



General Assembly

February Session, 2010

Raised Bill No. 428

LCO No. 2040

02040_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

***AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH
RELATED STATUTES.***

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

1 Section 1. Subsection (a) of section 19a-493 of the 2010 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective October 1, 2010*):

4 (a) Upon receipt of an application for an initial license, the
5 Department of Public Health, subject to the provisions of section 19a-
6 491a, shall issue such license if, upon conducting a scheduled
7 inspection and investigation, [it] the department finds that the
8 applicant and facilities meet the requirements established under
9 section 19a-495, provided a license shall be issued to or renewed for an
10 institution, as defined in subsection (d), (e) or (f) of section 19a-490,
11 only if such institution is not otherwise required to be licensed by the
12 state. [Upon receipt of an application for an initial license to establish,
13 conduct, operate or maintain an institution, as defined in subsection
14 (d), (e) or (f) of section 19a-490, and prior to the issuance of such
15 license, the commissioner may issue a provisional license for a term
16 not to exceed twelve months upon such terms and conditions as the

17 commissioner may require.] If an institution, as defined in subsections
 18 (b), [(c),] (d), (e) and (f) of section 19a-490, applies for license renewal
 19 and has been certified as a provider of services by the United States
 20 Department of Health and Human Services under Medicare or
 21 Medicaid programs within the immediately preceding twelve-month
 22 period, or if an institution, as defined in subsection (b) of section 19a-
 23 490, is currently certified, the commissioner or the commissioner's
 24 designee may waive on renewal the inspection and investigation of
 25 such facility required by this section and, in such event, any such
 26 facility shall be deemed to have satisfied the requirements of section
 27 19a-495 for the purposes of licensure. Such license shall be valid for
 28 two years or a fraction thereof and shall terminate on March thirty-
 29 first, June thirtieth, September thirtieth or December thirty-first of the
 30 appropriate year. A license issued pursuant to this chapter, [other than
 31 a provisional license or a nursing home license,] unless sooner
 32 suspended or revoked, shall be renewable biennially (1) after an
 33 unscheduled inspection is conducted by the department, and (2) upon
 34 the filing by the licensee, and approval by the department, of a report
 35 upon such date and containing such information in such form as the
 36 department prescribes and satisfactory evidence of continuing
 37 compliance with requirements [, and in] established under section 19a-
 38 495. In the case of an institution, as defined in subsection (d) [, (e) or
 39 (f)] of section 19a-490, [after inspection of such institution by the
 40 department unless such institution is also certified as a provider under
 41 the Medicare program and such inspection would result in more
 42 frequent reviews than are required under the Medicare program for
 43 home health agencies.] that is also certified as a provider under the
 44 Medicare program, the license shall be issued for a period not to
 45 exceed three years, to run concurrently with the certification period.
 46 Each license shall be issued only for the premises and persons named
 47 in the application and shall not be transferable or assignable. Licenses
 48 shall be posted in a conspicuous place in the licensed premises.

49 Sec. 2. Section 19a-490n of the general statutes is repealed and the
 50 following is substituted in lieu thereof (*Effective October 1, 2010*):

51 (a) As used in this section, "commissioner" means the Commissioner
52 of Public Health; "department" means the Department of Public
53 Health; "healthcare associated infection" means any localized or
54 systemic condition resulting from an adverse reaction to the presence
55 of an infectious agent or its toxin that (1) occurs in a patient in a
56 healthcare setting, (2) was not found to be present or incubating at the
57 time of admission unless the infection was related to a previous
58 admission to the same health care setting, and (3) if the setting is a
59 hospital, meets the criteria for a specific infection site, as defined by the
60 National Centers for Disease Control; and "hospital" means a hospital
61 licensed under this chapter.

62 (b) There is established [a] an Advisory Committee on Healthcare
63 Associated Infections, which shall consist of the commissioner or the
64 commissioner's designee, and the following members appointed by the
65 commissioner: Two members representing the Connecticut Hospital
66 Association; two members from organizations representing health care
67 consumers; two members who are either hospital-based infectious
68 disease specialists or epidemiologists with demonstrated knowledge
69 and competence in infectious disease related issues; one representative
70 of the Connecticut State Medical Society; one representative of a labor
71 organization representing hospital based nurses; and two public
72 members. All appointments to the committee shall be made no later
73 than August 1, 2006, and the committee shall convene its first meeting
74 no later than September 1, 2006.

75 (c) [On or before April 1, 2007, the] The Advisory Committee on
76 Healthcare Associated Infections shall:

77 (1) Advise the department with respect to the development,
78 implementation, operation and monitoring of a mandatory reporting
79 system for healthcare associated infections;

80 (2) Identify, evaluate and recommend to the department
81 appropriate standardized measures, including aggregate and facility
82 specific reporting measures for healthcare associated infections and

83 processes designed to prevent healthcare associated infections in
84 hospital settings and any other healthcare settings deemed appropriate
85 by the committee. Each such recommended measure shall, to the
86 extent applicable to the type of measure being considered, be (A)
87 capable of being validated, (B) based upon nationally recognized and
88 recommended standards, to the extent such standards exist, (C) based
89 upon competent and reliable scientific evidence, (D) protective of
90 practitioner information and information concerning individual
91 patients, and (E) capable of being used and easily understood by
92 consumers; and

93 (3) Identify, evaluate and recommend to the Department of Public
94 Health appropriate methods for increasing public awareness about
95 effective measures to reduce the spread of infections in communities
96 and in hospital settings and any other healthcare settings deemed
97 appropriate by the committee.

98 Sec. 3. Section 19a-490o of the general statutes is repealed and the
99 following is substituted in lieu thereof (*Effective October 1, 2010*):

100 (a) [On or before October 1, 2007, the] The Department of Public
101 Health shall [, within available appropriations, implement] consider
102 the recommendations of the Advisory Committee on Healthcare
103 Associated Infections established pursuant to section 19a-490n, as
104 amended by this act, with respect to the establishment of a mandatory
105 reporting system for healthcare associated infections [and appropriate
106 standardized measures for the reporting of data related] designed to
107 prevent healthcare associated infections.

108 (b) [On or before October 1, 2007, the] The Department of Public
109 Health shall submit a report to the joint standing committee of the
110 General Assembly having cognizance of matters relating to public
111 health concerning the plan for [implementing] the mandatory
112 reporting system for healthcare associated infections recommended by
113 the Committee on Healthcare Associated Infections pursuant to section
114 19a-490n, as amended by this act, and the status of such plan

115 implementation, in accordance with the provisions of section 11-4a.

116 (c) On or before [October 1, 2008] May 1, 2011, and annually
117 thereafter, the department shall submit a report to the joint standing
118 committee of the General Assembly having cognizance of matters
119 relating to public health on the information collected by the
120 department pursuant to the mandatory reporting system for healthcare
121 associated infections established under subsection (a) of this section, in
122 accordance with the provisions of section 11-4a. Such report shall be
123 posted on the department's Internet web site and made available to the
124 public.

125 Sec. 4. Subsection (e) of section 19a-490b of the general statutes is
126 repealed and the following is substituted in lieu thereof (*Effective*
127 *October 1, 2010*):

128 (e) Each institution licensed pursuant to this chapter that ceases to
129 operate shall, at the time it relinquishes its license to the department,
130 provide to the department a certified document specifying: [the] (1)
131 The location at which patient health records will be stored; [and] (2)
132 the procedure that has been established for patients, former patients or
133 their authorized representatives to secure access to such health
134 records; (3) provisions for storage, should the storage location cease to
135 operate or change ownership; and (4) that the department is
136 authorized to enforce the certified document should the storage
137 location cease to operate or change ownership. An institution that fails
138 to comply with the terms of a certified document provided to the
139 department in accordance with this subsection shall be assessed a civil
140 penalty not to exceed one hundred dollars per day for each day of
141 noncompliance with the terms of the certified agreement.

142 Sec. 5. Section 20-7c of the general statutes is repealed and the
143 following is substituted in lieu thereof (*Effective October 1, 2010*):

144 (a) For purposes of this section, "provider" has the same meaning as
145 provided in section 20-7b.

146 (b) (1) A provider, except as provided in section 4-194, shall supply
147 to a patient upon request complete and current information possessed
148 by that provider concerning any diagnosis, treatment and prognosis of
149 the patient. (2) A provider shall notify a patient of any test results in
150 the provider's possession or requested by the provider for the
151 purposes of diagnosis, treatment or prognosis of such patient.

152 (c) Upon a written request of a patient, a patient's attorney or
153 authorized representative, or pursuant to a written authorization, a
154 provider, except as provided in section 4-194, shall furnish to the
155 person making such request a copy of the patient's health record,
156 including but not limited to, bills, x-rays and copies of laboratory
157 reports, contact lens specifications based on examinations and final
158 contact lens fittings given within the preceding three months or such
159 longer period of time as determined by the provider but no longer
160 than six months, records of prescriptions and other technical
161 information used in assessing the patient's health condition. No
162 provider shall refuse to return to a patient original records or copies of
163 records that the patient has brought to the provider from another
164 provider. When returning records to a patient, a provider may retain
165 copies of such records for the provider's file, provided such provider
166 does not charge the patient for the costs incurred in copying such
167 records. No provider shall charge more than sixty-five cents per page,
168 including any research fees, handling fees or related costs, and the cost
169 of first class postage, if applicable, for furnishing a health record
170 pursuant to this subsection, except such provider may charge a patient
171 the amount necessary to cover the cost of materials for furnishing a
172 copy of an x-ray, provided no such charge shall be made for furnishing
173 a health record or part thereof to a patient, a patient's attorney or
174 authorized representative if the record or part thereof is necessary for
175 the purpose of supporting a claim or appeal under any provision of the
176 Social Security Act and the request is accompanied by documentation
177 of the claim or appeal. A provider shall furnish a health record
178 requested pursuant to this section within thirty days of the request. No
179 health care provider, who has purchased or assumed the practice of a

180 provider who is retiring or deceased, may refuse to return original
181 records or copied records to a patient who decides not to seek care
182 from the successor provider. When returning records to a patient who
183 has decided not to seek care from a successor provider, such provider
184 may not charge a patient for costs incurred in copying the records of
185 the retired or deceased provider.

186 (d) If a provider reasonably determines that the information is
187 detrimental to the physical or mental health of the patient, or is likely
188 to cause the patient to harm himself or another, the provider may
189 withhold the information from the patient. The information may be
190 supplied to an appropriate third party or to another provider who may
191 release the information to the patient. If disclosure of information is
192 refused by a provider under this subsection, any person aggrieved
193 thereby may, within thirty days of such refusal, petition the superior
194 court for the judicial district in which such person resides for an order
195 requiring the provider to disclose the information. Such a proceeding
196 shall be privileged with respect to assignment for trial. The court, after
197 hearing and an in camera review of the information in question, shall
198 issue the order requested unless it determines that such disclosure
199 would be detrimental to the physical or mental health of the person or
200 is likely to cause the person to harm himself or another.

201 (e) The provisions of this section shall not apply to any information
202 relative to any psychiatric or psychological problems or conditions.

203 (f) In the event that a provider abandons his or her practice, the
204 Commissioner of Public Health may appoint a licensed health care
205 provider to be the keeper of the records, who shall be responsible for
206 disbursing the original records to the provider's patient, upon the
207 request of the patient.

208 Sec. 6. Section 19a-498 of the 2010 supplement to the general statutes
209 is repealed and the following is substituted in lieu thereof (*Effective*
210 *October 1, 2010*):

211 (a) Subject to the provisions of section 19a-493, as amended by this
212 act, the Department of Public Health shall make or cause to be made a
213 biennial licensure inspection of all institutions and such other
214 inspections and investigations of institutions and examination of their
215 records as the department deems necessary.

216 (b) The commissioner, or an agent authorized by the commissioner
217 to conduct any inquiry, investigation or hearing under the provisions
218 of this chapter, shall have power to inspect the premises of an
219 institution, issue subpoenas, order the production of books, records or
220 documents, administer oaths and take testimony under oath relative to
221 the matter of such inquiry, [or] investigation or hearing. At any
222 hearing ordered by the department, the commissioner or such agent
223 may subpoena witnesses and require the production of records, papers
224 and documents pertinent to such inquiry. If any person disobeys such
225 subpoena or, having appeared in obedience thereto, refuses to answer
226 any pertinent question put to such person by the commissioner or such
227 agent or to produce any records and papers pursuant to the subpoena,
228 the commissioner or such agent may apply to the superior court for the
229 judicial district of Hartford or for the judicial district wherein the
230 person resides or wherein the business has been conducted, setting
231 forth such disobedience or refusal, and said court shall cite such
232 person to appear before said court to answer such question or to
233 produce such records and papers.

234 (c) The Department of Mental Health and Addiction Services, with
235 respect to any mental health facility or alcohol or drug treatment
236 facility, shall be authorized, either upon the request of the
237 Commissioner of Public Health or at such other times as they deem
238 necessary, to enter such facility for the purpose of inspecting programs
239 conducted at such facility. A written report of the findings of any such
240 inspection shall be forwarded to the Commissioner of Public Health
241 and a copy shall be maintained in such facility's licensure file.

242 (d) In addition, when the Commissioner of Social Services deems it

243 necessary, said commissioner, or a designated representative of said
244 commissioner, including, but not limited to, the Nursing Home
245 Financial Advisory Committee, established pursuant to section 17b-
246 339, may examine and audit the financial records of any nursing home
247 facility, as defined in section 19a-521, or any nursing facility
248 management services certificate holder, as defined in section 19a-561,
249 as amended by this act. Each [such] nursing home facility and nursing
250 facility management services certificate holder shall retain all financial
251 information, data and records relating to the operation of the nursing
252 home facility for a period of not less than ten years, and all financial
253 information, data and records relating to any real estate transactions
254 affecting such operation, for a period of not less than twenty-five
255 years, which financial information, data and records shall be made
256 available, upon request, to the Commissioner of Social Services or such
257 designated representative at all reasonable times. In connection with
258 any inquiry, examination or investigation, the commissioner or the
259 commissioner's designated representative may issue subpoenas, order
260 the production of books, records and documents, administer oaths and
261 take testimony under oath. The Attorney General, upon request of said
262 commissioner or the commissioner's designated representative, may
263 apply to the Superior Court to enforce any such subpoena or order.

264 Sec. 7. Section 19a-503 of the general statutes is repealed and the
265 following is substituted in lieu thereof (*Effective October 1, 2010*):

266 Notwithstanding the existence or pursuit of any other remedy, the
267 Department of Public Health may, in the manner provided by law and
268 upon the advice of the Attorney General, conduct an investigation and
269 maintain an action in the name of the state for injunction or other
270 process against any person or governmental unit to restrain or prevent
271 the establishment, conduct, management or operation of an institution
272 or nursing facility management services, without a license or certificate
273 under this chapter.

274 Sec. 8. Section 19a-528a of the general statutes is repealed and the

275 following is substituted in lieu thereof (*Effective October 1, 2010*):

276 For any application of licensure for the acquisition of a nursing
277 home filed after July 1, 2004, any potential nursing home licensee or
278 owner [must] shall submit in writing, a change in ownership
279 application with respect to the facility for which the change in
280 ownership is sought. Such application shall include such information
281 as the Commissioner of Public Health deems necessary and whether
282 such potential nursing home licensee or owner (1) has had civil
283 penalties imposed through final order of the commissioner in
284 accordance with the provisions of sections 19a-524 to 19a-528,
285 inclusive, or civil penalties imposed pursuant to the statutes or
286 regulations of another state, during [a] the two-year period preceding
287 the application, (2) has had in any state [intermediate] sanctions, other
288 than civil penalties of less than ten thousand dollars, imposed through
289 final adjudication under the Medicare or Medicaid program pursuant
290 to Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as
291 from time to time amended, or (3) has had in any state such potential
292 licensee's or owner's Medicare or Medicaid provider agreement
293 terminated or not renewed. [.] In the event that a potential nursing
294 home licensee or owner's application contains information concerning
295 civil penalties, sanctions, terminations or nonrenewals, as described in
296 this section, the commissioner shall not approve the application to
297 acquire another nursing home in this state for a period of five years
298 from the date of final order on such civil penalties, final adjudication of
299 such [intermediate] sanctions, or termination or nonrenewal, except for
300 good cause shown. [Notwithstanding, the provisions of this section,
301 the Commissioner of Public Health, may for good cause shown, permit
302 a potential nursing home licensee or owner to acquire another nursing
303 home prior to the expiration of said five-year period.]

304 Sec. 9. Section 19a-561 of the general statutes is repealed and the
305 following is substituted in lieu thereof (*Effective October 1, 2010*):

306 (a) As used in this section, "nursing facility management services"

307 means services provided in a nursing facility to manage the operations
308 of such facility, including the provision of care and services and
309 "nursing facility management services certificate holder" means a
310 person or entity certified by the Department of Public Health to
311 provide nursing facility management services.

312 (b) [On and after January 1, 2007, no] No person or entity shall
313 provide nursing facility management services in this state without
314 obtaining a certificate from the Department of Public Health.

315 (c) Any person or entity seeking a certificate to provide nursing
316 facility management services shall apply to the department, in writing,
317 on a form prescribed by the department. Such application shall include
318 the following: [information:]

319 (1) (A) The name and business address of the applicant and whether
320 the applicant is an individual, partnership, corporation or other legal
321 entity; (B) if the applicant is a partnership, corporation or other legal
322 entity, the names of the officers, directors, trustees, managing and
323 general partners of the applicant, the names of the persons who have a
324 ten per cent or greater beneficial ownership interest in the partnership,
325 corporation or other legal entity, and a description of each such
326 person's relationship to the applicant; (C) if the applicant is a
327 corporation incorporated in another state, a certificate of good
328 standing from the state agency with jurisdiction over corporations in
329 such state; and (D) if the applicant currently provides nursing facility
330 management services in another state, a certificate of good standing
331 from the licensing agency with jurisdiction over public health for each
332 state in which such services are provided;

333 (2) A description of the applicant's nursing facility management
334 experience;

335 (3) An affidavit signed by the applicant and any of the persons
336 described in subparagraph (B) of subdivision (1) of this subsection
337 disclosing any matter in which the applicant or such person (A) has

338 been convicted of an offense classified as a felony under section 53a-25
339 or pleaded nolo contendere to a felony charge, or (B) has been held
340 liable or enjoined in a civil action by final judgment, if the felony or
341 civil action involved fraud, embezzlement, fraudulent conversion or
342 misappropriation of property, or (C) is subject to a currently effective
343 injunction or restrictive or remedial order of a court of record at the
344 time of application, or (D) within the past five years has had any state
345 or federal license or permit suspended or revoked as a result of an
346 action brought by a governmental agency or department, arising out of
347 or relating to business activity or health care, including, but not limited
348 to, actions affecting the operation of a nursing facility, residential care
349 home or any facility subject to sections 17b-520 to 17b-535, inclusive, or
350 a similar statute in another state or country; and

351 (4) The location and description of any nursing facility in this state
352 or another state in which the applicant currently provides
353 management services or has provided such services within the past
354 five years.

355 (d) In addition to the information provided pursuant to subsection
356 (c) of this section, the department may reasonably request to review
357 the applicant's audited and certified financial statements, which shall
358 remain the property of the applicant when used for either initial or
359 renewal certification under this section.

360 (e) Each application for a certificate to provide nursing facility
361 management services shall be accompanied by an application fee of
362 three hundred dollars. The certificate shall list each location at which
363 nursing facility management services may be provided by the holder
364 of the certificate.

365 (f) The department shall base its decision on whether to issue or
366 renew a certificate on the information presented to the department and
367 on the compliance status of the managed entities. The department may
368 deny certification to any applicant for the provision of nursing facility
369 management services (1) at any specific facility or facilities where there

370 has been a substantial failure to comply with the Public Health Code,
371 or (2) if the applicant fails to provide the information required under
372 subdivision (1) of subsection (c) of this section.

373 (g) Renewal applications shall be made biennially after (1)
374 submission of the information required by subsection (c) of this section
375 and any other information required by the department pursuant to
376 subsection (d) of this section, and (2) submission of evidence
377 satisfactory to the department that any nursing facility at which the
378 applicant provides nursing facility management services is in
379 substantial compliance with the provisions of this chapter, the Public
380 Health Code and licensing regulations, and (3) payment of a three-
381 hundred-dollar fee.

382 (h) In any case in which the Commissioner of Public Health finds
383 that there has been a substantial failure to comply with the
384 requirements established under this section, or if the department
385 received information from a licensing agency with jurisdiction over
386 public health in another state that the holder is not in good standing in
387 such state, the commissioner may initiate disciplinary action against a
388 nursing facility management services certificate holder pursuant to
389 section 19a-494. In addition to the remedies provided under section
390 19a-494, the commissioner may assess such certificate holder a civil
391 penalty not to exceed fifteen thousand dollars per violation for any
392 class A or class B violation, as defined in section 19a-527, that occurs at
393 a nursing facility for which such holder provides nursing facility
394 management services. Failure to pay such penalties shall be subject to
395 the remedies provided in section 19a-526.

