the
place of disposal is incorrect, the registrar shall issue a corrected
removal, transit and burial permit and, after inscribing and recording
the original permit in the manner prescribed for sextons' reports under
section [7-72] 7-66, as amended by this act, shall then immediately give
written notice to the registrar for the town where the death occurred of
the change in place of disposal stating the name and place of the
crematory and the date of cremation. Such written notice shall be
sufficient authorization to correct these items on the original certificate
of death. The fee for a cremation permit shall be three dollars and for
the written notice one dollar. The Department of Public Health shall
provide forms for cremation permits, which shall not be the same as
for regular burial permits and shall include space to record
information about the intended manner of disposition of the cremated
remains, and such blanks and books as may be required by the
registrars.

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

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

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

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

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

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

(a) Upon receipt of an application for an initial license, the
Department of Public Health, subject to the provisions of section 19a-
491a, shall issue such license if, upon conducting a scheduled
inspection and investigation, it finds that the applicant and facilities
meet the requirements established under section 19a-495, provided a
license shall be issued to or renewed for an institution, as defined in
subsection (d), (e) or (f) of section 19a-490, only if such institution is not
otherwise required to be licensed by the state. Upon receipt of an
application for an initial license to establish, conduct, operate or
maintain an institution, as defined in subsection (d), (e) or (f) of section
19a-490, and prior to the issuance of such license, the commissioner
may issue a provisional license for a term not to exceed twelve months
upon such terms and conditions as the commissioner may require. If
an institution, as defined in subsections (b), (c), (d), (e) and (f) of
section 19a-490, applies for license renewal and has been certified as a
provider of services by the United States Department of Health and
Human Resources under Medicare or Medicaid programs
within the immediately preceding twelve-month period, or if an
institution, as defined in subsection (b) of section 19a-490, is currently
certified, the commissioner or the commissioner's designee may waive
the inspection and investigation of such facility required by this
section and, in such event, any such facility shall be deemed to have
satisfied the requirements of section 19a-495 for the purposes of
licensure. Such license shall be valid for two years or a fraction thereof
and shall terminate on March thirty-first, June thirtieth, September
thirtieth or December thirty-first of the appropriate year. A license
issued pursuant to this chapter, other than a provisional license or a
nursing home license, unless sooner suspended or revoked, shall be
renewable biennially after an unscheduled inspection is conducted by
the department, and upon the filing by the licensee, and approval by
the department, of a report upon such date and containing such
information in such form as the department prescribes and satisfactory
evidence of continuing compliance with requirements, and in the case
of an institution, as defined in subsection (d), (e) or (f) of section 19a-
490, after inspection of such institution by the department unless such
institution is also certified as a provider under the Medicare program
and such inspection would result in more frequent reviews than are
required under the Medicare program for home health agencies. Each
license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

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

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

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

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

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

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

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

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

(b) [No additional burial or removal, transit and burial permit shall be required for] For a body that is placed temporarily in a receiving vault of any cemetery and subsequently buried in the same cemetery, no additional removal, burial and transit permit shall be required. In each case herein provided for, the sexton of such cemetery shall endorse upon the removal, transit and burial permit the date when the body was placed in the temporary receiving vault, and the date when and the place where such body was subsequently buried. [The sexton
shall also include a statement of the same in the monthly returns to the registrar of vital statistics. The sexton shall send a copy of the endorsed removal, transit and burial permit, or the permit for final disposition if the death occurred in another state, to the registrar of vital statistics who filed the death certificate for the body for which said removal, transit and burial permit was issued.] If such subsequent burial is to be in any cemetery other than the cemetery where the body was temporarily deposited or if the body is to be cremated, the sexton shall return the original burial permit to the [issuing] registrar of the town where death occurred, who shall thereupon issue [the] another removal, burial and transit, or cremation permit if necessary. [permits. Any person who violates any provision of this section shall be fined not more than five hundred dollars or imprisoned not more than five years.]

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

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

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

(a) No person shall open any grave for the disinterment of the body of any person in any cemetery or burial place or disinter or remove any dead body from the town in which the death took place, without having procured a disinterment permit from the local registrar [a permit therefor] of vital statistics of the town where the body is buried or the local registrar of vital statistics where the death occurred, or an order from a Superior Court judge as provided in section 19a-413.

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

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

Sec. 20. (Effective from passage) The Commissioner of Public Health, in concurrence with the Commissioners of Consumer Protection and Environmental Protection, may issue variances to the regulations of the Connecticut state agencies to an institution of higher education that is located in a city with a population of not less than one hundred thousand, but not more than one hundred fifty thousand and within a groundwater zone that is classified by the state as GB for the installation and study of standing column geothermal wells. Prior to issuing such variances, such institution of higher education shall submit such information and data as the Departments of Public
Health, Environment and Consumer Protection deem necessary to ensure the protection of the public health and environment. Said commissioners may require certain minimum safeguards in excess of existing regulatory requirements for such wells. In the event that operation of any geothermal well system is deemed to be injurious to the public health or environment, the Commissioner of Public Health or the Commissioner of Environmental Protection may order such system be closed down and abandoned in accordance with the regulations of Connecticut state agencies. An institution of higher education granted such variances shall engage, at such institution's expense, an independent, third-party expert, approved by the Department of Public Health, to review any data submitted to said departments for purposes of assisting said departments in developing future regulations for geothermal wells.

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

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

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

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

The first selectman of any town, the mayor of any city, the administrative head of any state correctional institution or the superintendent or person in charge of any almshouse, asylum, hospital, morgue or other public institution which is supported, in whole or in part, at public expense, having in his or her possession or control the dead body of any person which, if not claimed as provided in this section, would have to be buried at public expense, or at the expense of any such institution, shall, immediately upon the death of such person, notify such person's relatives thereof, if known, and, if such relatives are not known, shall notify the person or persons bringing or committing such person to such institution. Such official shall, within twenty-four hours from the time such body came into his or her possession or control, give notice thereof to the Department of Public Health and shall deliver such body to The University of Connecticut, the Yale University School of Medicine or the University of Bridgeport College of Chiropractic or its successor institution, as said department may direct and in accordance with an agreement to be made among said universities in such manner as is directed by said department and at the expense of the university receiving the body, if The University of Connecticut, Yale University, or the University of Bridgeport College of Chiropractic or its successor institution, at any time within one year, has given notice to any of such officials that such bodies would be needed for the purposes specified in section 19a-270b; provided any such body shall not have been claimed by a relative, either by blood or marriage, or a legal representative of such deceased person prior to delivery to any of said universities. The university receiving such body shall not embalm such body for a period of at least forty-eight hours after death, and any relative, either by blood or marriage, or a legal representative of such deceased person may claim such body during said period. If any such body is not disposed of in
either manner specified in this section, it may be cremated or buried. When any person has in his or her possession or control the dead body of any person which would have to be buried at public expense or at the expense of any such institution, he or she shall, within forty-eight hours after such body has come into his or her possession or control, file, with the registrar of the town within which such death occurred, a certificate of death as provided in section 7-62b, unless such certificate has been filed by a funeral director. Before any such body is removed to any of said universities, the official or person contemplating such removal shall secure a removal, transit and burial permit which shall be delivered with the body to the official in charge of such university, who shall make return of such removal, transit and burial permit in the manner provided in section [7-72] 7-66, as amended by this act.

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

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

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

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

This act shall take effect as follows and shall amend the following sections:

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**PH**  
*Joint Favorable Subst.*