396 (i) The department may limit or restrict the provision of
397 management services by any nursing facility management services
398 certificate holder against whom disciplinary action has been initiated
399 under subsection (h) of this section.

400 (j) The department, in implementing the provisions of this section,
401 may conduct any inquiry or investigation, in accordance with the

402 provisions of section 19a-498, as amended by this act, regarding an
403 applicant or certificate holder.

404 (k) Any person or entity providing nursing facility management
405 services without the certificate required under this section shall be
406 subject to a civil penalty of not more than one thousand dollars for
407 each day that the services are provided without such certificate.

408 Sec. 10. Subsection (b) of section 19a-491 of the 2010 supplement to
409 the general statutes is repealed and the following is substituted in lieu
410 thereof (*Effective October 1, 2010*):

411 (b) If any person acting individually or jointly with any other person
412 [shall own] owns real property or any improvements thereon, upon or
413 within which an institution, as defined in subsection (c) of section 19a-
414 490, is established, conducted, operated or maintained and is not the
415 licensee of the institution, such person shall submit a copy of the lease
416 agreement to the department at the time of any change of ownership
417 and with each license renewal application. The lease agreement shall,
418 at a minimum, identify the person or entity responsible for the
419 maintenance and repair of all buildings and structures within which
420 such an institution is established, conducted or operated. If a violation
421 is found as a result of an inspection or investigation, the commissioner
422 may require the owner to sign a consent order providing assurances
423 that repairs or improvements necessary for compliance with the
424 provisions of the Public Health Code shall be completed within a
425 specified period of time or may assess a civil penalty of not more than
426 one thousand dollars for each day that such owner is in violation of the
427 Public Health Code or a consent order. A consent order may include a
428 provision for the establishment of a temporary manager of such real
429 property who has the authority to complete any repairs or
430 improvements required by such order. Upon request of the
431 Commissioner of Public Health, the Attorney General may petition the
432 Superior Court for such equitable and injunctive relief as such court
433 deems appropriate to ensure compliance with the provisions of a

434 consent order. The provisions of this subsection shall not apply to any
435 property or improvements owned by a person licensed in accordance
436 with the provisions of subsection (a) of this section to establish,
437 conduct, operate or maintain an institution on or within such property
438 or improvements.

439 Sec. 11. Subsection (a) of section 20-114 of the general statutes is
440 repealed and the following is substituted in lieu thereof (*Effective*
441 *October 1, 2010*):

442 (a) The Dental Commission may take any of the actions set forth in
443 section 19a-17 for any of the following causes: (1) The presentation to
444 the department of any diploma, license or certificate illegally or
445 fraudulently obtained, or obtained from an institution that is not
446 reputable or from an unrecognized or irregular institution or state
447 board, or obtained by the practice of any fraud or deception; (2) proof
448 that a practitioner has become unfit or incompetent or has been guilty
449 of cruelty, incompetence, negligence or indecent conduct toward
450 patients; (3) conviction of the violation of any of the provisions of this
451 chapter by any court of criminal jurisdiction, provided no action shall
452 be taken under section 19a-17 because of such conviction if any appeal
453 to a higher court has been filed until the appeal has been determined
454 by the higher court and the conviction sustained; (4) the employment
455 of any unlicensed person for other than mechanical purposes in the
456 practice of dental medicine or dental surgery subject to the provisions
457 of section 20-122a; (5) the violation of any of the provisions of this
458 chapter or of the regulations adopted hereunder or the refusal to
459 comply with any of said provisions or regulations; (6) the aiding or
460 abetting in the practice of dentistry, dental medicine or dental hygiene
461 of a person not licensed to practice dentistry, dental medicine or dental
462 hygiene in this state; (7) designating a limited practice, except as
463 provided in section 20-106a; (8) engaging in fraud or material
464 deception in the course of professional activities; (9) the effects of
465 physical or mental illness, emotional disorder or loss of motor skill,
466 including, but not limited to, deterioration through the aging process,

467 upon the license holder; (10) abuse or excessive use of drugs, including
468 alcohol, narcotics or chemicals; (11) failure to comply with the
469 continuing education requirements set forth in section 20-126c, as
470 amended by this act; (12) failure of a holder of a dental anesthesia or
471 conscious sedation permit to successfully complete an on-site
472 evaluation conducted pursuant to subsection (c) of section 20-123b; [or]
473 (13) failure to provide information to the Department of Public Health
474 required to complete a health care provider profile, as set forth in
475 section 20-13j; or (14) failure to maintain professional liability
476 insurance or other indemnity against liability for professional
477 malpractice as provided in section 20-126d. A violation of any of the
478 provisions of this chapter by any unlicensed employee in the practice
479 of dentistry or dental hygiene, with the knowledge of the employer,
480 shall be deemed a violation by the employer. The Commissioner of
481 Public Health may order a license holder to submit to a reasonable
482 physical or mental examination if his or her physical or mental
483 capacity to practice safely is the subject of an investigation. Said
484 commissioner may petition the superior court for the judicial district of
485 Hartford to enforce such order or any action taken pursuant to section
486 19a-17.

487 Sec. 12. Section 20-29 of the general statutes is repealed and the
488 following is substituted in lieu thereof (*Effective October 1, 2010*):

489 The Board of Chiropractic Examiners may take any of the actions set
490 forth in section 19a-17 for any of the following reasons: The
491 employment of fraud or deception in obtaining a license, habitual
492 intemperance in the use of ardent spirits, narcotics or stimulants to
493 such an extent as to incapacitate the user for the performance of
494 professional duties, violation of any provisions of this chapter or
495 regulations adopted hereunder, engaging in fraud or material
496 deception in the course of professional services or activities, physical
497 or mental illness, emotional disorder or loss of motor skill, including,
498 but not limited to, deterioration through the aging process, illegal,
499 incompetent or negligent conduct in the practice of chiropractic, failure

500 to maintain professional liability insurance or other indemnity against
501 liability for professional malpractice as provided in subsection (a) of
502 section 20-28b, failure to comply with the continuing education
503 requirements as set forth in section 20-32, or failure to provide
504 information to the Department of Public Health required to complete a
505 health care provider profile, as set forth in section 20-13j. Any
506 practitioner against whom any of the foregoing grounds for action
507 under said section 19a-17 are presented to said board shall be
508 furnished with a copy of the complaint and shall have a hearing before
509 said board. The hearing shall be conducted in accordance with the
510 regulations established by the Commissioner of Public Health. Said
511 board may, at any time within two years of such action, by a majority
512 vote, rescind such action. The Commissioner of Public Health may
513 order a license holder to submit to a reasonable physical or mental
514 examination if his physical or mental capacity to practice safely is the
515 subject of an investigation. Said commissioner may petition the
516 superior court for the judicial district of Hartford to enforce such order
517 or any action taken pursuant to section 19a-17.

518 Sec. 13. Subsection (c) of section 20-27 of the 2010 supplement to the
519 general statutes is repealed and the following is substituted in lieu
520 thereof (*Effective October 1, 2010*):

521 (c) The Department of Public Health may grant a license without
522 written examination to any currently practicing, competent licensee
523 from any other state having licensure requirements substantially
524 similar to, or higher than, those of this state, who (1) is a graduate of an
525 accredited school of chiropractic approved by said board with the
526 consent of the Commissioner of Public Health, (2) presents evidence
527 satisfactory to the department that he has completed a course of two
528 academic years or sixty semester hours of study in a college or
529 scientific school approved by the board with the consent of the
530 Commissioner of Public Health, and (3) successfully passes the
531 practical examination provided for in subsection (a) of section 20-28. In
532 addition, the department may issue a license without written or

533 practical examination to a practicing chiropractor in another state or
534 territory who holds a current valid license in good standing issued
535 after examination by another state or territory that maintains licensing
536 standards that, except for providing for licensure without examination,
537 are commensurate with this state's standards and who has worked
538 continuously as a licensed chiropractor in an academic or clinical
539 setting for a period of not less than five years immediately preceding
540 the date of application for licensure without examination. There shall
541 be paid to the department by each such applicant a fee of five hundred
542 sixty-five dollars. No license shall be issued under this section to any
543 applicant against whom professional disciplinary action is pending or
544 who is the subject of an unresolved complaint. The department shall
545 inform the board of the applications it receives for licenses under this
546 section.

547 Sec. 14. Subsection (c) of section 20-206bb of the 2010 supplement to
548 the general statutes is repealed and the following is substituted in lieu
549 thereof (*Effective October 1, 2010*):

550 (c) An applicant for licensure as an acupuncturist by endorsement
551 shall present evidence satisfactory to the commissioner of licensure or
552 certification as an acupuncturist, or as a person entitled to perform
553 similar services under a different designation, in another state or
554 jurisdiction whose requirements for practicing in such capacity are
555 [substantially similar] equivalent to or higher than those of this state
556 and that there are no disciplinary actions or unresolved complaints
557 pending. Any person completing the requirements of this section in a
558 language other than English shall be deemed to have satisfied the
559 requirements of this section.

560 Sec. 15. Subsection (a) of section 20-236 of the 2010 supplement to
561 the general statutes is repealed and the following is substituted in lieu
562 thereof (*Effective October 1, 2010*):

563 (a) (1) Any person desiring to obtain a license as a barber shall apply
564 in writing on forms furnished by the Department of Public Health and

565 shall pay to the department a fee of one hundred dollars. The
566 department shall not issue a license until the applicant has made
567 written application to the department, setting forth by affidavit that
568 the applicant has (A) successfully completed the eighth grade, (B)
569 completed a course of not less than fifteen hundred hours of study in a
570 school approved in accordance with the provisions of this chapter, or,
571 if trained outside of Connecticut, in a barber school or college whose
572 requirements are equivalent to those of a Connecticut barber school or
573 college, and (C) passed a written examination satisfactory to the
574 department. Examinations required for licensure under this chapter
575 shall be prescribed by the department with the advice and assistance of
576 the board. The department shall establish a passing score for
577 examinations required under this chapter with the advice and
578 assistance of the board. No license issued in accordance with the
579 provisions of this chapter may be assigned or transferred to another
580 person.

581 (2) Any person who [(A)] holds a license at the time of application to
582 practice the occupation of barbering in any other state, the District of
583 Columbia or in a commonwealth or territory of the United States [, (B)
584 has completed not less than fifteen hundred hours of formal education
585 and training in barbering, and (C)] and was issued such license on the
586 basis of successful completion of a program of education and training
587 in barbering and an examination, shall be eligible for licensing in this
588 state and entitled to a license without examination upon payment of a
589 fee of one hundred dollars. [Applicants who trained in another state,
590 district, commonwealth or territory which required less than fifteen
591 hundred hours of formal education and training, may substitute no
592 more than five hundred hours of licensed work experience in such
593 other state, district, commonwealth or territory toward meeting the
594 training requirement.]

595 (3) Any person who holds a license to practice the occupation of
596 barbering in any other state, the District of Columbia, or in a
597 commonwealth or territory of the United States, and has held such

598 license for a period of not less than forty years, shall be eligible for
599 licensure without examination. No license shall be issued under this
600 section to any applicant against whom professional disciplinary action
601 is pending or who is the subject of an unresolved complaint.

602 Sec. 16. Section 20-254 of the 2010 supplement to the general statutes
603 is repealed and the following is substituted in lieu thereof (*Effective*
604 *October 1, 2010*):

605 Any person who holds a license at the time of application as a
606 registered hairdresser and cosmetician, or as a person entitled to
607 perform similar services under different designations in any other
608 state, in the District of Columbia, or in a commonwealth or territory of
609 the United States, and who [(1) has completed not less than fifteen
610 hundred hours of formal education and training in hairdressing and
611 cosmetology, and (2)] was issued such license on the basis of successful
612 completion of a program of education and training in hairdressing and
613 cosmetology and an examination shall be eligible for licensing in this
614 state and entitled to a license without examination upon payment of a
615 fee of fifty dollars. [Applicants who trained in another state, district,
616 commonwealth or territory which required less than fifteen hundred
617 hours of formal education and training may substitute no more than
618 five hundred hours of licensed work experience in such other state,
619 district, commonwealth or territory toward meeting the training
620 requirement.] No license shall be issued under this section to any
621 applicant against whom professional disciplinary action is pending or
622 who is the subject of an unresolved complaint. [The department shall
623 inform the board annually of the number of applications it receives for
624 licensure without examination under this section.]

625 Sec. 17. Section 19a-513 of the 2010 supplement to the general
626 statutes is repealed and the following is substituted in lieu thereof
627 (*Effective October 1, 2010*):

628 In order to be eligible for licensure by endorsement pursuant to
629 sections 19a-511 to 19a-520, inclusive, a person shall submit an

630 application for endorsement licensure on a form provided by the
631 department, together with a fee of two hundred dollars, and meet the
632 following requirements: (1) Have completed preparation [in another
633 jurisdiction] equal to that required in [this state] section 19a-512; (2)
634 hold a current license in good standing as a nursing home
635 administrator by examination in another state; and (3) [be a currently
636 practicing competent practitioner in a state whose licensure
637 requirements are substantially similar to or higher than those of this
638 state] have practiced as a nursing home administrator in such other
639 state for not less than three years within the five-year period
640 immediately preceding the date of application. No license shall be
641 issued under this section to any applicant against whom disciplinary
642 action is pending or who is the subject of an unresolved complaint.

643 Sec. 18. Subsection (a) of section 20-87a of the general statutes is
644 repealed and the following is substituted in lieu thereof (*Effective*
645 *October 1, 2010*):

646 (a) The practice of nursing by a registered nurse is defined as the
647 process of diagnosing human responses to actual or potential health
648 problems, providing supportive and restorative care, health counseling
649 and teaching, case finding and referral, collaborating in the
650 implementation of the total health care regimen, and executing the
651 medical regimen under the direction of a licensed physician, dentist,
652 physician assistant, podiatrist, optometrist or advanced practice
653 registered nurse.

654 Sec. 19. Section 19a-14 of the 2010 supplement to the general statutes
655 is amended by adding subsection (e) as follows (*Effective October 1,*
656 *2010*):

657 (NEW) (e) The department shall not issue a license to any applicant
658 against whom professional disciplinary action is pending or who is the
659 subject of an unresolved complaint with the professional licensing
660 authority in another jurisdiction.

661 Sec. 20. Subsection (b) of section 52-146o of the general statutes is
662 repealed and the following is substituted in lieu thereof (*Effective*
663 *October 1, 2010*):

664 (b) Consent of the patient or his authorized representative shall not
665 be required for the disclosure of such communication or information
666 (1) pursuant to any statute or regulation of any state agency or the
667 rules of court, (2) by a physician, surgeon or other licensed health care
668 provider against whom a claim has been made, or there is a reasonable
669 belief will be made, in such action or proceeding, to his attorney or
670 professional liability insurer or such insurer's agent for use in the
671 defense of such action or proceeding, (3) to the Commissioner of Public
672 Health for records of a patient of a physician, surgeon or health care
673 provider in connection with an investigation of a complaint, [if such
674 records are related to the complaint,] notwithstanding any claim that
675 the records are privileged communication or information, provided the
676 records contain or may contain information relevant to the subject
677 matter of the complaint, or (4) if child abuse, abuse of an elderly
678 individual, abuse of an individual who is physically disabled or
679 incompetent or abuse of an individual with mental retardation is
680 known or in good faith suspected.

681 Sec. 21. Subsection (b) of section 20-126c of the general statutes is
682 repealed and the following is substituted in lieu thereof (*Effective*
683 *October 1, 2010*):

684 (b) Except as otherwise provided in this section, for registration
685 periods beginning on and after October 1, 2007, a licensee applying for
686 license renewal shall earn a minimum of twenty-five contact hours of
687 continuing education within the preceding twenty-four-month period.
688 Such continuing education shall (1) be in an area of the licensee's
689 practice; (2) reflect the professional needs of the licensee in order to
690 meet the health care needs of the public; and (3) include the topics
691 required pursuant to this subdivision. For registration periods ending
692 on or before September 30, 2011, such topics shall include at least one

693 contact hour of training or education in each of the following topics:
694 (A) Infectious diseases, including, but not limited to, acquired immune
695 deficiency syndrome and human immunodeficiency virus, (B) access
696 to care, (C) risk management, (D) care of special needs patients, and (E)
697 domestic violence, including sexual abuse. For registration periods
698 beginning on and after October 1, 2011, the Commissioner of Public
699 Health, in consultation with the Dental Commission, shall issue
700 revised mandatory continuing education topics. Qualifying continuing
701 education activities include, but are not limited to, courses, including
702 on-line courses, offered or approved by the American Dental
703 Association or state, district or local dental associations and societies
704 affiliated with the American Dental Association; national, state, district
705 or local dental specialty organizations or the American Academy of
706 General Dentistry; a hospital or other health care institution; dental
707 schools and other schools of higher education accredited or recognized
708 by the Council on Dental Accreditation or a regional accrediting
709 organization; agencies or businesses whose programs are accredited or
710 recognized by the Council on Dental Accreditation; local, state or
711 national medical associations; a state or local health department; or the
712 Accreditation Council for Graduate Medical Education. Eight hours of
713 volunteer dental practice at a public health facility, as defined in
714 section 20-126*l*, may be substituted for one contact hour of continuing
715 education, up to a maximum of ten contact hours in one twenty-four-
716 month period.

717 Sec. 22. Subsection (a) of section 19a-179 of the 2010 supplement to
718 the general statutes is repealed and the following is substituted in lieu
719 thereof (*Effective October 1, 2010*):

720 (a) The commissioner shall adopt regulations, in accordance with
721 chapter 54, concerning (1) the [methods and conditions for the
722 issuance, renewal and reinstatement of licensure and certification or
723 recertification of emergency medical service personnel, (2) the]
724 methods and conditions for licensure and certification of the
725 operations, facilities and equipment enumerated in section 19a-177,

726 and [(3)] (2) complaint procedures for the public and any emergency
727 medical service organization. Such regulations shall be in conformity
728 with the policies and standards established by the commissioner. Such
729 regulations shall require that, as an express condition of the purchase
730 of any business holding a primary service area, the purchaser shall
731 agree to abide by any performance standards to which the purchased
732 business was obligated pursuant to its agreement with the
733 municipality.

734 Sec. 23. Section 19a-180 of the 2010 supplement to the general
735 statutes is repealed and the following is substituted in lieu thereof
736 (*Effective October 1, 2010*):

737 (a) No person shall operate any ambulance service, rescue service or
738 management service or otherwise transport in a motor vehicle a
739 patient on a stretcher without either a license or a certificate issued by
740 the commissioner. No person shall operate a commercial ambulance
741 service or commercial rescue service or a management service without
742 a license issued by the commissioner. A certificate shall be issued to
743 any volunteer or municipal ambulance service which shows proof
744 satisfactory to the commissioner that it meets the minimum standards
745 of the commissioner in the areas of training, equipment and personnel.
746 No license or certificate shall be issued to any volunteer, municipal or
747 commercial ambulance service, rescue service or management service,
748 as defined in subdivision (19) of section 19a-175, as amended by this
749 act, unless it meets the requirements of subsection (e) of section 14-
750 100a. Applicants for a license shall use the forms prescribed by the
751 commissioner and shall submit such application to the commissioner
752 accompanied by an annual fee of two hundred dollars. In considering
753 requests for approval of permits for new or expanded emergency
754 medical services in any region, the commissioner shall consult with the
755 Office of Emergency Medical Services, [and the emergency medical
756 services council of such region and] The department shall hold a
757 public hearing for new emergency medical services applications to
758 determine the necessity for such services. Written notice of such

759 hearing shall be given to current providers in the geographic region
760 where such new [or expanded] services would be implemented,
761 provided, any volunteer ambulance service which elects not to levy
762 charges for services rendered under this chapter shall be exempt from
763 the provisions concerning requests for approval of permits for new or
764 expanded emergency medical services set forth in this subsection. A
765 primary service area responder that operates in the service area
766 identified in the application shall, upon request, be granted intervenor
767 status with opportunity for cross-examination. Each applicant for
768 licensure shall furnish proof of financial responsibility which the
769 commissioner deems sufficient to satisfy any claim. The commissioner
770 may adopt regulations, in accordance with the provisions of chapter
771 54, to establish satisfactory kinds of coverage and limits of insurance
772 for each applicant for either licensure or certification. Until such
773 regulations are adopted, the following shall be the required limits for
774 licensure: (1) For damages by reason of personal injury to, or the death
775 of, one person on account of any accident, at least five hundred
776 thousand dollars, and more than one person on account of any
777 accident, at least one million dollars, (2) for damage to property at least
778 fifty thousand dollars, and (3) for malpractice in the care of one
779 passenger at least two hundred fifty thousand dollars, and for more
780 than one passenger at least five hundred thousand dollars. In lieu of
781 the limits set forth in subdivisions (1) to (3), inclusive, of this
782 subsection, a single limit of liability shall be allowed as follows: (A) For
783 damages by reason of personal injury to, or death of, one or more
784 persons and damage to property, at least one million dollars; and (B)
785 for malpractice in the care of one or more passengers, at least five
786 hundred thousand dollars. A certificate of such proof shall be filed
787 with the commissioner. Upon determination by the commissioner that
788 an applicant is financially responsible, properly certified and otherwise
789 qualified to operate a commercial ambulance service, rescue service or
790 management service, the commissioner shall issue the appropriate
791 license effective for one year to such applicant. If the commissioner
792 determines that an applicant for either a certificate or license is not so

793 qualified, the commissioner shall notify such applicant of the denial of
794 the application with a statement of the reasons for such denial. Such
795 applicant shall have thirty days to request a hearing on the denial of
796 the application.

797 (b) Any person, management service organization or emergency
798 medical service organization which does not maintain standards or
799 violates regulations adopted under any section of this chapter
800 applicable to such person or organization may have such person's or
801 organization's license or certification suspended or revoked or may be
802 subject to any other disciplinary action specified in section 19a-17 after
803 notice by certified mail to such person or organization of the facts or
804 conduct which warrant the intended action. Such person or emergency
805 medical service organization shall have an opportunity to show
806 compliance with all requirements for the retention of such certificate or
807 license. In the conduct of any investigation by the commissioner of
808 alleged violations of the standards or regulations adopted under the
809 provisions of this chapter, the commissioner may issue subpoenas
810 requiring the attendance of witnesses and the production by any
811 medical service organization or person of reports, records, tapes or
812 other documents which concern the allegations under investigation.
813 All records obtained by the commissioner in connection with any such
814 investigation shall not be subject to the provisions of section 1-210 for a
815 period of six months from the date of the petition or other event
816 initiating such investigation, or until such time as the investigation is
817 terminated pursuant to a withdrawal or other informal disposition or
818 until a hearing is convened pursuant to chapter 54, whichever is
819 earlier. A complaint, as defined in subdivision (6) of section 19a-13,
820 shall be subject to the provisions of section 1-210 from the time that it is
821 served or mailed to the respondent. Records which are otherwise
822 public records shall not be deemed confidential merely because they
823 have been obtained in connection with an investigation under this
824 chapter.

825 (c) Any person, management service organization or emergency

826 medical service organization aggrieved by an act or decision of the
827 commissioner regarding certification or licensure may appeal in the
828 manner provided by chapter 54.

829 (d) Any person guilty of any of the following acts shall be fined not
830 more than two hundred fifty dollars, or imprisoned not more than
831 three months, or be both fined and imprisoned: (1) In any application
832 to the commissioner or in any proceeding before or investigation made
833 by the commissioner, knowingly making any false statement or
834 representation, or, with knowledge of its falsity, filing or causing to be
835 filed any false statement or representation in a required application or
836 statement; (2) issuing, circulating or publishing or causing to be issued,
837 circulated or published any form of advertisement or circular for the
838 purpose of soliciting business which contains any statement that is
839 false or misleading, or otherwise likely to deceive a reader thereof,
840 with knowledge that it contains such false, misleading or deceptive
841 statement; (3) giving or offering to give anything of value to any
842 person for the purpose of promoting or securing ambulance or rescue
843 service business or obtaining favors relating thereto; (4) administering
844 or causing to be administered, while serving in the capacity of an
845 employee of any licensed ambulance or rescue service, any alcoholic
846 liquor to any patient in such employee's care, except under the
847 supervision and direction of a licensed physician; (5) in any respect
848 wilfully violating or failing to comply with any provision of this
849 chapter or wilfully violating, failing, omitting or neglecting to obey or
850 comply with any regulation, order, decision or license, or any part or
851 provisions thereof; (6) with one or more other persons, conspiring to
852 violate any license or order issued by the commissioner or any
853 provision of this chapter.

854 (e) No person shall place any advertisement or produce any printed
855 matter that holds that person out to be an ambulance service unless
856 such person is licensed or certified pursuant to this section. Any such
857 advertisement or printed matter shall include the license or certificate
858 number issued by the commissioner.

859 (f) Each licensed or certified ambulance service shall secure and
860 maintain medical oversight, as defined in section 19a-179, as amended
861 by this act, by a sponsor hospital, as defined in section 19a-179, as
862 amended by this act, for all its emergency medical personnel, whether
863 such personnel are employed by the ambulance service or a
864 management service.

865 (g) Each applicant whose request for new or expanded emergency
866 medical services is approved shall, not later than six months after the
867 date of such approval, acquire the necessary resources, equipment and
868 other material necessary to comply with the terms of the approval and
869 operate in the service area identified in the application. If the applicant
870 fails to do so, the approval for new or expanded medical services shall
871 be void and the commissioner shall rescind the approval.

872 (h) A licensed or certified emergency medical service organization
873 that seeks to increase the level of clinical care provided by such
874 organization shall make an application to the Office of Emergency
875 Medical Services on such forms and in such manner as the
876 commissioner prescribes. The application shall include, but not be
877 limited to: (1) The name of the emergency medical service
878 organization; (2) the names of the chief executive officer, the
879 emergency medical service medical director and the emergency
880 medical service coordinator of such organization; (3) the sponsor
881 hospital of such organization; (4) the level of clinical care that the
882 organization seeks to provide; (5) a copy of the organization's current
883 patient treatment guidelines; (6) a copy of the organization's quality
884 assurance activities and quality improvement activities; (7) a personnel
885 roster that contains the names and licensure or certification status of
886 those employees who are qualified to provide the level of clinical care
887 referred to in the application; and (8) a copy of the organization's
888 professional liability insurance or other indemnity against liability for
889 professional malpractice. The chief executive officer of the emergency
890 medical services organization shall attest to the accuracy of the
891 information contained in an application submitted to the Office of

892 Emergency Medical Services pursuant to this subsection. Not later
893 than thirty days after receipt of a completed application, the Office of
894 Emergency Medical Services shall either approve or reject the
895 application and provide the emergency medical service organization
896 with written notification of such determination. Written notification of
897 an application that is rejected by the Office of Emergency Services shall
898 contain the reasons for the rejection.

899 [(h)] (i) Notwithstanding the provisions of subsection (a) of this
900 section, any volunteer, hospital-based or municipal ambulance service
901 that is licensed or certified and is a primary service area responder
902 may apply to the commissioner to add one emergency vehicle to its
903 existing fleet every three years, on a short form application prescribed
904 by the commissioner. No such volunteer, hospital-based or municipal
905 ambulance service may add more than one emergency vehicle to its
906 existing fleet pursuant to this subsection regardless of the number of
907 municipalities served by such volunteer, hospital-based or municipal
908 ambulance service. Upon making such application, the applicant shall
909 notify in writing all other primary service area responders in any
910 municipality or abutting municipality in which the applicant proposes
911 to add the additional emergency vehicle. Except in the case where a
912 primary service area responder entitled to receive notification of such
913 application objects, in writing, to the commissioner not later than
914 fifteen calendar days after receiving such notice, the application shall
915 be deemed approved thirty calendar days after filing. If any such
916 primary service area responder files an objection with the
917 commissioner within the fifteen-calendar-day time period and requests
918 a hearing, the applicant shall be required to demonstrate need at a
919 public hearing as required under subsection (a) of this section.

920 [(i)] (j) The commissioner shall develop a short form application for
921 primary service area responders seeking to add an emergency vehicle
922 to their existing fleets pursuant to subsection [(h)] (i) of this section.
923 The application shall require an applicant to provide such information
924 as the commissioner deems necessary, including, but not limited to, (1)

925 the applicant's name and address, (2) the primary service area where
926 the additional vehicle is proposed to be used, (3) an explanation as to
927 why the additional vehicle is necessary and its proposed use, (4) proof
928 of insurance, (5) a list of the providers to whom notice was sent
929 pursuant to subsection [(h)] (i) of this section and proof of such
930 notification, and (6) total call volume, response time and calls passed
931 within the primary service area for the one-year period preceding the
932 date of the application.

933 (k) The commissioner shall develop an application process for an
934 emergency medical service organization that seeks to initiate billing
935 services or expand the scope of their service. The application process
936 developed by the commissioner, once implemented, shall replace the
937 certificate of need process. The application shall be on such forms and
938 in such manner as the commissioner prescribes. The application shall
939 include, but not be limited to: (1) The name of the emergency medical
940 service organization; (2) the names of the chief executive officer, the
941 emergency medical service medical director and the emergency
942 medical service coordinator of such organization; (3) the sponsor
943 hospital of such organization; (4) the levels of clinical care provided by
944 the organization; (5) the primary service area of the organization; (6)
945 the number and type of emergency vehicles in the organization's fleet;
946 (7) a copy of the organization's workers' compensation policy; (8) a
947 copy of the organization's professional liability insurance or other
948 indemnity against liability for professional malpractice; (9) written
949 justification for the expansion of service or request to bill for service;
950 and (10) proof of notice sent to bordering communities to the primary
951 service area and the regional emergency medical services councils. Not
952 later than thirty days after receipt of a completed application, the
953 Office of Emergency Medical Services shall either approve or reject the
954 application and provide the emergency medical service organization
955 with written notification of such determination. Written notification of
956 any application that is rejected by the Office of Emergency Services
957 shall contain the reasons for the rejection. The provisions of this section
958 shall not apply to a management service, as defined in section 19a-175,

959 as amended by this act.

960 Sec. 24. Section 19a-175 of the 2010 supplement to the general
961 statutes is repealed and the following is substituted in lieu thereof
962 (*Effective October 1, 2010*):

963 As used in this chapter, and sections 25 to 28, inclusive, of this act,
964 unless the context otherwise requires:

965 (1) "Emergency medical service system" means a system which
966 provides for the arrangement of personnel, facilities and equipment for
967 the efficient, effective and coordinated delivery of health care services
968 under emergency conditions;

969 (2) "Patient" means an injured, ill, crippled or physically
970 handicapped person requiring assistance and transportation;

971 (3) "Ambulance" means a motor vehicle specifically designed to
972 carry patients;

973 (4) "Ambulance service" means an organization which transports
974 patients;

975 (5) "Emergency medical technician" means an individual who has
976 successfully completed the training requirements established by the
977 commissioner and has been certified by the Department of Public
978 Health;

979 (6) "Ambulance driver" means a person whose primary function is
980 driving an ambulance;

981 (7) "Emergency medical [technician] services instructor" means a
982 person who is certified by the Department of Public Health to teach
983 courses, the completion of which is required in order to become an
984 emergency medical technician;

985 (8) "Communications facility" means any facility housing the
986 personnel and equipment for handling the emergency communications

987 needs of a particular geographic area;

988 (9) "Life saving equipment" means equipment used by emergency
989 medical personnel for the stabilization and treatment of patients;

990 (10) "Emergency medical service organization" means any
991 organization whether public, private or voluntary which offers
992 transportation or treatment services to patients under emergency
993 conditions;

994 (11) "Invalid coach" means a vehicle used exclusively for the
995 transportation of nonambulatory patients, who are not confined to
996 stretchers, to or from either a medical facility or the patient's home in
997 nonemergency situations or utilized in emergency situations as a
998 backup vehicle when insufficient emergency vehicles exist;

999 (12) "Rescue service" means any organization, whether profit or
1000 nonprofit, whose primary purpose is to search for persons who have
1001 become lost or to render emergency service to persons who are in
1002 dangerous or perilous circumstances;

1003 (13) "Provider" means any person, corporation or organization,
1004 whether profit or nonprofit, whose primary purpose is to deliver
1005 medical care or services, including such related medical care services
1006 as ambulance transportation;

1007 (14) "Commissioner" means the Commissioner of Public Health;

1008 (15) "Paramedic" means a person licensed pursuant to section 20-
1009 206ll;

1010 (16) "Commercial ambulance service" means an ambulance service
1011 which primarily operates for profit;

1012 (17) "Licensed ambulance service" means a commercial ambulance
1013 service or a volunteer or municipal ambulance service issued a license
1014 by the commissioner;

1015 (18) "Certified ambulance service" means a municipal or volunteer
1016 ambulance service issued a certificate by the commissioner;

1017 (19) "Management service" means an employment organization that
1018 does not own or lease ambulances or other emergency medical
1019 vehicles and that provides emergency medical technicians or
1020 paramedics to an emergency medical service organization;

1021 (20) "Automatic external defibrillator" means a device that: (A) Is
1022 used to administer an electric shock through the chest wall to the heart;
1023 (B) contains internal decision-making electronics, microcomputers or
1024 special software that allows it to interpret physiologic signals, make
1025 medical diagnosis and, if necessary, apply therapy; (C) guides the user
1026 through the process of using the device by audible or visual prompts;
1027 and (D) does not require the user to employ any discretion or
1028 judgment in its use;

1029 (21) "Mutual aid call" means a call for emergency medical services
1030 that, pursuant to the terms of a written agreement, is responded to by a
1031 secondary or alternate emergency medical services provider if the
1032 primary or designated emergency medical services provider is unable
1033 to respond because such primary or designated provider is responding
1034 to another call for emergency medical services or the ambulance or
1035 nontransport emergency vehicle operated by such primary or
1036 designated provider is out of service. For purposes of this subdivision,
1037 "nontransport emergency vehicle" means a vehicle used by emergency
1038 medical technicians or paramedics in responding to emergency calls
1039 that is not used to carry patients;

1040 (22) "Municipality" means the legislative body of a municipality or
1041 the board of selectmen in the case of a municipality in which the
1042 legislative body is a town meeting;

1043 (23) "Primary service area" means a specific geographic area to
1044 which one designated emergency medical services provider is
1045 assigned for each category of emergency medical response services;

1046 (24) "Primary service area responder" means an emergency medical
1047 services provider who is designated to respond to a victim of sudden
1048 illness or injury in a primary service area; [and]

1049 (25) "Interfacility critical care transport" means the interfacility
1050 transport of a patient between licensed hospitals;

1051 (26) "Advanced emergency medical technician" means an individual
1052 who is certified as an advanced emergency medical technician by the
1053 Department of Public Health;

1054 (27) "Emergency medical responder" means an individual who is
1055 certified as an emergency medical responder by the Department of
1056 Public Health;

1057 (28) "Medical oversight" means the active surveillance by physicians
1058 of mobile intensive care sufficient for the assessment of overall practice
1059 levels, as defined by state-wide protocols;

1060 (29) "Mobile intensive care" means prehospital care involving
1061 invasive or definitive skills, equipment, procedures and other
1062 therapies;

1063 (30) "Office of Emergency Medical Services" means the office
1064 established within the Department of Public Health Services pursuant
1065 to section 19a-178; and

1066 (31) "Sponsor hospital" means a hospital that has agreed to maintain
1067 staff for the provision of medical oversight, supervision and direction
1068 to an emergency medical service organization and its personnel and
1069 has been approved for such activity by the Office of Emergency
1070 Medical Services.

1071 Sec. 25. (NEW) (*Effective October 1, 2010*) (a) No person shall be
1072 certified under the provisions of chapter 368d of the general statutes or
1073 licensed under the provisions of chapter 384d of the general statutes
1074 unless such person satisfies all age and entry requirements for the

1075 applicable category of licensure or certification.

1076 (b) Any person who applies for certification as: (1) An emergency
1077 medical responder shall be not less than fourteen years of age. Any
1078 person who is less than eighteen years of age may not apply for
1079 certification as emergency medical responder, unless such application
1080 is accompanied by a document evidencing the written consent of the
1081 applicant's parent or legal guardian to seek such certification; (2) an
1082 emergency medical technician shall be not less than sixteen years of
1083 age. Any person who is less than eighteen years of age may not apply
1084 for certification as emergency medical technician, unless such
1085 application is accompanied by a document evidencing the written
1086 consent of the applicant's parent or legal guardian to seek such
1087 certification; and (3) an advanced emergency medical technician shall
1088 be not less than least eighteen years of age and have practiced for not
1089 less than two years as an emergency medical technician. Any person
1090 certified as emergency medical responder or emergency medical
1091 technician, who is less than eighteen years of age, shall be subject to
1092 the provisions of chapter 557 of the general statutes and any applicable
1093 regulations adopted by the Labor Department concerning the
1094 employment of minors.

1095 (c) Any person who applies for licensure as a paramedic under
1096 chapter 384d of the general statutes shall be not less than eighteen
1097 years of age and have practiced for not less than two years as an
1098 emergency medical technician.

1099 (d) All persons applying for certification as an emergency medical
1100 responder, an emergency medical technician or advanced emergency
1101 medical technician or licensure as a paramedic shall: (1) Be physically,
1102 emotionally and mentally capable of performing the scope of duties
1103 defined for the applicable category of certification or licensure; (2) not
1104 have been convicted in a court of law in this state or another
1105 jurisdiction of a crime involving moral turpitude; and (3) have no
1106 pending or substantiated complaint, in this state or another

1107 jurisdiction, that adversely impacts on the applicant's qualifications for
1108 certification or licensure or would place the welfare of the general
1109 public at risk.

1110 Sec. 26. (NEW) (*Effective October 1, 2010*) (a) No person shall hold
1111 himself or herself out to the public or otherwise represent that such
1112 person is an emergency medical responder unless such person has
1113 been certified by the Department of Public Health in accordance with
1114 the provisions of this section.

1115 (b) In order to qualify for initial emergency medical responder
1116 certification or for reinstatement of an emergency medical responder
1117 certificate that has lapsed for three or more years, an applicant shall:

1118 (1) Satisfy one of the following training or credentialing
1119 requirements by:

1120 (A) Successfully completing a training program that, if offered
1121 outside the state, adheres to national education standards for the
1122 emergency medical responder scope of practice. A training program
1123 offered in the state shall be approved by the department and conform
1124 with the requirements prescribed in this section. All training programs
1125 shall include a written and practical examination and the applicant
1126 shall successfully complete the written and practical examination. For
1127 training programs offered in this state, such exams shall be approved
1128 by the Office of Emergency Medical Services;

1129 (B) Holding a current certificate to perform similar services issued
1130 by (1) the National Registry of Emergency Medical Technicians, or any
1131 successor organization, approved by the Office of Emergency Medical
1132 Services, or (2) a state that maintains certification requirements equal
1133 to or higher than those in this state;

1134 (C) Having held, within the three-year period prior to the date of
1135 application, emergency medical technician or advanced emergency
1136 medical technician certification pursuant to chapter 368d of the general

1137 statutes or paramedic licensure pursuant to chapter 384d of the general
1138 statutes, and having successfully completed the examination described
1139 in subdivision (2) of this subsection, along with eighteen hours of
1140 emergency medical responder refresher training; or

1141 (D) Having completed, within the two-year period prior to the date
1142 of application, an Office of Emergency Medical Services approved
1143 emergency medical technician training program, along with eighteen
1144 hours of emergency medical responder refresher training and have
1145 successfully completed the examination described in subdivision (2) of
1146 this subsection; or

1147 (2) Successfully complete, not more than two years from the date of
1148 completion of a training program, an Office of Emergency Medical
1149 Services approved written and practical examination.

1150 (c) An emergency medical responder shall renew his or her
1151 certification every three years. The department shall renew an
1152 emergency medical responder certificate or reinstate an emergency
1153 medical responder certificate that has expired not more than three
1154 years from the date of application for reinstatement, upon a
1155 satisfactory showing by the applicant that he or she has completed the
1156 refresher training as prescribed in section 19a-195a of the general
1157 statutes. Except as provided in subsection (d) of this section, the
1158 refresher training shall be satisfied by meeting one of the following
1159 requirements:

1160 (1) Completing, within the eighteen-month period prior to the date
1161 of expiration of the certificate, a minimum of eighteen hours of
1162 refresher training, as prescribed in section 19a-195a of the general
1163 statutes. The refresher training shall include not less than twelve hours
1164 of instruction in all core content areas for the emergency medical
1165 responder scope of practice. The remaining six hours of training may
1166 include elective content areas as approved by the Office of Emergency
1167 Medical Services or the office's designee. Not less than twelve hours of
1168 refresher training shall be obtained by live classroom instruction and

1169 the remaining six hours of refresher training may be obtained through
1170 other approved learning formats, including, but not limited to, on-line
1171 courses. The content and format of the refresher training that does not
1172 involve live classroom instruction shall be approved by the Office of
1173 Emergency Medical Services or the office's designee;

1174 (2) Holding a current emergency medical responder certificate from
1175 the National Registry of Emergency Medical Technicians, or any
1176 successor organization, approved by the Office of Emergency Medical
1177 Services;

1178 (3) Completing, within the eighteen-month period prior to the date
1179 of expiration of the certificate, an out-of-state refresher training
1180 program approved by the regulatory body of such other state. Such
1181 refresher training program may be accepted in lieu of a refresher
1182 training program required pursuant to subdivision (1) of this
1183 subsection, provided (A) the individual is currently certified as an
1184 emergency medical responder or as a person entitled to perform
1185 similar services under a different designation in another state; and (B)
1186 the refresher training program requirements are equal to or higher
1187 than the refresher training program required by subdivision (1) of this
1188 subsection; or

1189 (4) Successfully completing a written and practical exam in
1190 accordance with the following provisions:

1191 (A) For renewal of a current certificate or reinstatement of a
1192 certificate that has been expired for less than one year from the date of
1193 application, successfully completing a written and practical
1194 examination as prescribed by the Office of Emergency Medical
1195 Services for renewal or reinstatement of an emergency medical
1196 responder certificate. Such exams shall be completed not more than six
1197 months from the date of the application for renewal or reinstatement
1198 of a certificate. The written and practical examinations shall test
1199 competencies in all emergency medical responder core content areas,
1200 as prescribed by the Office of Emergency Medical Services. The

1201 examinations shall be approved by the Office of Emergency Medical
1202 Services and administered by the office or its designee.

1203 (B) For reinstatement of a certificate that has been expired for more
1204 than one year but less than three years from the date of application,
1205 successful completion of the initial emergency medical responder
1206 examination is required.

1207 (d) In lieu of the refresher training and examinations required by
1208 subsection (c) of this section, an applicant may satisfy the refresher
1209 training requirements by: (1) Successfully completing the emergency
1210 medical responder national registry exam administered by the
1211 National Registry of Emergency Medical Technicians, or a successor
1212 organization as approved by the Office of Emergency Medical
1213 Services; or (2) maintaining written documentation of completion of
1214 the requirements for a period of seven years. The Office of Emergency
1215 Medical Services may inspect such certificate holder records, as it
1216 deems necessary. Such documentation shall be submitted to the Office
1217 of Emergency Medical Services, upon the office's request. The
1218 certificate holder shall submit such records to the Office of Emergency
1219 Medical Services not later than thirty days after the date of the office's
1220 request.

1221 Sec. 27. (NEW) (*Effective October 1, 2010*) (a) No person shall hold
1222 himself or herself out to the public or otherwise represent that such
1223 person is an emergency medical technician unless such person has
1224 been certified by the Department of Public Health in accordance with
1225 the provisions of this section.

1226 (b) In order to qualify for initial emergency medical technician
1227 certification, or for reinstatement of a certificate that has lapsed for
1228 three or more years, an applicant shall:

1229 (1) Satisfy one of the following training or credentialing
1230 requirements by:

1231 (A) Completing a training program that, if offered outside the state,
1232 adheres to national education standards for the emergency medical
1233 technician scope and practice. A training program offered in the state
1234 shall be approved by the department and shall conform with the
1235 requirements prescribed in this section. All training programs shall
1236 include a written and practical examination and the applicant shall
1237 successfully complete the written and practical examination. For
1238 training programs offered in the state, such exams shall be approved
1239 by the Office of Emergency Medical Services;

1240 (B) Holding a current certificate to perform similar services under a
1241 different designation by the National Registry of Emergency Medical
1242 Technicians, or its successor organization, as approved by the Office of
1243 Emergency Medical Services, or by a state that maintains certification
1244 requirements equal to or higher than those in this state;

1245 (C) Holding a current unrestricted registered nurse, physician or
1246 physician assistant license issued by the Department of Public Health
1247 and by completing a minimum of thirty hours of refresher training, as
1248 prescribed in section 19a-195a of the general statutes; or

1249 (D) Having held within the three years preceding the date of
1250 application, an advanced emergency medical technician certificate
1251 pursuant to chapter 368d of the general statutes or licensure as a
1252 paramedic pursuant to chapter 384d of the general statutes, and by
1253 completing a minimum of thirty hours of refresher training, as
1254 prescribed in section 19a-195a of the general statutes; or

1255 (2) Successfully complete, not more that three years from the date of
1256 the completion of a training program, an Office of Emergency Medical
1257 Services approved written and practical examination.

1258 (c) An individual shall renew his or her emergency medical
1259 technician certification every three years. In order to qualify for
1260 renewal of a current emergency medical technician certification, or for
1261 reinstatement of an emergency medical technician certification that has

1262 expired within the three-year period prior to the date of application for
1263 reinstatement, an applicant shall complete refresher training as
1264 prescribed in section 19a-195a of the general statutes. Except as
1265 provided in subsection (d) of this section, the refresher training shall
1266 be satisfied by meeting one of the following requirements:

1267 (1) Completing, within the eighteen-month period prior to the date
1268 of expiration of the certificate, a minimum of thirty hours of refresher
1269 training, as prescribed in section 19a-195a of the general statutes. The
1270 refresher training shall include not less than twenty hours of
1271 instruction in all core content areas for the emergency medical
1272 technician scope of practice. The remaining ten hours of training may
1273 include elective content areas as approved by the Office of Emergency
1274 Medical Services or the office's designee. Not less than twenty hours of
1275 refresher training shall be obtained by live classroom instruction and
1276 the remaining ten hours of refresher training may be obtained through
1277 other approved learning formats, including, but not limited to, on-line
1278 courses. The content and format of refresher training that does not
1279 involve live, classroom instruction shall be approved by the Office of
1280 Emergency Medical Services or the office's designee;

1281 (2) Holding a current emergency medical technician certificate from
1282 the National Registry of Emergency Medical Technicians, or its
1283 successor organization, as approved by the Office of Emergency
1284 Medical Services;

1285 (3) Completing, within the eighteen-month period prior to the date
1286 of expiration of the certificate, an out-of-state refresher training
1287 program approved by the regulatory body of such other state. Such
1288 refresher training may be accepted in lieu of a refresher training
1289 program required by subdivision (1) of this subsection, provided (A)
1290 the individual is currently certified as an emergency medical
1291 technician or as a person entitled to perform similar services under a
1292 different designation in another state; and (B) the refresher training
1293 program requirements are equal to or higher than the refresher

1294 training required by subdivision (1) of this subsection;

1295 (4) Having held, within the two-year period prior to the date of
1296 application for renewal or reinstatement, certification as an emergency
1297 medical services instructor and have served as an instructor for the
1298 required modules of an emergency medical technician initial or
1299 refresher training program approved by the Office of Emergency
1300 Medical Services; or

1301 (5) Having successfully completed a written and practical exam in
1302 accordance with the following provisions:

1303 (A) For renewal of a current certificate or reinstatement of a
1304 certificate that has been expired for less than one year prior to the date
1305 of application, by successfully completing a written and practical
1306 examination as prescribed by the Office of Emergency Medical
1307 Services for renewal or reinstatement of an emergency medical
1308 technician certificate. Such exams shall be completed not more than six
1309 months from the date of application for renewal or reinstatement of
1310 certification. The written and practical examinations shall test
1311 competencies in all emergency medical technician core content areas,
1312 as prescribed by the Office of Emergency Medical Services. The
1313 examinations shall be approved by the Office of Emergency Medical
1314 Services and administered by the office or its designee.

1315 (B) For reinstatement of a certificate that has been expired for more
1316 than one year but less than three years from the date of application,
1317 successful completion of the initial emergency medical technician
1318 examination is required.

1319 (d) In lieu of the refresher training and examinations required by
1320 subsection (c) of this section, an applicant may satisfy such
1321 requirements by: (1) Successfully completing the emergency medical
1322 technician national registry exam administered by the National
1323 Registry of Emergency Medical Technicians, or a successor
1324 organization as approved by the Office of Emergency Medical

1325 Services; (2) maintaining written documentation of completion of the
1326 requirements for a period of seven years. The Office of Emergency
1327 Medical Services may inspect such certificate holder records, as it
1328 deems necessary. Such documentation shall be submitted to the Office
1329 of Emergency Medical Services, upon the office's request. The
1330 certificate holder shall submit such records to the Office of Emergency
1331 Medical Services not later than thirty days after the date of the office's
1332 request; or (3) holding a current unrestricted registered nurse,
1333 advanced practice nurse, physician or physician assistant license
1334 issued by the Department of Public Health and by providing proof of
1335 employment of not less than one thousand hours, annually, in any
1336 such profession and complete a refresher training program practical
1337 examination approved by the department.

1338 Sec. 28. (NEW) (*Effective October 1, 2010*) (a) No person shall hold
1339 himself or herself out to the public or otherwise represent that such
1340 person is an advanced emergency medical technician unless such
1341 person has been certified by the Department of Public Health, in
1342 accordance with the provisions of this section.

1343 (b) In order to qualify for initial advanced emergency medical
1344 technician certification, or for reinstatement of a certificate that has
1345 lapsed for three or more years, an applicant shall:

1346 (1) Satisfy one of the following training or credentialing
1347 requirements by:

1348 (A) Holding current Connecticut emergency medical technician
1349 certification for not less than two years prior to the date of application
1350 for advanced emergency medical technician and successfully
1351 completing a training program that, if offered outside the state,
1352 adheres to national education standards for the advanced emergency
1353 medical technician scope of practice. A training program offered in the
1354 state shall be approved by the department and shall conform with the
1355 requirements prescribed in this section. All training programs shall
1356 include a written and practical examination and the applicant shall

1357 successfully complete the written and practical application. For
1358 training programs offered in the state, such exams shall be approved
1359 by the Office of Emergency Medical Services; or

1360 (B) Holding a current certificate to perform similar services under a
1361 different designation by the National Registry of Emergency Medical
1362 Technicians or its successor organization, as approved by the Office of
1363 Emergency Medical Services, or by a state that maintains certification
1364 requirements equal to or higher than those in this state; or

1365 (2) Successfully complete, not more than two years from the date of
1366 completion of a training program, an Office of Emergency Medical
1367 Services approved written and practical examination.

1368 (c) Advanced emergency medical technician certification shall be
1369 renewed every three years. In order to qualify for renewal of a current
1370 advanced emergency medical technician certification, or for
1371 reinstatement of an advanced emergency medical technician
1372 certification that has expired within the three-year period from the
1373 date of application for reinstatement, an applicant shall complete
1374 refresher training as prescribed in section 19a-195a of the general
1375 statutes. Except as provided in subsection (d) of this section, the
1376 refresher training shall be satisfied by meeting one of the following
1377 requirements:

1378 (1) Completing, within the eighteen-month period prior to the
1379 expiration of the certification, a minimum of thirty hours of refresher
1380 training, as prescribed in section 19a-195a of the general statutes. Such
1381 refresher training programs shall include both written and practical
1382 testing. The refresher training shall include not less than twenty hours
1383 of instruction in all core content areas for the advanced emergency
1384 medical technician scope of practice. The remaining ten hours of
1385 training may include elective content areas as approved by the Office
1386 of Emergency Medical Services or the office's designee. Not less than
1387 twenty hours of refresher training shall be obtained by live classroom
1388 instruction, and the remaining ten hours of refresher training may be

1389 obtained through other approved learning formats, including, but not
1390 limited to, on-line courses. The content and format of the refresher
1391 training that does not involve live, classroom instruction shall be
1392 approved by the Office of Emergency Medical Services or the office's
1393 designee;

1394 (2) Holding a current advanced emergency medical technician
1395 certificate from the National Registry of Emergency Medical
1396 Technicians, or its successor organization as approved by the Office of
1397 Emergency Medical Services;

1398 (3) Completing within the eighteen-month period prior to the date
1399 of expiration of the certification, an out-of-state refresher training
1400 program approved by the regulatory body of such other state. Such
1401 refresher training may be accepted in lieu of a refresher training
1402 required by subdivision (1) of this subsection, provided
1403 (A) the individual is currently certified as an advanced emergency
1404 medical technician or as a person, entitled to perform similar services
1405 under a different designation in another state; and (B) the refresher
1406 training program requirements are equal to or higher than the
1407 refresher training required by subdivision (1) of this subsection; or

1408 (4) Successfully completing a written and practical examination in
1409 accordance with the following provisions:

1410 (A) For renewal of a current certificate or reinstatement of a
1411 certificate that has been expired for less than one year prior to the date
1412 of application, by successfully completing a written and practical
1413 examination as prescribed by the Office of Emergency Medical
1414 Services for renewal or reinstatement of an advanced emergency
1415 medical technician certificate. Such exams shall be completed not more
1416 than six months from the date of the application for renewal or
1417 reinstatement of certification. The written and practical examinations
1418 shall test competencies in all advanced emergency medical technician
1419 core content areas, as prescribed by the Office of Emergency Medical
1420 Services. The examinations shall be approved by the Office of

1421 Emergency Medical Services and administered by the office or its
1422 designee.

1423 (B) For reinstatement of a certificate that has been expired for more
1424 than one year but less than three years from the date of application,
1425 successful completion of the initial advanced emergency medical
1426 technician examination is required.

1427 (d) In lieu of the refresher training and examinations required in
1428 subsection (c) of this section, an applicant may satisfy the refresher
1429 training requirements by: (1) Successfully completing the advanced
1430 emergency medical technician national registry exam, administered by
1431 the National Registry of Emergency Medical Technicians, or a
1432 successor organization as approved by the Office of Emergency
1433 Medical Services; and (2) maintaining written documentation of
1434 completion of the refresher training requirements for a period of seven
1435 years. An advanced emergency medical technician and any emergency
1436 medical services organization employing such certificate holder shall
1437 maintain such documentation for the requisite seven-year period. The
1438 Office of Emergency Medical Services may inspect such certificate
1439 holder's records as it deems necessary. Such documentation shall be
1440 submitted to the Office of Emergency Medical Services only upon the
1441 office's request to the certificate holder. The certificate holder shall
1442 submit such records to the Office of Emergency Medical Services not
1443 later than thirty days after the date of the office's request.

1444 Sec. 29. Section 19a-181a of the general statutes is repealed and the
1445 following is substituted in lieu thereof (*Effective October 1, 2010*):

1446 The state shall save harmless and indemnify any person certified as
1447 an emergency medical [technician] services instructor by the
1448 Department of Public Health under this chapter from financial loss and
1449 expense, including legal fees and costs, if any, arising out of any claim,
1450 demand, suit or judgment by reason of alleged negligence or other act
1451 resulting in personal injury or property damage, which acts are not
1452 wanton, reckless or malicious, provided such person at the time of the

1453 acts resulting in such injury or damage was acting in the discharge of
1454 his duties in providing emergency medical technician training and
1455 instruction.

1456 Sec. 30. Subdivision (5) of subsection (a) of section 19a-904 of the
1457 2010 supplement to the general statutes is repealed and the following
1458 is substituted in lieu thereof (*Effective October 1, 2010*):

1459 (5) "Emergency medical technician" means any class of emergency
1460 medical technician certified under [regulations adopted pursuant to
1461 section 19a-179] the provisions of sections 26 to 28, inclusive, of this
1462 act, including, but not limited to, any advanced emergency medical
1463 [technician-intermediate] technician or emergency medical [response
1464 technician] responder;

1465 Sec. 31. Section 20-206kk of the general statutes is repealed and the
1466 following is substituted in lieu thereof (*Effective October 1, 2010*):

1467 (a) Except as provided in subsection (c) of this section, no person
1468 shall practice paramedicine unless licensed as a paramedic pursuant to
1469 section 20-206ll.

1470 (b) No person shall use the title "paramedic" or make use of any
1471 title, words, letters or abbreviations that may reasonably be confused
1472 with licensure as a paramedic unless licensed pursuant to section 20-
1473 206ll.

1474 (c) No license as a paramedic shall be required of (1) a person
1475 performing services within the scope of practice for which he is
1476 licensed or certified by any agency of this state, or (2) a student, intern
1477 or trainee pursuing a course of study in paramedicine in an accredited
1478 institution of education or within an emergency medical services
1479 program approved by the commissioner, as defined in section 19a-175,
1480 as amended by this act, provided the activities that would otherwise
1481 require a license as a paramedic are performed under supervision and
1482 constitute a part of a supervised course of study.

1483 (d) Paramedics who are currently licensed by a state that maintains
1484 licensing requirements equal to or higher than those in this state shall
1485 be eligible for licensure as a paramedic in this state.

1486 Sec. 32. Subsections (k) to (m), inclusive, of section 19a-490 of the
1487 general statutes are repealed and the following is substituted in lieu
1488 thereof (*Effective October 1, 2010*):

1489 (k) "Home health agency" means an agency licensed as a home
1490 health care agency or a homemaker-home health aide agency; and

1491 (l) "Assisted living services agency" means an agency that provides,
1492 among other things, nursing services and assistance with activities of
1493 daily living to a population that is chronic and stable. [; and]

1494 [(m) "Mobile field hospital" means a modular, transportable facility
1495 used intermittently, deployed at the discretion of the Governor, or the
1496 Governor's designee, for the provision of medical services at a mass
1497 gathering; for the purpose of training or in the event of a public health
1498 or other emergency for isolation care purposes or triage and treatment
1499 during a mass casualty event; or for providing surge capacity for a
1500 hospital during a mass casualty event or infrastructure failure.]

1501 Sec. 33. Section 19a-487 of the general statutes is repealed and the
1502 following is substituted in lieu thereof (*Effective October 1, 2010*):

1503 (a) "Mobile field hospital" means a modular, transportable facility
1504 used intermittently, deployed at the discretion of the Governor, or the
1505 Governor's designee, (1) for the provision of medical services at a mass
1506 gathering; (2) for the purpose of training or in the event of a public
1507 health or other emergency for isolation care purposes or triage and
1508 treatment during a mass-casualty event; or (3) for providing surge
1509 capacity for a hospital during a mass-casualty event or infrastructure
1510 failure.

1511 [(a)] (b) There is established a board of directors to advise the
1512 Department of Public Health on the operations of the mobile field

1513 hospital. The board shall consist of the following members: The
1514 Commissioners of Public Health, Emergency Management and
1515 Homeland Security, Public Safety and Social Services, or their
1516 designees, the Secretary of the Office of Policy and Management, or the
1517 secretary's designee, the Adjutant General, or the Adjutant General's
1518 designee, one representative of a hospital in this state with more than
1519 five hundred licensed beds and one representative of a hospital in this
1520 state with five hundred or fewer licensed beds, both appointed by the
1521 Commissioner of Public Health. The Commissioner of Public Health
1522 shall be the chairperson of the board. The board shall adopt bylaws
1523 and shall meet at such times as specified in such bylaws and at such
1524 other times as the Commissioner of Public Health deems necessary.

1525 [(b)] (c) The board shall advise the department on matters,
1526 including, but not limited to: Operating policies and procedures;
1527 facility deployment and operation; appropriate utilization of the
1528 facility; clinical programs and delivery of patient health care services;
1529 hospital staffing patterns and staff-to-patient ratios; human resources
1530 policies; standards and accreditation guidelines; credentialing of
1531 clinical and support staff; patient admission, transfer and discharge
1532 policies and procedures; quality assurance and performance
1533 improvement; patient rates and billing and reimbursement
1534 mechanisms; staff education and training requirements and alternative
1535 facility uses.

1536 Sec. 34. Section 22a-475 of the general statutes is repealed and the
1537 following is substituted in lieu thereof (*Effective October 1, 2010*):

1538 As used in this section and sections 22a-476 to 22a-483, inclusive, the
1539 following terms shall have the following meanings unless the context
1540 clearly indicates a different meaning or intent:

1541 (1) "Bond anticipation note" means a note issued by a municipality
1542 in anticipation of the receipt of the proceeds of a project loan obligation
1543 or a grant account loan obligation.

1544 (2) "Clean Water Fund" means the fund created under section 22a-
1545 477, as amended by this act.

1546 (3) "Combined sewer projects" means any project undertaken to
1547 mitigate pollution due to combined sewer and storm drain systems,
1548 including, but not limited to, components of regional water pollution
1549 control facilities undertaken to prevent the overflow of untreated
1550 wastes due to collection system inflow, provided the state share of the
1551 cost of such components is less than the state share of the estimated
1552 cost of eliminating such inflow by means of physical separation at the
1553 sources of such inflow.

1554 (4) "Commissioner" means the Commissioner of Environmental
1555 Protection.

1556 (5) "Department" means the Department of Environmental
1557 Protection.

1558 (6) "Disadvantaged communities" means the service area of a public
1559 water system that meets affordability criteria established by the Office
1560 of Policy and Management in accordance with applicable federal
1561 regulations.

1562 (7) "Drinking water federal revolving loan account" means the
1563 drinking water federal revolving loan account of the Clean Water Fund
1564 created under section 22a-477, as amended by this act.

1565 (8) "Drinking water state account" means the drinking water state
1566 account of the Clean Water Fund created under section 22a-477, as
1567 amended by this act.

1568 (9) "Eligible drinking water project" means the planning, design,
1569 development, construction, repair, extension, improvement,
1570 remodeling, alteration, rehabilitation, reconstruction or acquisition of
1571 all or a portion of a public water system approved by the
1572 Commissioner of Public Health, [in consultation with the
1573 Commissioner of Environmental Protection,] under sections 22a-475 to

1574 22a-483, inclusive, as amended by this act.

1575 (10) "Eligible project" means an eligible drinking water project or an
1576 eligible water quality project, as applicable.

1577 (11) "Eligible water quality project" means the planning, design,
1578 development, construction, repair, extension, improvement,
1579 remodeling, alteration, rehabilitation, reconstruction or acquisition of a
1580 water pollution control facility approved by the commissioner under
1581 sections 22a-475 to 22a-483, inclusive, as amended by this act.

1582 (12) "Eligible project costs" means the total costs of an eligible
1583 project which are determined by (A) the commissioner, or (B) if the
1584 project is an eligible drinking water project, the Commissioner of
1585 Public Health, and in consultation with the Department of Public
1586 Utility Control when the recipient is a water company, as defined in
1587 section 16-1, to be necessary and reasonable. The total costs of a project
1588 may include the costs of all labor, materials, machinery and
1589 equipment, lands, property rights and easements, interest on project
1590 loan obligations and bond anticipation notes, including costs of
1591 issuance approved by the commissioner or by the Commissioner of
1592 Public Health if the project is an eligible drinking water project, plans
1593 and specifications, surveys or estimates of costs and revenues,
1594 engineering and legal services, auditing and administrative expenses,
1595 and all other expenses approved by the commissioner or by the
1596 Commissioner of Public Health if the project is an eligible drinking
1597 water project, which are incident to all or part of an eligible project.

1598 (13) "Eligible public water system" means a water company, as
1599 defined in section 25-32a, serving twenty-five or more persons or
1600 fifteen or more service connections year round and nonprofit
1601 noncommunity water systems.

1602 (14) "Grant account loan" means a loan to a municipality by the state
1603 from the water pollution control state account of the Clean Water
1604 Fund.

1605 (15) "Grant account loan obligation" means bonds or other
1606 obligations issued by a municipality to evidence the permanent
1607 financing by such municipality of its indebtedness under a project
1608 funding agreement with respect to a grant account loan, made payable
1609 to the state for the benefit of the water pollution control state account
1610 of the Clean Water Fund and containing such terms and conditions
1611 and being in such form as may be approved by the commissioner.

1612 (16) "Grant anticipation note" means any note or notes issued in
1613 anticipation of the receipt of a project grant.

1614 (17) "Interim funding obligation" means any bonds or notes issued
1615 by a recipient in anticipation of the issuance of project loan obligations,
1616 grant account loan obligations or the receipt of project grants.

1617 (18) "Intended use plan" means a document if required, prepared by
1618 the Commissioner of Public Health, [in consultation with the
1619 commissioner,] in accordance with section 22a-478, as amended by this
1620 act.

1621 (19) "Municipality" means any metropolitan district, town,
1622 consolidated town and city, consolidated town and borough, city,
1623 borough, village, fire and sewer district, sewer district or public
1624 authority and each municipal organization having authority to levy
1625 and collect taxes or make charges for its authorized function.

1626 (20) "Pollution abatement facility" means any equipment, plant,
1627 treatment works, structure, machinery, apparatus or land, or any
1628 combination thereof, which is acquired, used, constructed or operated
1629 for the storage, collection, reduction, recycling, reclamation, disposal,
1630 separation or treatment of water or wastes, or for the final disposal of
1631 residues resulting from the treatment of water or wastes, and includes,
1632 but is not limited to: Pumping and ventilating stations, facilities, plants
1633 and works; outfall sewers, interceptor sewers and collector sewers; and
1634 other real or personal property and appurtenances incident to their use
1635 or operation.

1636 (21) "Priority list of eligible drinking water projects" means the
1637 priority list of eligible drinking water projects established by the
1638 Commissioner of Public Health in accordance with the provisions of
1639 sections 22a-475 to 22a-483, inclusive, as amended by this act.

1640 (22) "Priority list of eligible projects" means the priority list of
1641 eligible drinking water projects or the priority list of eligible water
1642 quality projects, as applicable.

1643 (23) "Priority list of eligible water quality projects" means the
1644 priority list of eligible water quality projects established by the
1645 commissioner in accordance with the provisions of sections 22a-475 to
1646 22a-483, inclusive, as amended by this act.

1647 (24) "Program" means the municipal water quality financial
1648 assistance program, including the drinking water financial assistance
1649 program, created under sections 22a-475 to 22a-483, inclusive, as
1650 amended by this act.

1651 (25) "Project grant" means a grant made to a municipality by the
1652 state from the water pollution control state account of the Clean Water
1653 Fund or the Long Island Sound clean-up account of the Clean Water
1654 Fund.

1655 (26) "Project loan" means a loan made to a recipient by the state
1656 from the Clean Water Fund.

1657 (27) "Project funding agreement" means a written agreement
1658 between the state, acting by and through [the Commissioner of Public
1659 Health and] the commissioner or, if the project is an eligible drinking
1660 water project, acting by and through the Commissioner of Public
1661 Health, in consultation with the Department of Public Utility Control
1662 when the recipient is a water company, as defined in section 16-1, and
1663 a recipient with respect to a project grant, a grant account loan and a
1664 project loan as provided under sections 22a-475 to 22a-483, inclusive,
1665 as amended by this act, and containing such terms and conditions as

1666 may be approved by the commissioner or, if the project is an eligible
1667 drinking water project, by the Commissioner of Public Health.

1668 (28) "Project obligation" or "project loan obligation" means bonds or
1669 other obligations issued by a recipient to evidence the permanent
1670 financing by such recipient of its indebtedness under a project funding
1671 agreement with respect to a project loan, made payable to the state for
1672 the benefit of the water pollution control federal revolving loan
1673 account, the drinking water federal revolving loan account or the
1674 drinking water state account, as applicable, of the Clean Water Fund
1675 and containing such terms and conditions and being in such form as
1676 may be approved by the commissioner or, if the project is an eligible
1677 drinking water project, by the Commissioner of Public Health.

1678 (29) "Public water system" means a public water system, as defined
1679 for purposes of the federal Safe Drinking Water Act, as amended or
1680 superseded.

1681 (30) "Recipient" means a municipality or eligible public water
1682 system, as applicable.

1683 (31) "State bond anticipation note" means any note or notes issued
1684 by the state in anticipation of the issuance of bonds.

1685 (32) "State grant anticipation note" means any note or notes issued
1686 by the state in anticipation of the receipt of federal grants.

1687 (33) "Water pollution control facility" means a pollution abatement
1688 facility which stores, collects, reduces, recycles, reclaims, disposes of,
1689 separates or treats sewage, or disposes of residues from the treatment
1690 of sewage.

1691 (34) "Water pollution control state account" means the water
1692 pollution control state account of the Clean Water Fund created under
1693 section 22a-477, as amended by this act.

1694 (35) "Water pollution control federal revolving loan account" means

1695 the water pollution control federal revolving loan account of the Clean
1696 Water Fund created under section 22a-477, as amended by this act.

1697 (36) "Long Island Sound clean-up account" means the Long Island
1698 Sound clean-up account created under section 22a-477, as amended by
1699 this act.

1700 Sec. 35. Subsection (p) of section 22a-477 of the 2010 supplement to
1701 the general statutes is repealed and the following is substituted in lieu
1702 thereof (*Effective October 1, 2010*):

1703 (p) Within the drinking water federal revolving loan account there
1704 are established the following subaccounts: (1) A federal receipts
1705 subaccount, into which shall be deposited federal capitalization grants
1706 and federal capitalization awards received by the state pursuant to the
1707 federal Safe Drinking Water Act or other related federal acts; (2) a state
1708 bond receipts subaccount into which shall be deposited the proceeds of
1709 notes, bonds or other obligations issued by the state for the purpose of
1710 deposit therein; (3) a state General Fund receipts subaccount into
1711 which shall be deposited funds appropriated by the General Assembly
1712 for the purpose of deposit therein; and (4) a federal loan repayment
1713 subaccount into which shall be deposited payments received from any
1714 recipient in repayment of a project loan made from any moneys
1715 deposited in the drinking water federal revolving loan account.
1716 Moneys in each subaccount created under this subsection may be
1717 expended by the [commissioner] Commissioner of Public Health for
1718 any of the purposes of the drinking water federal revolving loan
1719 account and investment earnings of any subaccount shall be deposited
1720 in such account.

1721 Sec. 36. Subsections (s) and (t) of section 22a-477 of the 2010
1722 supplement to the general statutes are repealed and the following is
1723 substituted in lieu thereof (*Effective October 1, 2010*):

1724 (s) Amounts in the drinking water federal revolving loan account of
1725 the Clean Water Fund shall be available to the [commissioner]

1726 Commissioner of Public Health to provide financial assistance (1) to
1727 any recipient for construction of eligible drinking water projects [and]
1728 approved by the Department of Public Health, and (2) for any other
1729 purpose authorized by the federal Safe Drinking Water Act or other
1730 related federal acts. In providing such financial assistance to recipients,
1731 amounts in such account may be used only: (A) By the [commissioner]
1732 Commissioner of Public Health to make loans to recipients at an
1733 interest rate not exceeding one-half the rate of the average net interest
1734 cost as determined by the last previous similar bond issue by the state
1735 of Connecticut as determined by the State Bond Commission in
1736 accordance with subsection (t) of section 3-20, provided such loans
1737 shall not exceed a term of twenty years, or such longer period as may
1738 be permitted by applicable federal law, and shall have principal and
1739 interest payments commencing not later than one year after scheduled
1740 completion of the project, and provided the loan recipient shall
1741 establish a dedicated source of revenue for repayment of the loan,
1742 except to the extent that the priority list of eligible drinking water
1743 projects allows for the making of project loans to disadvantaged
1744 communities upon different terms, including reduced interest rates or
1745 an extended term, if permitted by federal law; (B) by the
1746 [commissioner] Commissioner of Public Health to guarantee, or
1747 purchase insurance for, local obligations, where such action would
1748 improve credit market access or reduce interest rates; (C) as a source of
1749 revenue or security for the payment of principal and interest on
1750 revenue or general obligation bonds issued by the state if the proceeds
1751 of the sale of such bonds have been deposited in such account; (D) to
1752 be invested by the State Treasurer and earn interest on moneys in such
1753 account; (E) by the Commissioner of [Environmental Protection and
1754 the Department of] Public Health to pay for the reasonable costs of
1755 administering such account and conducting activities under the federal
1756 Safe Drinking Water Act or other related federal acts; and (F) by the
1757 Commissioner of Environmental Protection and the Commissioner of
1758 Public Health to provide additional forms of subsidization, including
1759 grants, principal forgiveness or negative interest loans or any

1760 combination thereof, if permitted by federal law and made pursuant to
1761 a project funding agreement in accordance with subsection (k) of
1762 section 22a-478, as amended by this act.

1763 (t) Amounts in the drinking water state account of the Clean Water
1764 Fund shall be available: (1) To be invested by the State Treasurer to
1765 earn interest on moneys in such account; (2) for the Commissioner of
1766 [Environmental Protection] Public Health to make grants to recipients
1767 in a manner provided under the federal Safe Drinking Water Act in the
1768 amounts and in the manner set forth in a project funding agreement;
1769 (3) [with the concurrence of the Commissioner of Public Health] for the
1770 Commissioner of [Environmental Protection] Public Health to make
1771 loans to recipients in amounts and in the manner set forth in a project
1772 funding agreement for planning and developing eligible drinking
1773 water projects prior to construction and permanent financing; (4) [with
1774 the concurrence of the Commissioner of Public Health] for the
1775 Commissioner of [Environmental Protection] Public Health to make
1776 loans to recipients, for terms not exceeding twenty years, for an eligible
1777 drinking water project; (5) [with the concurrence of the Commissioner
1778 of Public Health] for the Commissioner of [Environmental Protection]
1779 Public Health to pay the costs of studies and surveys to determine
1780 drinking water needs and priorities and to pay the expenses of the
1781 Department of [Environmental Protection and the Department of]
1782 Public Health in undertaking such studies and surveys and in
1783 administering the program; (6) for the payment of costs as agreed to by
1784 the Department of Public Health after consultation with the Secretary
1785 of the Office of Policy and Management for administration and
1786 management of the drinking water programs within the Clean Water
1787 Fund; (7) provided such amounts are not required for the purposes of
1788 such fund, for the State Treasurer to pay debt service on bonds of the
1789 state issued to fund the drinking water programs within the Clean
1790 Water Fund, or for the purchase or redemption of such bonds; and (8)
1791 for any other purpose of the drinking water programs within the Clean
1792 Water Fund and the program relating thereto.

1793 Sec. 37. Subsections (h) to (n), inclusive, of section 22a-478 of the
1794 general statutes are repealed and the following is substituted in lieu
1795 thereof (*Effective October 1, 2010*):

1796 (h) The Department of Public Health shall establish and maintain a
1797 priority list of eligible drinking water projects and shall establish a
1798 system setting the priority for making project loans to eligible public
1799 water systems. In establishing such priority list and ranking system,
1800 the Commissioner of Public Health shall consider all factors which he
1801 deems relevant, including but not limited to the following: (1) The
1802 public health and safety; (2) protection of environmental resources; (3)
1803 population affected; (4) risk to human health; (5) public water systems
1804 most in need on a per household basis according to applicable state
1805 affordability criteria; (6) compliance with the applicable requirements
1806 of the federal Safe Drinking Water Act and other related federal acts;
1807 (7) applicable state and federal regulations. The priority list of eligible
1808 drinking water projects shall include a description of each project and
1809 its purpose, impact, cost and construction schedule, and an
1810 explanation of the manner in which priorities were established. The
1811 Commissioner of Public Health shall adopt an interim priority list of
1812 eligible drinking water projects for the purpose of making project
1813 loans prior to adoption of final regulations, and in so doing may utilize
1814 existing rules and regulations of the department relating to the
1815 program. To the extent required by applicable federal law, the
1816 Department of Public Health [and the Commissioner of Environmental
1817 Protection] shall prepare any required intended use plan with respect
1818 to eligible drinking water projects; (8) consistency with the plan of
1819 conservation and development; (9) consistency with the policies
1820 delineated in section 22a-380; and (10) consistency with the
1821 coordinated water system plan in accordance with subsection (f) of
1822 section 25-33d.

1823 (i) In each fiscal year the [commissioner] Commissioner of Public
1824 Health may make project loans to recipients in the order of the priority
1825 list of eligible drinking water projects to the extent of moneys available

1826 therefor in the appropriate accounts of the Clean Water Fund. Each
1827 recipient undertaking an eligible drinking water project may apply for
1828 and receive a project loan or loans in an amount equal to one hundred
1829 per cent of the eligible project costs.

1830 (j) The funding of an eligible drinking water project shall be
1831 pursuant to a project funding agreement between the state, acting by
1832 and through the Commissioner of [Environmental Protection and the
1833 Commissioner of] Public Health, and the recipient undertaking such
1834 project and shall be evidenced by a project fund obligation or an
1835 interim funding obligation of such recipient issued in accordance with
1836 section 22a-479, as amended by this act. A project funding agreement
1837 shall be in a form prescribed by the Commissioner of [Environmental
1838 Protection and the Commissioner of] Public Health. Any eligible
1839 drinking water project shall receive a project loan for the costs of the
1840 project. All loans made in accordance with the provisions of this
1841 section for an eligible drinking water project shall bear an interest rate
1842 not exceeding one-half the rate of the average net interest cost as
1843 determined by the last previous similar bond issue by the state of
1844 Connecticut as determined by the State Bond Commission in
1845 accordance with subsection (t) of section 3-20. The [commissioner]
1846 Commissioner of Public Health may allow any project fund obligation
1847 or interim funding obligation for an eligible drinking water project to
1848 be repaid by a borrowing recipient prior to maturity without penalty.

1849 (k) Each project loan for an eligible drinking water project shall be
1850 made pursuant to a project funding agreement between the state,
1851 acting by and through the Commissioner of [Environmental Protection
1852 and the Department of] Public Health, and such recipient, and each
1853 project loan for an eligible drinking water project shall be evidenced by
1854 a project loan obligation or by an interim funding obligation of such
1855 recipient issued in accordance with sections 22a-475 to 22a-483,
1856 inclusive, as amended by this act. Except as otherwise provided in said
1857 sections 22a-475 to 22a-483, inclusive, as amended by this act, each
1858 project funding agreement shall contain such terms and conditions,

1859 including provisions for default which shall be enforceable against a
1860 recipient, as shall be approved by the Commissioner of
1861 [Environmental Protection and the Commissioner of] Public Health.
1862 Each project loan obligation or interim funding obligation issued
1863 pursuant to a project funding agreement for an eligible drinking water
1864 project shall bear an interest rate not exceeding one-half the rate of the
1865 average net interest cost as determined by the last previous similar
1866 bond issue by the state of Connecticut as determined by the State Bond
1867 Commission in accordance with subsection (t) of section 3-20. Except
1868 as otherwise provided in said sections 22a-475 to 22a-483, inclusive, as
1869 amended by this act, each project loan obligation and interim funding
1870 obligation shall be issued in accordance with the terms and conditions
1871 set forth in the project funding agreement. Notwithstanding any other
1872 provision of the general statutes, public act or special act to the
1873 contrary, each project loan obligation for an eligible drinking water
1874 project shall mature no later than twenty years from the date of
1875 completion of the construction of the project and shall be paid in
1876 monthly installments of principal and interest or in monthly
1877 installments of principal unless a finding is otherwise made by the
1878 State Treasurer requiring a different payment schedule. Interest on
1879 each project loan obligation for an eligible drinking water project shall
1880 be payable monthly unless a finding is otherwise made by the State
1881 Treasurer requiring a different payment schedule. Principal and
1882 interest on interim funding obligations issued under a project funding
1883 agreement for an eligible drinking water project shall be payable at
1884 such time or times as provided in the project funding agreement, not
1885 exceeding six months after the date of completion of the planning and
1886 design phase or the construction phase, as applicable, of the eligible
1887 drinking water project, as determined by the Commissioner of
1888 [Environmental Protection and the Commissioner of] Public Health,
1889 and may be paid from the proceeds of a renewal note or notes or from
1890 the proceeds of a project loan obligation. The [commissioner]
1891 Commissioner of Public Health may allow any project loan obligation
1892 or interim funding obligation for an eligible drinking water project to

1893 be repaid by the borrowing recipient prior to maturity without
1894 penalty. [with the concurrence of the Commissioner of Public Health.]

1895 (l) The [Commissioner of Environmental Protection and the]
1896 Commissioner of Public Health may make a project loan to a recipient
1897 pursuant to a project funding agreement for an eligible drinking water
1898 project for the planning and design phase of an eligible project, to the
1899 extent provided by the federal Safe Drinking Water Act, as amended.
1900 Principal and interest on a project loan for the planning and design
1901 phases of an eligible drinking water project may be paid from and
1902 included in the principal amount of a loan for the construction phase
1903 of an eligible drinking water project.

1904 (m) A project loan for an eligible drinking water project shall not be
1905 made to a recipient unless: (1) In the case of a project loan for the
1906 construction phase, final plans and specifications for such project are
1907 approved by the Commissioner of Public Health, and when the
1908 recipient is a water company, as defined in section 16-1, with the
1909 concurrence of the Department of Public Utility Control, and with the
1910 approval of the Commissioner of [Environmental Protection] Public
1911 Health for consistency with financial requirements of the general
1912 statutes, regulations and resolutions; (2) each recipient undertaking
1913 such project provides assurances satisfactory to the Commissioner of
1914 Public Health [and the Commissioner of Environmental Protection]
1915 that the recipient shall undertake and complete such project with due
1916 diligence and, in the case of a project loan for the construction phase,
1917 that it shall own such project and shall operate and maintain the
1918 eligible drinking water project for a period and in a manner
1919 satisfactory to the Department of Public Health after completion of
1920 such project; (3) each recipient undertaking such project has filed with
1921 the Commissioner of Public Health all applications and other
1922 documents prescribed by the [Commissioner of Environmental
1923 Protection, the] Department of Public Utility Control and the
1924 Commissioner of Public Health within time periods prescribed by the
1925 Commissioner of Public Health; (4) each recipient undertaking such

1926 project has established separate accounts for the receipt and
1927 disbursement of the proceeds of such project loan and has agreed to
1928 maintain project accounts in accordance with generally accepted
1929 government accounting standards or uniform system of accounts, as
1930 applicable; (5) in any case in which an eligible drinking water project
1931 shall be owned or maintained by more than one recipient, the
1932 [commissioner] Commissioner of Public Health has received evidence
1933 satisfactory to him that all such recipients are legally required to
1934 complete their respective portions of such project; (6) each recipient
1935 undertaking such project has agreed to comply with such audit
1936 requirements as may be imposed by the [commissioner] Commissioner
1937 of Public Health; and (7) in the case of a project loan for the
1938 construction phase, each recipient shall assure the [Commissioner of
1939 Environmental Protection, the] Department of Public Utility Control,
1940 as required, and the Commissioner of Public Health that it has
1941 adequate legal, institutional, technical, managerial and financial
1942 capability to ensure compliance with the requirements of applicable
1943 federal law, except to the extent otherwise permitted by federal law.

1944 (n) Notwithstanding any provision of sections 22a-475 to 22a-483,
1945 inclusive, as amended by this act, to the contrary, the Commissioner of
1946 Public Health [with the concurrence of the Commissioner of
1947 Environmental Protection] may make a project loan or loans in
1948 accordance with the provisions of subsection (j) of this section with
1949 respect to an eligible drinking water project without regard to the
1950 priority list of eligible drinking water projects if a public drinking
1951 water supply emergency exists, pursuant to section 25-32b, which
1952 requires that the eligible drinking water project be undertaken to
1953 protect the public health and safety.

1954 Sec. 38. Subsections (c) and (d), inclusive, of section 22a-479 of the
1955 general statutes are repealed and the following is substituted in lieu
1956 thereof (*Effective October 1, 2010*):

1957 (c) Whenever a recipient has entered into a project funding

1958 agreement and has authorized the issuance of project loan obligations
1959 or grant account loan obligations, it may authorize the issuance of
1960 interim funding obligations. Proceeds from the issuance and sale of
1961 interim funding obligations shall be used to temporarily finance an
1962 eligible project pending receipt of the proceeds of a project loan
1963 obligation, a grant account loan obligation or project grant. Such
1964 interim funding obligations may be issued and sold to the state for the
1965 benefit of the Clean Water Fund or issued and sold to any other lender
1966 on such terms and in such manner as shall be determined by a
1967 recipient. Such interim funding obligations may be renewed from time
1968 to time by the issuance of other notes, provided the final maturity of
1969 such notes shall not exceed six months from the date of completion of
1970 the planning and design phase or the construction phase, as applicable,
1971 of an eligible project, as determined by the commissioner or, if the
1972 project is an eligible drinking water project, by the Commissioner of
1973 Public Health. Such notes and any renewals of a municipality shall not
1974 be subject to the requirements and limitations set forth in sections 7-
1975 378, 7-378a and 7-264. The provisions of section 7-374 shall apply to
1976 such notes and any renewals thereof of a municipality; except that
1977 project loan obligations, grant account loan obligations and interim
1978 funding obligations issued in order to meet the requirements of an
1979 abatement order of the commissioner shall not be subject to the debt
1980 limitation provisions of section 7-374, provided the municipality files a
1981 certificate, signed by its chief fiscal officer, with the commissioner
1982 demonstrating to the satisfaction of the commissioner that the
1983 municipality has a plan for levying a system of charges, assessments or
1984 other revenues sufficient, together with other available funds of the
1985 municipality, to repay such obligations as the same become due and
1986 payable. The officer or agency authorized by law or by vote of the
1987 recipient to issue such interim funding obligations shall, within any
1988 limitation imposed by such law or vote, determine the date, maturity,
1989 interest rate, form, manner of sale and other details of such obligations.
1990 Such obligations may bear interest or be sold at a discount and the
1991 interest or discount on such obligations, including renewals thereof,

1992 and the expense of preparing, issuing and marketing them may be
1993 included as a part of the cost of an eligible project. Upon the issuance
1994 of a project loan obligation or grant account loan obligation, the
1995 proceeds thereof, to the extent required, shall be applied forthwith to
1996 the payment of the principal of and interest on all interim funding
1997 obligations issued in anticipation thereof and upon receipt of a project
1998 grant, the proceeds thereof, to the extent required, shall be applied
1999 forthwith to the payment of the principal of and interest on all grant
2000 anticipation notes issued in anticipation thereof or, in either case, shall
2001 be deposited in trust for such purpose with a bank or trust company,
2002 which may be the bank or trust company, if any, at which such
2003 obligations are payable.

2004 (d) Project loan obligations, grant account loan obligations, interim
2005 funding obligations or any obligation of a municipality that satisfies
2006 the requirements of Title VI of the federal Water Pollution Control Act
2007 or the federal Safe Drinking Water Act or other related federal act may,
2008 as determined by the commissioner or, if the project is an eligible
2009 drinking water project, by the Commissioner of Public Health, be
2010 general obligations of the issuing municipality and in such case each
2011 such obligation shall recite that the full faith and credit of the issuing
2012 municipality are pledged for the payment of the principal thereof and
2013 interest thereon. To the extent a municipality is authorized pursuant to
2014 sections 22a-475 to 22a-483, inclusive, as amended by this act, to issue
2015 project loan obligations or interim funding obligations, such
2016 obligations may be secured by a pledge of revenues and other funds
2017 derived from its sewer system or public water supply system, as
2018 applicable. Each pledge and agreement made for the benefit or security
2019 of any of such obligations shall be in effect until the principal of, and
2020 interest on, such obligations have been fully paid, or until provision
2021 has been made for payment in the manner provided in the resolution
2022 authorizing their issuance or in the agreement for the benefit of the
2023 holders of such obligations. In any such case, such pledge shall be
2024 valid and binding from the time when such pledge is made. Any
2025 revenues or other receipts, funds or moneys so pledged and thereafter

2026 received by the municipality shall immediately be subject to the lien of
2027 such pledge without any physical delivery thereof or further act. The
2028 lien of any such pledge shall be valid and binding as against all parties
2029 having claims of any kind in tort, contract or otherwise against the
2030 municipality, irrespective of whether such parties have notice thereof.
2031 Neither the project loan obligation, interim funding obligation, project
2032 funding agreement nor any other instrument by which a pledge is
2033 created need be recorded. All securities or other investments of
2034 moneys of the state permitted or provided for under sections 22a-475
2035 to 22a-483, inclusive, as amended by this act, may, upon the
2036 determination of the State Treasurer, be purchased and held in fully
2037 marketable form, subject to provision for any registration in the name
2038 of the state. Securities or other investments at any time purchased,
2039 held or owned by the state may, upon the determination of the State
2040 Treasurer and upon delivery to the state, be accompanied by such
2041 documentation, including approving bond opinion, certification and
2042 guaranty as to signatures and certification as to absence of litigation,
2043 and such other or further documentation as shall from time to time be
2044 required in the municipal bond market or required by the state.

2045 Sec. 39. Subsection (f) of section 22a-479 of the general statutes is
2046 repealed and the following is substituted in lieu thereof (*Effective*
2047 *October 1, 2010*):

2048 (f) Any recipient which is not a municipality shall execute and
2049 deliver project loan obligations and interim financing obligations in
2050 accordance with applicable law and in such form and with such
2051 requirements as may be determined by the commissioner or by the
2052 Commissioner of Public Health if the project is an eligible drinking
2053 water project. The Commissioner of Public Health and the Department
2054 of Public Utility Control as required by section 16-19e shall review and
2055 approve all costs that are necessary and reasonable prior to the award
2056 of the project funding agreement with respect to an eligible drinking
2057 water project. The Department of Public Utility Control, where
2058 appropriate, shall include these costs in the recipient's rate structure in

2059 accordance with section 16-19e.

2060 Sec. 40. Section 22a-480 of the general statutes is repealed and the
2061 following is substituted in lieu thereof (*Effective October 1, 2010*):

2062 No provision of sections 22a-475 to 22a-483, inclusive, as amended
2063 by this act, shall be construed or deemed to supersede or limit the
2064 authority granted the commissioner and the Commissioner of Public
2065 Health pursuant to this chapter.

2066 Sec. 41. Section 22a-482 of the general statutes is repealed and the
2067 following is substituted in lieu thereof (*Effective October 1, 2010*):

2068 The Commissioner of Environmental Protection [and the
2069 Commissioner of Public Health] shall adopt regulations in accordance
2070 with the provisions of chapter 54 to carry out the purposes of sections
2071 22a-475 to 22a-483, inclusive, as amended by this act, except that the
2072 Commissioner of Public Health shall adopt regulations in accordance
2073 with the provisions of chapter 54 to carry out the purposes of sections
2074 22a-475 to 22a-483, inclusive, as amended by this act, pertaining to the
2075 drinking water accounts, as defined in subdivisions (7) and (8) of
2076 section 22a-475, as amended by this act, and eligible drinking water
2077 projects. Pending the adoption of regulations concerning the drinking
2078 water accounts, as defined in subdivisions (7) and (8) of section 22a-
2079 475, as amended by this act, the regulations in effect and applicable to
2080 the management and operation of the Clean Water Fund shall be
2081 utilized by the Commissioner of Public Health [and the Commissioner
2082 of Environmental Protection in connection] with the operation of the
2083 drinking water accounts, as defined in subdivisions (7) and (8) of said
2084 section 22a-475, as amended by this act.

2085 Sec. 42. Section 19a-436 of the 2010 supplement to the general
2086 statutes is repealed and the following is substituted in lieu thereof
2087 (*Effective October 1, 2010*):

2088 (a) [No] Except as provided in subsection (d) of this section, no

2089 person shall permit, maintain, promote, conduct, advertise, act as
2090 entrepreneur, undertake, organize, manage or sell or give tickets to an
2091 actual or reasonably anticipated assembly of two thousand or more
2092 people which continues or can reasonably be expected to continue for
2093 twelve or more consecutive hours, whether on public or private
2094 property, unless a license to hold the assembly has first been issued by
2095 the chief of police of the municipality in which the assembly is to
2096 gather or, if there is none, the first selectman. A license to hold an
2097 assembly issued to one person shall permit any person to engage in
2098 any lawful activity in connection with the holding of the licensed
2099 assembly.

2100 (b) A separate license shall be required for each day and each
2101 location in which two thousand or more people assemble or can
2102 reasonably be anticipated to assemble. The fee for each license shall be
2103 one hundred dollars.

2104 [(c) A license shall permit the assembly of only the maximum
2105 number of people stated in the license. The licensee shall not sell
2106 tickets to or permit to assemble at the licensed location more than the
2107 maximum permissible number of people.]

2108 [(d)] (c) The licensee shall not permit the sound of the assembly to
2109 carry unreasonably beyond the boundaries of the location of the
2110 assembly.

2111 (d) A municipality may waive the licensure process prescribed in
2112 this section, provided no assembly, as described in subsection (a) of
2113 this section, may gather unless the person undertaking the assembly
2114 has provided: (1) Prior notification to the chief elected official of the
2115 municipality where the assembly is to gather, and (2) a letter to the
2116 chief elected official of the municipality documenting that the
2117 requirements of section 19a-437, as amended by this act, have been
2118 met. The person undertaking the gathering shall provide such notice to
2119 the chief elected official of the municipality not less than fifteen days
2120 prior to the date when the assembly is to gather.

2121 Sec. 43. Section 19a-437 of the general statutes is repealed and the
2122 following is substituted in lieu thereof (*Effective October 1, 2010*):

2123 Before the issuance of a license in accordance with the provisions of
2124 this chapter, the applicant shall first:

2125 (1) Determine the maximum number of people which will be
2126 assembled or admitted to the location of the assembly, provided the
2127 maximum number shall not exceed the maximum number which can
2128 reasonably assemble at the location of the assembly in consideration of
2129 the nature of the assembly and provided, where the assembly is to
2130 continue overnight, the maximum number shall not be more than is
2131 allowed to sleep within the boundaries of the location of the assembly
2132 by the zoning or health ordinances of the municipality and that, for an
2133 assembly that occurs on an annual basis, the maximum number of
2134 people determined may be the average number of persons assembled
2135 each day of the assembly during the prior four years of the assembly;

2136 (2) Provide proof that food concessions will be in operation on the
2137 grounds with sufficient capacity to accommodate the number of
2138 persons expected to be in attendance and that he will furnish at his
2139 own expense before the assembly commences: (A) Potable water,
2140 meeting all federal and state requirements for purity, sufficient to
2141 provide drinking water for the maximum number of people to be
2142 assembled at the rate of at least one gallon per person per day and
2143 water for bathing at the rate of at least ten gallons per person per day;
2144 (B) separate enclosed toilets for males and females, meeting all state
2145 and local specifications, conveniently located throughout the grounds,
2146 sufficient to provide facilities for the maximum number of people to be
2147 assembled at the rate of at least one toilet for every two hundred
2148 females and at least one toilet for every three hundred males, together
2149 with an efficient, sanitary means of disposing of waste matter
2150 deposited, which is in compliance with all state and local laws and
2151 regulations. A lavatory with running water under pressure and a
2152 continuous supply of soap and paper towels shall be provided with

2153 each toilet; (C) a sanitary method of disposing of solid waste, in
2154 compliance with state and local laws and regulations, sufficient to
2155 dispose of the solid waste production of the maximum number of
2156 people to be assembled at the rate of at least two and one-half pounds
2157 of solid waste per person per day, together with a plan for holding and
2158 a plan for collecting all such waste at least once each day of the
2159 assembly and sufficient trash cans with tight fitting lids and personnel
2160 to perform the task; (D) a written plan reviewed by the primary service
2161 area responder, as defined in section 19a-175, as amended by this act,
2162 in the location where the assembly is to be held, that indicates that the
2163 applicant has satisfactorily planned and arranged for the on-site
2164 availability of an emergency medical service organization, as defined
2165 in section 19a-175, as amended by this act, during the duration of the
2166 assembly; [(E) if the assembly is to continue during hours of darkness,
2167 illumination sufficient to light the entire area of the assembly at the
2168 rate of at least five foot candles, but not to shine unreasonably beyond
2169 the boundaries of the location of the assembly; (F)] (E) a [free] parking
2170 area [inside of the assembly grounds] sufficient to provide parking
2171 space for the maximum number of people to be assembled; [at the rate
2172 of at least one parking space for every four persons; (G) telephones
2173 connected to outside lines sufficient to provide service for the
2174 maximum number of people to be assembled at the rate of at least one
2175 separate line and receiver for each one thousand persons; (H)] (F) if the
2176 assembly is to continue overnight, camping facilities in compliance
2177 with all state and local requirements, sufficient to provide camping
2178 accommodations for the maximum number of people to be assembled;
2179 [(I)] (G) security guards, either regularly employed, duly sworn, off
2180 duty policemen or constables or private guards, licensed in this state,
2181 sufficient to provide adequate security for the maximum number of
2182 people to be assembled at the rate [of at least one security guard for
2183 every seven hundred fifty people] determined in consultation with the
2184 local police authority; [(J)] (H) fire protection, including alarms,
2185 extinguishing devices and fire lanes and escapes, sufficient to meet all
2186 state and local standards for the location of the assembly and sufficient

2187 emergency personnel to operate efficiently the required equipment;
2188 [(K) all reasonably necessary precautions to insure that the sound of
2189 the assembly will not carry unreasonably beyond the enclosed
2190 boundaries of the location of the assembly;] and [(L)] (I) if required by
2191 the municipality where the mass gathering will be assembled, a bond,
2192 filed with the clerk of the municipality in which the assembly is to
2193 gather, either in cash or underwritten by a surety company licensed to
2194 do business in this state, [at the rate of four dollars per person for the
2195 maximum number of people permitted to assemble,] which (i) shall
2196 indemnify and hold harmless the municipality or any of its agents,
2197 officers, servants or employees from any liability or causes of action
2198 which might arise by reason of granting the license, and from any cost
2199 incurred in cleaning up any waste material produced or left by the
2200 assembly; (ii) guarantee the state the payment of any taxes which may
2201 accrue as a result of the gathering; and (iii) guarantee reimbursement
2202 of ticketholders if the event is cancelled.

2203 Sec. 44. Section 20-101 of the general statutes is repealed and the
2204 following is substituted in lieu thereof (*Effective October 1, 2010*):

2205 No provision of this chapter shall confer any authority to practice
2206 medicine or surgery nor shall this chapter prohibit any person from
2207 the domestic administration of family remedies or the furnishing of
2208 assistance in the case of an emergency; nor shall it be construed as
2209 prohibiting persons employed in state hospitals and state sanatoriums
2210 and subsidiary workers in general hospitals from assisting in the
2211 nursing care of patients if adequate medical and nursing supervision is
2212 provided; nor shall it be construed to prohibit the administration of
2213 medications by dialysis patient care technicians in accordance with
2214 section 19a-269a; nor shall it be construed as prohibiting students who
2215 are enrolled in schools of nursing approved pursuant to section 20-90,
2216 and students who are enrolled in schools for licensed practical nurses
2217 approved pursuant to section 20-90, from performing such work as is
2218 incidental to their respective courses of study; nor shall it prohibit a
2219 registered nurse who holds a master's degree in nursing or in a related

2220 field recognized for certification as either a nurse practitioner, a clinical
2221 nurse specialist, or a nurse anesthetist by one of the certifying bodies
2222 identified in section 20-94a from practicing for a period not to exceed
2223 one hundred twenty days after the date of graduation, provided such
2224 graduate advanced practice registered nurse is working in a hospital
2225 or other organization under the supervision of a licensed physician or
2226 a licensed advanced practice registered nurse, such hospital or other
2227 organization has verified that the graduate advanced practice
2228 registered nurse has applied to sit for the national certification
2229 examination and the graduate advanced practice registered nurse is
2230 not authorized to prescribe or dispense drugs; nor shall it prohibit
2231 graduates of schools of nursing or schools for licensed practical nurses
2232 approved pursuant to section 20-90, from nursing the sick for a period
2233 not to exceed ninety calendar days after the date of graduation,
2234 provided such graduate nurses are working in hospitals or
2235 organizations where adequate supervision is provided, and such
2236 hospital or other organization has verified that the graduate nurse has
2237 successfully completed a nursing program. Upon notification that the
2238 graduate nurse has failed the licensure examination or that the
2239 graduate advanced practice registered nurse has failed the certification
2240 examination, all privileges under this section shall automatically cease.
2241 No provision of this chapter shall prohibit any registered nurse who
2242 has been issued a temporary permit by the department, pursuant to
2243 subsection (b) of section 20-94, from caring for the sick pending the
2244 issuance of a license without examination; nor shall it prohibit any
2245 licensed practical nurse who has been issued a temporary permit by
2246 the department, pursuant to subsection (b) of section 20-97, from
2247 caring for the sick pending the issuance of a license without
2248 examination; nor shall it prohibit any qualified registered nurse or any
2249 qualified licensed practical nurse of another state from caring for a
2250 patient temporarily in this state, provided such nurse has been granted
2251 a temporary permit from said department and provided such nurse
2252 shall not represent or hold himself or herself out as a nurse licensed to
2253 practice in this state; nor shall it prohibit registered nurses or licensed

2254 practical nurses from other states from doing such nursing as is
2255 incident to their course of study when taking postgraduate courses in
2256 this state; nor shall it prohibit nursing or care of the sick, with or
2257 without compensation or personal profit, in connection with the
2258 practice of the religious tenets of any church by adherents thereof,
2259 provided such persons shall not otherwise engage in the practice of
2260 nursing within the meaning of this chapter. This chapter shall not
2261 prohibit the care of persons in their homes by domestic servants,
2262 housekeepers, nursemaids, companions, attendants or household aides
2263 of any type, whether employed regularly or because of an emergency
2264 of illness, if such persons are not initially employed in a nursing
2265 capacity. This chapter shall not prohibit unlicensed assistive personnel
2266 from administering jejunostomy and gastrojejunal tube feedings to
2267 persons who attend day programs or respite centers or who reside in
2268 residential facilities or receive support under the jurisdiction of the
2269 Department of Developmental Services, when such feedings are
2270 performed by trained, unlicensed assistive personnel pursuant to the
2271 written order of a physician licensed under chapter 370, an advanced
2272 practice registered nurse licensed to prescribe in accordance with
2273 section 20-94a or a physician assistant licensed to prescribe in
2274 accordance with section 20-12d.

2275 Sec. 45. Section 19a-32f of the general statutes is repealed and the
2276 following is substituted in lieu thereof (*Effective October 1, 2010*):

2277 (a) (1) There is established a Stem Cell Research Advisory
2278 Committee. The committee shall consist of the Commissioner of Public
2279 Health and eight members who shall be appointed as follows: Two by
2280 the Governor, one of whom shall be nationally recognized as an active
2281 investigator in the field of stem cell research and one of whom shall
2282 have background and experience in the field of bioethics; one each by
2283 the president pro tempore of the Senate and the speaker of the House
2284 of Representatives, who shall have background and experience in
2285 private sector stem cell research and development; one each by the
2286 majority leaders of the Senate and House of Representatives, who shall

2287 be academic researchers specializing in stem cell research; one by the
2288 minority leader of the Senate, who shall have background and
2289 experience in either private or public sector stem cell research and
2290 development or related research fields, including, but not limited to,
2291 embryology, genetics or cellular biology; and one by the minority
2292 leader of the House of Representatives, who shall have background
2293 and experience in business or financial investments. Members shall
2294 serve for a term of four years commencing on October first, except that
2295 members first appointed by the Governor and the majority leaders of
2296 the Senate and House of Representatives shall serve for a term of two
2297 years. No member may serve for more than two consecutive four-year
2298 terms and no member may serve concurrently on the Stem Cell
2299 Research Peer Review Committee established pursuant to section 19a-
2300 32g. All initial appointments to the committee shall be made by
2301 October 1, 2005. Any vacancy shall be filled by the appointing
2302 authority.

2303 (2) On and after July 1, 2006, the advisory committee shall include
2304 eight additional members who shall be appointed as follows: Two by
2305 the Governor, one of whom shall be nationally recognized as an active
2306 investigator in the field of stem cell research and one of whom shall
2307 have background and experience in the field of ethics; one each by the
2308 president pro tempore of the Senate and the speaker of the House of
2309 Representatives, who shall have background and experience in private
2310 sector stem cell research and development; one each by the majority
2311 leaders of the Senate and House of Representatives, who shall be
2312 academic researchers specializing in stem cell research; one by the
2313 minority leader of the Senate, who shall have background and
2314 experience in either private or public sector stem cell research and
2315 development or related research fields, including, but not limited to,
2316 embryology, genetics or cellular biology; and one by the minority
2317 leader of the House of Representatives, who shall have background
2318 and experience in business or financial investments. Members shall
2319 serve for a term of four years, except that (A) members first appointed
2320 by the Governor and the majority leaders of the Senate and House of

2321 Representatives pursuant to this subdivision shall serve for a term of
2322 two years and three months, and (B) members first appointed by the
2323 remaining appointing authorities shall serve for a term of four years
2324 and three months. No member appointed pursuant to this subdivision
2325 may serve for more than two consecutive four-year terms and no such
2326 member may serve concurrently on the Stem Cell Research Peer
2327 Review Committee established pursuant to section 19a-32g. All initial
2328 appointments to the committee pursuant to this subdivision shall be
2329 made by July 1, 2006. Any vacancy shall be filled by the appointing
2330 authority.

2331 (b) The Commissioner of Public Health shall serve as the
2332 chairperson of the committee and shall schedule the first meeting of
2333 the committee, which shall be held no later than December 1, 2005.

2334 (c) All members appointed to the committee shall work to advance
2335 embryonic and human adult stem cell research. Any member who fails
2336 to attend three consecutive meetings or who fails to attend fifty per
2337 cent of all meetings held during any calendar year shall be deemed to
2338 have resigned from the committee.

2339 (d) Notwithstanding the provisions of any other law, it shall not
2340 constitute a conflict of interest for a trustee, director, partner, officer,
2341 stockholder, proprietor, counsel or employee of any eligible institution,
2342 or for any other individual with a financial interest in any eligible
2343 institution, to serve as a member of the committee. All members shall
2344 be deemed public officials and shall adhere to the code of ethics for
2345 public officials set forth in chapter 10. Members may participate in the
2346 affairs of the committee with respect to the review or consideration of
2347 grant-in-aid applications, including the approval or disapproval of
2348 such applications, except that no member shall participate in the affairs
2349 of the committee with respect to the review or consideration of any
2350 grant-in-aid application filed by such member or by any eligible
2351 institution in which such member has a financial interest, or with
2352 whom such member engages in any business, employment, transaction

2353 or professional activity.

2354 (e) The Stem Cell Research Advisory Committee shall (1) develop,
2355 in consultation with the Commissioner of Public Health, a donated
2356 funds program to encourage the development of funds other than state
2357 appropriations for embryonic and human adult stem cell research in
2358 this state, (2) examine and identify specific ways to improve and
2359 promote for-profit and not-for-profit embryonic and human adult stem
2360 cell and related research in the state, including, but not limited to,
2361 identifying both public and private funding sources for such research,
2362 maintaining existing embryonic and human adult stem-cell-related
2363 businesses, recruiting new embryonic and human adult stem-cell-
2364 related businesses to the state and recruiting scientists and researchers
2365 in such field to the state, (3) establish and administer, in consultation
2366 with the Commissioner of Public Health, a stem cell research grant
2367 program which shall provide grants-in-aid to eligible institutions for
2368 the advancement of embryonic or human adult stem cell research in
2369 this state pursuant to section 19a-32e, and (4) monitor the stem cell
2370 research conducted by eligible institutions that receive such grants-in-
2371 aid.

2372 (f) Connecticut Innovations, Incorporated shall serve as
2373 administrative staff of the committee and shall assist the committee in
2374 (1) developing the application for the grants-in-aid authorized under
2375 subsection (e) of this section, (2) reviewing such applications, (3)
2376 preparing and executing any assistance agreements or other
2377 agreements in connection with the awarding of such grants-in-aid, and
2378 (4) performing such other administrative duties as the committee
2379 deems necessary.

2380 [(g) Not later than June 30, 2007, and annually thereafter until June
2381 30, 2015, the Stem Cell Research Advisory Committee shall report, in
2382 accordance with section 11-4a, to the Governor and the General
2383 Assembly on (1) the amount of grants-in-aid awarded to eligible
2384 institutions from the Stem Cell Research Fund pursuant to section 19a-

2385 32e, (2) the recipients of such grants-in-aid, and (3) the current status of
2386 stem cell research in the state.]

2387 Sec. 46. Section 19a-701 of the general statutes is repealed and the
2388 following is substituted in lieu thereof (*Effective October 1, 2010*):

2389 [(a)] A managed residential community shall meet the requirements
2390 of all applicable federal and state laws and regulations, including, but
2391 not limited to, the Public Health Code, State Building Code and the
2392 State Fire Safety Code, and federal and state laws and regulations
2393 governing handicapped accessibility.

2394 [(b)] The Commissioner of Public Health shall adopt regulations, in
2395 accordance with chapter 54, to carry out the provisions of sections 19a-
2396 693 to 19a-701, inclusive.]

2397 Sec. 47. Section 19a-200 of the general statutes is repealed and the
2398 following is substituted in lieu thereof (*Effective October 1, 2010*):

2399 (a) The mayor of each city, the warden of each borough, and the
2400 chief executive officer of each town shall, unless the charter of such
2401 city, town or borough otherwise provides, nominate some person to be
2402 director of health for such city, town or borough, which nomination
2403 shall be confirmed or rejected by the board of selectmen, if there be
2404 such a board, otherwise by the legislative body of such city or town or
2405 by the burgesses of such borough within thirty days thereafter.
2406 Notwithstanding the charter provisions of any city, town or borough
2407 with respect to the qualifications of the director of health, [such] on
2408 and after October 1, 2010, any person nominated to be a director of
2409 health shall [either] be a licensed physician [or shall] and hold a
2410 [graduate] degree in public health [as a result of at least one year's
2411 training, including at least sixty hours in local public health
2412 administration, in a recognized school of public health or shall have
2413 such combination of training and experience as meets the approval of
2414 the Commissioner of Public Health.] from an accredited school,
2415 college, university or institution. The educational requirements of this

2416 section shall not apply to any director of health nominated or
2417 otherwise appointed as director of health prior to October 1, 2010. In
2418 cities, towns or boroughs with a population of forty thousand or more
2419 for five consecutive years, according to the estimated population
2420 figures authorized pursuant to subsection (b) of section 8-159a, such
2421 director of health shall serve in a full-time capacity, except where a
2422 town has designated such director as the chief medical advisor for its
2423 public schools under section 10-205, and shall not engage in private
2424 practice. Such director of health shall have and exercise within the
2425 limits of the city, town or borough for which such director is appointed
2426 all powers necessary for enforcing the general statutes, provisions of
2427 the Public Health Code relating to the preservation and improvement
2428 of the public health and preventing the spread of diseases therein. In
2429 case of the absence or inability to act of a city, town or borough
2430 director of health or if a vacancy exists in the office of such director, the
2431 appointing authority of such city, town or borough may, with the
2432 approval of the Commissioner of Public Health, designate in writing a
2433 suitable person to serve as acting director of health during the period
2434 of such absence or inability or vacancy, provided the commissioner
2435 may appoint such acting director if the city, town or borough fails to
2436 do so. The person so designated, when sworn, shall have all the
2437 powers and be subject to all the duties of such director. In case of
2438 vacancy in the office of such director, if such vacancy exists for thirty
2439 days, said commissioner may appoint a director of health for such city,
2440 town or borough. Said commissioner, may, for cause, remove an
2441 officer the commissioner or any predecessor in said office has
2442 appointed, and the common council of such city, town or the burgesses
2443 of such borough may, respectively, for cause, remove a director whose
2444 nomination has been confirmed by them, provided such removal shall
2445 be approved by said commissioner; and, within two days thereafter,
2446 notice in writing of such action shall be given by the clerk of such city,
2447 town or borough, as the case may be, to said commissioner, who shall,
2448 within ten days after receipt, file with the clerk from whom the notice
2449 was received, approval or disapproval. Each such director of health

2450 shall hold office for the term of four years from the date of
2451 appointment and until a successor is nominated and confirmed in
2452 accordance with this section. Each director of health shall, annually, at
2453 the end of the fiscal year of the city, town or borough, file with the
2454 Department of Public Health a report of the doings as such director for
2455 the year preceding.

2456 (b) On and after July 1, 1988, each municipality shall provide for the
2457 services of a sanitarian certified under chapter 395 to work under the
2458 direction of the local director of health. Where practical, the local
2459 director of health may act as the sanitarian.

2460 (c) As used in this chapter, "authorized agent" means a sanitarian
2461 certified under chapter 395 and any individual certified for a specific
2462 program of environmental health by the Commissioner of Public
2463 Health in accordance with the Public Health Code.

2464 Sec. 48. Section 19a-244 of the general statutes is repealed and the
2465 following is substituted in lieu thereof (*Effective October 1, 2010*):

2466 [The] On and after October 1, 2010, any person nominated to be the
2467 director of health shall [either (1) be a doctor of medicine and hold a
2468 degree in public health as a result of having at least one year's special
2469 training in public health, or, in lieu of said degree, shall meet the
2470 qualifications prescribed by the Commissioner of Public Health, or (2)
2471 be trained in public health and hold a masters degree in public health.]
2472 be a licensed physician and hold a degree in public health from an
2473 accredited school, college, university or institution. The educational
2474 requirements of this section shall not apply to any director of health
2475 nominated or otherwise appointed as director of health prior to
2476 October 1, 2010. The board may specify in a written agreement with
2477 such director the term of office, which shall not exceed three years,
2478 salary and duties required of and responsibilities assigned to such
2479 director in addition to those required by the general statutes or the
2480 Public Health Code, if any. He shall be removed during the term of
2481 such written agreement only for cause after a public hearing by the

2482 board on charges preferred, of which reasonable notice shall have been
2483 given. He shall devote his entire time to the performance of such
2484 duties as are required of directors of health by the general statutes or
2485 the Public Health Code and as the board specifies in its written
2486 agreement with him; and shall act as secretary and treasurer of the
2487 board, without the right to vote. He shall give to the district a bond
2488 with a surety company authorized to transact business in the state, for
2489 the faithful performance of his duties as treasurer, in such sum and
2490 upon such conditions as the board requires. He shall be the executive
2491 officer of the district department of health. Full-time employees of a
2492 city, town or borough health department at the time such city, town or
2493 borough votes to form or join a district department of health shall
2494 become employees of such district department of health. Such
2495 employees may retain their rights and benefits in the pension system
2496 of the town, city or borough by which they were employed and shall
2497 continue to retain their active participating membership therein until
2498 retired. Such employees shall pay into such pension system the
2499 contributions required of them for their class and membership. Any
2500 additional employees to be hired by the district or any vacancies to be
2501 filled shall be filled in accordance with the rules and regulations of the
2502 merit system of the state of Connecticut and the employees who are
2503 employees of cities, towns or boroughs which have adopted a local
2504 civil service or merit system shall be included in their comparable
2505 grade with fully attained seniority in the state merit system. Such
2506 employees shall perform such duties as are prescribed by the director
2507 of health. In the event of the withdrawal of a town, city or borough
2508 from the district department, or in the event of a dissolution of any
2509 district department, the employees thereof, originally employed
2510 therein, shall automatically become employees of the appropriate
2511 town, city or borough's board of health.

2512 Sec. 49. Subsection (d) of section 20-206bb of the 2010 supplement to
2513 the general statutes is repealed and the following is substituted in lieu
2514 thereof (*Effective October 1, 2010*):

2515 (d) Notwithstanding the provisions of subsection (b) of this section,
2516 the department [shall, prior to September 1, 2005,] may issue a license
2517 to any applicant who presents to the department satisfactory evidence
2518 that the applicant has (1) [earned, or successfully completed
2519 requirements for, a master's degree in acupuncture from a program
2520 that includes a minimum of one thousand three hundred fifty hours of
2521 didactic and clinical training, five hundred of which are clinical, from
2522 an institution of higher education accredited by the Department of
2523 Higher Education at the time of the applicant's graduation, (2) passed
2524 all portions of the National Certification Commission for Acupuncture
2525 and Oriental Medicine acupuncture examination, including the
2526 acupuncture portion of the comprehensive written examination in
2527 acupuncture, the clean needle technique portion of the comprehensive
2528 written examination in acupuncture and the practical examination of
2529 point location skills, and (3) successfully completed a course in clean
2530 needle technique offered by the Council of Colleges of Acupuncture
2531 and Oriental Medicine.] completed sixty semester hours, or its
2532 equivalent, of postsecondary study in an institution of postsecondary
2533 education that, if in the United States or its territories, was accredited
2534 by a recognized regional accrediting body or, if outside the United
2535 States or its territories, was legally chartered to grant postsecondary
2536 degrees in the country in which located, (2) passed an examination
2537 prescribed by the department, (3) successfully completed a course in
2538 clean needle technique prescribed by the department, and (4)
2539 completed a substantial number of hours of didactic and clinical
2540 training in acupuncture and has substantial experience in clinical
2541 practice but who did not graduate from a program satisfying the
2542 requirements of subdivision (2) of subsection (b) of this section.

2543 Sec. 50. Subsection (b) of section 19a-91 of the 2010 supplement to
2544 the general statutes is repealed and the following is substituted in lieu
2545 thereof (*Effective October 1, 2010*):

2546 (b) (1) No licensed embalmer or funeral director shall remove a
2547 dead human body from the place of death to another location for

2548 preparation until the body has been temporarily wrapped. If the body
2549 is to be transported by common carrier, the licensed embalmer or
2550 funeral director having charge of the body shall have the body washed
2551 or embalmed unless it is contrary to the religious beliefs or customs of
2552 the deceased person, as determined by the person who assumes
2553 custody of the body for purposes of burial, and then enclosed in a
2554 casket and outside box or, in lieu of such double container, by being
2555 wrapped.

2556 (2) Any deceased person who is to be entombed in a crypt or
2557 mausoleum shall be in a casket that is placed in a zinc-lined or [an
2558 acrylonitrile butadiene styrene (ABS) sheet] nationally-accepted
2559 composite plastic container or, if permitted by the cemetery where the
2560 disposition of the body is to be made, a nonoxidizing [metal or ABS
2561 plastic sheeting] nationally-accepted composite plastic tray.

2562 Sec. 51. Section 20-74s of the 2010 supplement to the general statutes
2563 is repealed and the following is substituted in lieu thereof (*Effective*
2564 *October 1, 2010*):

2565 (a) For purposes of this section and subdivision (18) of subsection (c)
2566 of section 19a-14, as amended by this act:

2567 (1) "Commissioner" means the Commissioner of Public Health;

2568 (2) "Licensed alcohol and drug counselor" means a person licensed
2569 under the provisions of this section;

2570 (3) "Certified alcohol and drug counselor" means a person certified
2571 under the provisions of this section;

2572 (4) "Practice of alcohol and drug counseling" means the professional
2573 application of methods that assist an individual or group to develop an
2574 understanding of alcohol and drug dependency problems, define
2575 goals, and plan action reflecting the individual's or group's interest,
2576 abilities and needs as affected by alcohol and drug dependency
2577 problems;

2578 (5) "Private practice of alcohol and drug counseling" means the
2579 independent practice of alcohol and drug counseling by a licensed or
2580 certified alcohol and drug counselor who is self-employed on a full-
2581 time or part-time basis and who is responsible for that independent
2582 practice;

2583 (6) "Self-help group" means a voluntary group of persons who offer
2584 peer support to each other in recovering from an addiction; and

2585 (7) "Supervision" means the regular on-site observation of the
2586 functions and activities of an alcohol and drug counselor in the
2587 performance of his or her duties and responsibilities to include a
2588 review of the records, reports, treatment plans or recommendations
2589 with respect to an individual or group.

2590 (b) Except as provided in subsections (s) to ~~[(x)]~~ (w), inclusive, of
2591 this section, no person shall engage in the practice of alcohol and drug
2592 counseling unless licensed as a licensed alcohol and drug counselor
2593 pursuant to subsection (d) of this section or certified as a certified
2594 alcohol and drug counselor pursuant to subsection (e) of this section.

2595 (c) Except as provided in subsections (s) to ~~[(x)]~~ (w), inclusive, of
2596 this section, no person shall engage in the private practice of alcohol
2597 and drug counseling unless (1) licensed as a licensed alcohol and drug
2598 counselor pursuant to subsection (d) of this section, or (2) certified as a
2599 certified alcohol and drug counselor pursuant to subsection (e) of this
2600 section and practicing under the supervision of a licensed alcohol and
2601 drug counselor.

2602 (d) To be eligible for licensure as a licensed alcohol and drug
2603 counselor, an applicant shall (1) have attained a master's degree from
2604 an accredited institution of higher education with a minimum of
2605 eighteen graduate semester hours in counseling or counseling-related
2606 subjects, except that applicants holding certified clinical supervisor
2607 status by the Connecticut Certification Board, Inc. as of October 1,
2608 1998, may substitute such certification in lieu of the master's degree

2609 requirement, and (2) be certified or have met all the requirements for
2610 certification as a certified alcohol and drug counselor.

2611 (e) To be eligible for certification by the Department of Public
2612 Health as a certified alcohol and drug counselor, an applicant shall
2613 have (1) completed three hundred hours of supervised practical
2614 training in alcohol and drug counseling that the commissioner deems
2615 acceptable; (2) completed three years of supervised paid work
2616 experience or unpaid internship that the commissioner deems
2617 acceptable that entailed working directly with alcohol and drug clients,
2618 except that a master's degree may be substituted for one year of such
2619 experience; (3) completed three hundred sixty hours of commissioner-
2620 approved education, at least two hundred forty hours of which relates
2621 to the knowledge and skill base associated with the practice of alcohol
2622 and drug counseling; and (4) successfully completed a department
2623 prescribed examination.

2624 (f) For individuals applying for certification as an alcohol and drug
2625 counselor by the Department of Public Health prior to October 1, 1998,
2626 current certification by the Department of Mental Health and
2627 Addiction Services may be substituted for the certification
2628 requirements of subsection (e) of this section.

2629 (g) The commissioner shall grant a license as an alcohol and drug
2630 counselor to any applicant who furnishes satisfactory evidence that he
2631 has met the requirements of subsections (d) or (o) of this section. The
2632 commissioner shall develop and provide application forms. The
2633 application fee shall be one hundred ninety dollars.

2634 (h) A license as an alcohol and drug counselor shall be renewed in
2635 accordance with the provisions of section 19a-88 for a fee of one
2636 hundred ninety dollars.

2637 (i) The commissioner shall grant certification as a certified alcohol
2638 and drug counselor to any applicant who furnishes satisfactory
2639 evidence that he has met the requirements of subsections (e) or (o) of

2640 this section. The commissioner shall develop and provide application
2641 forms. The application fee shall be one hundred ninety dollars.

2642 (j) A certificate as an alcohol and drug counselor may be renewed in
2643 accordance with the provisions of section 19a-88 for a fee of one
2644 hundred ninety dollars.

2645 (k) The commissioner may contract with a qualified private
2646 organization for services that include (1) providing verification that
2647 applicants for licensure or certification have met the education,
2648 training and work experience requirements under this section; and (2)
2649 any other services that the commissioner may deem necessary.

2650 (l) Any person who has attained a master's level degree and is
2651 certified by the Connecticut Certification Board as a substance abuse
2652 counselor on or before July 1, 2000, shall be deemed a licensed alcohol
2653 and drug counselor. Any person so deemed shall renew his license
2654 pursuant to section 19a-88 for a fee of one hundred ninety dollars.

2655 (m) Any person who has not attained a master's level degree and is
2656 certified by the Connecticut Certification Board as a substance abuse
2657 counselor on or before July 1, 2000, shall be deemed a certified alcohol
2658 and drug counselor. Any person so deemed shall renew his
2659 certification pursuant to section 19a-88 for a fee of one hundred ninety
2660 dollars.

2661 (n) Any person who is not certified by the Connecticut Certification
2662 Board as a substance abuse counselor on or before July 1, 2000, who (1)
2663 documents to the department that he has a minimum of five years full-
2664 time or eight years part-time paid work experience, under supervision,
2665 as an alcohol and drug counselor, and (2) successfully passes a
2666 commissioner-approved examination no later than July 1, 2000, shall
2667 be deemed a certified alcohol and drug counselor. Any person so
2668 deemed shall renew his certification pursuant to section 19a-88 for a
2669 fee of one hundred ninety dollars.

2670 (o) The commissioner may license or certify without examination
2671 any applicant who, at the time of application, is licensed or certified by
2672 a governmental agency or private organization located in another
2673 state, territory or jurisdiction whose standards, in the opinion of the
2674 commissioner, are substantially similar to, or higher than, those of this
2675 state.

2676 (p) No person shall assume, represent himself as, or use the title or
2677 designation "alcoholism counselor", "alcohol counselor", "alcohol and
2678 drug counselor", "alcoholism and drug counselor", "licensed clinical
2679 alcohol and drug counselor", "licensed alcohol and drug counselor",
2680 "licensed associate alcohol and drug counselor", "certified alcohol and
2681 drug counselor", "chemical dependency counselor", "chemical
2682 dependency supervisor" or any of the abbreviations for such titles,
2683 unless licensed or certified under subsections (g) to (n), inclusive, of
2684 this section and unless the title or designation corresponds to the
2685 license or certification held.

2686 (q) The commissioner shall adopt regulations, in accordance with
2687 chapter 54, to implement provisions of this section.

2688 (r) The commissioner may suspend, revoke or refuse to issue a
2689 license in circumstances that have endangered or are likely to
2690 endanger the health, welfare or safety of the public.

2691 (s) Nothing in this section shall be construed to apply to the
2692 activities and services of a rabbi, priest, minister, Christian Science
2693 practitioner or clergyman of any religious denomination or sect, when
2694 engaging in activities that are within the scope of the performance of
2695 the person's regular or specialized ministerial duties and for which no
2696 separate charge is made, or when these activities are performed, with
2697 or without charge, for or under the auspices or sponsorship,
2698 individually or in conjunction with others, of an established and
2699 legally cognizable church, denomination or sect, and when the person
2700 rendering services remains accountable to the established authority
2701 thereof.

2702 (t) Nothing in this section shall be construed to apply to the
2703 activities and services of a person licensed in this state to practice
2704 medicine and surgery, psychology, marital and family therapy, clinical
2705 social work, professional counseling, advanced practice registered
2706 nursing or registered nursing, when such person is acting within the
2707 scope of the person's license and doing work of a nature consistent
2708 with that person's license, provided the person does not hold himself
2709 or herself out to the public as possessing a license or certification
2710 issued pursuant to this section.

2711 (u) Nothing in this section shall be construed to apply to the
2712 activities and services of a student intern or trainee in alcohol and drug
2713 counseling who is pursuing a course of study in an accredited
2714 institution of higher education or training course, provided these
2715 activities are performed under supervision and constitute a part of an
2716 accredited course of study, and provided further the person is
2717 designated as an intern or trainee or other such title indicating the
2718 training status appropriate to his level of training.

2719 [(v) Nothing in this section shall be construed to apply to any
2720 alcohol and drug counselor or substance abuse counselor employed by
2721 the state, except that this section shall apply to alcohol and drug
2722 counselors employed by the Department of Correction pursuant to
2723 subsection (x) of this section.]

2724 [(w)] (v) Nothing in this section shall be construed to apply to the
2725 activities and services of paid alcohol and drug counselors who are
2726 working under supervision or uncompensated alcohol and drug abuse
2727 self-help groups, including, but not limited to, Alcoholics Anonymous
2728 and Narcotics Anonymous.

2729 [(x)] (w) The provisions of this section shall apply to employees of
2730 the Department of Correction, other than trainees or student interns
2731 covered under subsection (u) of this section and persons completing
2732 supervised paid work experience in order to satisfy mandated clinical
2733 supervision requirements for certification under subsection (e) of this

2734 section, as follows: (1) Any person hired by the Department of
2735 Correction on or after October 1, 2002, for a position as a substance
2736 abuse counselor or supervisor of substance abuse counselors shall be a
2737 licensed or certified alcohol and drug counselor; (2) any person
2738 employed by the Department of Correction prior to October 1, 2002, as
2739 a substance abuse counselor or supervisor of substance abuse
2740 counselors shall become licensed or certified as an alcohol and drug
2741 counselor by October 1, 2007; and (3) any person employed by the
2742 Department of Correction on or after October 1, 2007, as a substance
2743 abuse counselor or supervisor of substance abuse counselors shall be a
2744 licensed or certified alcohol and drug counselor.

2745 Sec. 52. Section 20-195aa of the general statutes is repealed and the
2746 following is substituted in lieu thereof (*Effective October 1, 2010*):

2747 As used in sections 20-195aa to 20-195ee, inclusive, as amended by
2748 this act: "Professional counseling" means the application, by persons
2749 trained in counseling, of established principles of psycho-social
2750 development and behavioral science to the evaluation, assessment,
2751 analysis, diagnosis and treatment of emotional, behavioral or
2752 interpersonal dysfunction or difficulties that interfere with mental
2753 health and human development. "Professional counseling" includes,
2754 but is not limited to, individual, group, marriage and family
2755 counseling, functional assessments for persons adjusting to a
2756 disability, appraisal, crisis intervention and consultation with
2757 individuals or groups.

2758 Sec. 53. Section 17a-502 of the general statutes is repealed and the
2759 following is substituted in lieu thereof (*Effective October 1, 2010*):

2760 (a) Any person who a physician concludes has psychiatric
2761 disabilities and is dangerous to himself or others or gravely disabled,
2762 and is in need of immediate care and treatment in a hospital for
2763 psychiatric disabilities, may be confined in such a hospital, either
2764 public or private, under an emergency certificate as hereinafter
2765 provided for not more than fifteen days without order of any court,

2766 unless a written application for commitment of such person has been
2767 filed in a probate court prior to the expiration of the fifteen days, in
2768 which event such commitment is continued under the emergency
2769 certificate for an additional fifteen days or until the completion of
2770 probate proceedings, whichever occurs first. In no event shall such
2771 person be admitted to or detained at any hospital, either public or
2772 private, for more than fifteen days after the execution of the original
2773 emergency certificate, on the basis of a new emergency certificate
2774 executed at any time during the person's confinement pursuant to the
2775 original emergency certificate; and in no event shall more than one
2776 subsequent emergency certificate be issued within fifteen days of the
2777 execution of the original certificate. If at the expiration of the fifteen
2778 days a written application for commitment of such person has not been
2779 filed, such person shall be discharged from the hospital. At the time of
2780 delivery of such person to such hospital, there shall be left, with the
2781 person in charge thereof, a certificate, signed by a physician licensed to
2782 practice medicine or surgery in Connecticut and dated not more than
2783 three days prior to its delivery to the person in charge of the hospital.
2784 Such certificate shall state the date of personal examination of the
2785 person to be confined, which shall be not more than three days prior to
2786 the date of signature of the certificate, shall state the findings of the
2787 physician relative to the physical and mental condition of the person
2788 and the history of the case, if known, and shall state that it is the
2789 opinion of the physician that the person examined has psychiatric
2790 disabilities and is dangerous to himself or herself or others or gravely
2791 disabled and is in need of immediate care and treatment in a hospital
2792 for psychiatric disabilities. Such physician shall state on such certificate
2793 the reasons for his or her opinion.

2794 (b) Any person admitted and detained under this section shall be
2795 examined by a physician specializing in psychiatry not later than forty-
2796 eight hours after admission as provided in section 17a-545, except that
2797 any person admitted and detained under this section at a chronic
2798 disease hospital shall be so examined not later than thirty-six hours
2799 after admission. If such physician is of the opinion that the person does

2800 not meet the criteria for emergency detention and treatment, such
2801 person shall be immediately discharged. The physician shall enter the
2802 physician's findings in the patient's record.

2803 (c) Any person admitted and detained under this section shall be
2804 promptly informed by the admitting facility that such person has the
2805 right to consult an attorney, the right to a hearing under subsection (d)
2806 of this section, and that if such a hearing is requested or a probate
2807 application is filed, such person has the right to be represented by
2808 counsel, and that counsel will be provided at the state's expense if the
2809 person is unable to pay for such counsel. The reasonable compensation
2810 for counsel provided to persons unable to pay shall be established by,
2811 and paid from funds appropriated to, the Judicial Department,
2812 however, if funds have not been included in the budget of the Judicial
2813 Department for such purposes, such compensation shall be established
2814 by the Probate Court Administrator and paid from the Probate Court
2815 Administration Fund.

2816 (d) If any person detained under this section, or his or her
2817 representative, requests a hearing, in writing, such hearing shall be
2818 held within seventy-two hours of receipt of such request, excluding
2819 Saturdays, Sundays and holidays. At such hearing, the person shall
2820 have the right to be present, to cross-examine all witnesses testifying,
2821 and to be represented by counsel as provided in section 17a-498. The
2822 hearing may be requested at any time prior to the initiation of
2823 proceedings under section 17a-498. The hearing shall be held by the
2824 court of probate having jurisdiction for commitment as provided in
2825 section 17a-497, and the hospital shall immediately notify such court of
2826 any request for a hearing by a person detained under this section. At
2827 the conclusion of the hearing, if the court finds that there is probable
2828 cause to conclude that the person is subject to involuntary confinement
2829 under this section, considering the condition of the respondent at the
2830 time of the admission and at the time of the hearing, and the effects of
2831 medication, if any, and the advisability of continued treatment based
2832 on testimony from the hospital staff, the court shall order that such

2833 person's detention continue for the remaining time provided for
2834 emergency certificates or until the completion of probate proceedings
2835 under section 17a-498.

2836 (e) The person in charge of every private hospital for psychiatric
2837 disabilities in the state shall, on a quarterly basis, supply the
2838 Commissioner of Mental Health and Addiction Services, in writing
2839 with statistics that state for the preceding quarter, the number of
2840 admissions of type and the number of discharges for that facility. Said
2841 commissioner may adopt regulations to carry out the provisions of this
2842 subsection.

2843 (f) The superintendent or director of any hospital for psychiatric
2844 disabilities shall immediately discharge any patient admitted and
2845 detained under this section who is later found not to meet the
2846 standards for emergency detention and treatment.

2847 (g) Any person admitted and detained at any hospital for
2848 psychiatric disabilities under this section shall, upon admission to such
2849 hospital, furnish the name of his or her next of kin or close friend. The
2850 superintendent or director of such hospital shall notify such next of kin
2851 or close friend of the admission of such patient and the discharge of
2852 such patient, provided such patient consents, in writing, to such
2853 notification of his or her discharge.

2854 (h) No person, who a physician concludes has active suicidal or
2855 homicidal intent, may be admitted to or detained at a chronic disease
2856 hospital under an emergency certificate issued pursuant to this section,
2857 unless such chronic disease hospital includes a separate psychiatric
2858 unit that is certified under Medicare as an acute care psychiatric unit.

2859 [(i) For purposes of this section, "hospital" includes a licensed
2860 chronic disease hospital with a separate psychiatric unit.]

2861 Sec. 54. Section 20-241 of the general statutes is repealed and the
2862 following is substituted in lieu thereof (*Effective October 1, 2010*):

2863 All barber shops and barber schools shall be inspected regarding
2864 their sanitary condition by the Department of Public Health whenever
2865 the department deems it necessary, and any authorized representative
2866 of the department shall have full power to enter and inspect any such
2867 shop or school during usual business hours. If any barber shop or
2868 barber school, upon such inspection, is found to be in an unsanitary
2869 condition, the commissioner or the commissioner's designee shall
2870 make written order that such shop or school be placed in a sanitary
2871 condition. All barber shops and barber schools shall post in a
2872 conspicuous place the license of any person who engages in the
2873 practice of barbering in such shop or school. The Department of Public
2874 Health may assess a civil penalty in accordance with the provisions of
2875 section 20-249 against any person owning a barber shop or barber
2876 school that fails to post the licenses of persons engaged in the practice
2877 of barbering as prescribed in this section.

2878 Sec. 55. Section 33-182aa of the 2010 supplement to the general
2879 statutes is repealed and the following is substituted in lieu thereof
2880 (*Effective October 1, 2010*):

2881 As used in this chapter:

2882 (1) "Certificate of incorporation" means a certificate of incorporation,
2883 as defined in section 33-1002, or any predecessor statute thereto;

2884 (2) "Hospital" means a nonstock corporation organized under
2885 chapter 602, or any predecessor statute thereto, or by special act and
2886 licensed as a hospital pursuant to chapter 368v;

2887 (3) "Health system" means a nonstock corporation organized under
2888 chapter 602, or any predecessor statute thereto, consisting of a parent
2889 corporation of one or more hospitals licensed pursuant to chapter
2890 368v, and affiliated through governance, membership or some other
2891 means; and

2892 (4) "Provider" means a physician licensed under chapter 370, a

2893 chiropractor licensed under chapter 372, an optometrist licensed under
2894 chapter 380 or a podiatrist licensed under chapter 375.

2895 Sec. 56. Subsection (b) of section 19a-178a of the 2010 supplement to
2896 the general statutes is repealed and the following is substituted in lieu
2897 thereof (*Effective July 1, 2010*):

2898 (b) The advisory board shall consist of [forty-one] members [,
2899 including] appointed in accordance with the provisions of this
2900 subsection and shall include the Commissioner of Public Health and
2901 the department's emergency medical services medical director, or their
2902 designees, and each of the regional medical service coordinators
2903 appointed pursuant to section 59 of this act. The Governor shall
2904 appoint the following members: One person from each of the regional
2905 emergency medical services councils; one person from the Connecticut
2906 Association of Directors of Health; three persons from the Connecticut
2907 College of Emergency Physicians; one person from the Connecticut
2908 Committee on Trauma of the American College of Surgeons; one
2909 person from the Connecticut Medical Advisory Committee; one person
2910 from the Emergency Department Nurses Association; one person from
2911 the Connecticut Association of Emergency Medical Services
2912 Instructors; one person from the Connecticut Hospital Association; two
2913 persons representing commercial ambulance providers; one person
2914 from the Connecticut Firefighters Association; one person from the
2915 Connecticut Fire Chiefs Association; one person from the Connecticut
2916 Chiefs of Police Association; one person from the Connecticut State
2917 Police; and one person from the Connecticut Commission on Fire
2918 Prevention and Control. An additional eighteen members shall be
2919 appointed as follows: Three by the president pro tempore of the
2920 Senate; three by the majority leader of the Senate; four by the minority
2921 leader of the Senate; three by the speaker of the House of
2922 Representatives; two by the majority leader of the House of
2923 Representatives and three by the minority leader of the House of
2924 Representatives. The appointees shall include a person with experience
2925 in municipal ambulance services; a person with experience in for-profit

2926 ambulance services; three persons with experience in volunteer
2927 ambulance services; a paramedic; an emergency medical technician; an
2928 advanced emergency medical technician; three consumers and four
2929 persons from state-wide organizations with interests in emergency
2930 medical services as well as any other areas of expertise that may be
2931 deemed necessary for the proper functioning of the advisory board.

2932 Sec. 57. Subsection (b) of section 19a-181b of the general statutes is
2933 repealed and the following is substituted in lieu thereof (*Effective July*
2934 *1, 2010*):

2935 (b) In developing the plan required by subsection (a) of this section,
2936 each municipality: (1) May consult with and obtain the assistance of its
2937 regional emergency medical services council established pursuant to
2938 section 19a-183, its regional emergency medical services coordinator
2939 appointed pursuant to section [19a-185] 59 of this act, its regional
2940 emergency medical services medical advisory committees and any
2941 sponsor hospital, as defined in regulations adopted pursuant to section
2942 19a-179, as amended by this act, located in the area identified in the
2943 plan; and (2) shall submit the plan to its regional emergency medical
2944 services council for the council's review and comment.

2945 Sec. 58. Section 19a-182 of the general statutes is repealed and the
2946 following is substituted in lieu thereof (*Effective July 1, 2010*):

2947 (a) The emergency medical services councils shall [be the] advise the
2948 commissioner on area-wide planning and [coordinating] coordination
2949 of agencies for emergency medical services for each region and shall
2950 provide continuous evaluation of emergency medical services for their
2951 respective geographic areas. A regional emergency medical services
2952 coordinator, in consultation with the commissioner, shall assist the
2953 emergency medical services council for the respective region in
2954 carrying out the duties prescribed in subsection (b) of this section.

2955 (b) Each emergency medical services council shall develop and
2956 revise every five years a plan for the delivery of emergency medical

2957 services in its area, using a format established by the Office of
2958 Emergency Medical Services. Each council shall submit an annual
2959 update for each regional plan to the Office of Emergency Medical
2960 Services detailing accomplishments made toward plan
2961 implementation. Such plan shall include an evaluation of the current
2962 effectiveness of emergency medical services and detail the needs for
2963 the future, and shall contain specific goals for the delivery of
2964 emergency medical services within their respective geographic areas, a
2965 time frame for achievement of such goals, cost data for the
2966 development of such goals, and performance standards for the
2967 evaluation of such goals. Special emphasis in such plan shall be placed
2968 upon coordinating the existing services into a comprehensive system.
2969 Such plan shall contain provisions for, but shall not be limited to, the
2970 following: (1) Clearly defined geographic regions to be serviced by
2971 each provider including cooperative arrangements with other
2972 providers and backup services; (2) an adequate number of trained
2973 personnel for staffing of ambulances, communications facilities and
2974 hospital emergency rooms, with emphasis on former military
2975 personnel trained in allied health fields; (3) a communications system
2976 that includes a central dispatch center, two-way radio communication
2977 between the ambulance and the receiving hospital and a universal
2978 emergency telephone number; and (4) a public education program that
2979 stresses the need for adequate training in basic lifesaving techniques
2980 and cardiopulmonary resuscitation. Such plan shall be submitted to
2981 the Commissioner of Public Health no later than June thirtieth each
2982 year the plan is due.

2983 Sec. 59. (NEW) (*Effective July 1, 2010*) Any individual employed on
2984 January 1, 2010, as a regional emergency medical services coordinator
2985 or as an assistant regional emergency medical services coordinator
2986 shall be offered an unclassified durational position within the
2987 Department of Public Health for the period from July 1, 2010, to June
2988 30, 2011, inclusive, provided no more than five unclassified durational
2989 positions shall be created. Within available appropriations, such
2990 unclassified durational positions may be extended beyond June 30,

2991 2011. The Commissioner of Administrative Services shall establish job
2992 classifications and salaries for such positions in accordance with the
2993 provisions of section 4-40 of the general statutes. Any such created
2994 positions shall be exempt from collective bargaining requirements and
2995 no individual appointed to such position shall have reemployment or
2996 any other rights that may have been extended to unclassified
2997 employees under a State Employees' Bargaining Agent Coalition
2998 agreement. Individuals employed in such unclassified durational
2999 positions shall be located at the offices of the Department of Public
3000 Health. In no event shall an individual employed in an unclassified
3001 durational position pursuant to this section receive credit for any
3002 purpose for services performed prior to July 1, 2010.

3003 Sec. 60. (*Effective July 1, 2010*) For the fiscal year ending June 30,
3004 2011, any funds made available from the Tobacco and Health Trust
3005 Fund for regional emergency medical services councils shall be
3006 transferred to the Department of Public Health to carry out the
3007 provisions of section 59 of this act.

3008 Sec. 61. Subsection (a) of section 19a-438 of the 2010 supplement to
3009 the general statutes is repealed and the following is substituted in lieu
3010 thereof (*Effective October 1, 2010*):

3011 (a) Application for a license to hold an actual or anticipated
3012 assembly of two thousand or more persons shall be made in writing to
3013 the governing body of the municipality at least fifteen days in advance
3014 of such assembly and shall be accompanied by the bond required by
3015 subparagraph [(L)] (I) of subdivision (2) of section 19a-437, as
3016 amended by this act, and the license fee required by subsection (b) of
3017 section 19a-436, as amended by this act.

3018 Sec. 62. Subsection (b) of section 19a-196b of the general statutes is
3019 repealed and the following is substituted in lieu thereof (*Effective*
3020 *October 1, 2010*):

3021 (b) Any licensed or certified ambulance may transport patients to

3022 the state's mobile field hospital when the hospital has been deployed
3023 by the Governor or the Governor's designee for the purposes specified
3024 in subsection [(m) of section 19a-490] (a) of section 19a-487, as
3025 amended by this act.

3026 Sec. 63. Subsection (a) of section 22a-349a of the general statutes is
3027 repealed and the following is substituted in lieu thereof (*Effective*
3028 *October 1, 2010*):

3029 (a) The Commissioner of Environmental Protection may issue a
3030 permit for any minor activity regulated under sections 22a-342 to 22a-
3031 349, inclusive, except for any activity covered by an individual permit,
3032 if the commissioner determines that such activity would cause
3033 minimal environmental effects when conducted separately and would
3034 cause only minimal cumulative environmental effects, and will not
3035 cause any increase in flood heights or in the potential for flood damage
3036 or flood hazards. Such activities may include routine minor
3037 maintenance and routine minor repair of existing structures;
3038 replacement of existing culverts; installation of water monitoring
3039 equipment, including but not limited to staff gauges, water recording
3040 and water quality testing devices; removal of unauthorized solid
3041 waste; extension of existing culverts and stormwater outfall pipes;
3042 construction of irrigation and utility lines; and safety improvements
3043 with minimal environmental impacts within existing rights-of-way of
3044 existing roadways. There shall be a rebuttable presumption that the
3045 commissioner shall approve an application for a general permit to
3046 allow the installation of a dry hydrant in an area where there is no
3047 alternative access to a public water supply. Any person, firm or
3048 corporation conducting an activity for which a general permit has been
3049 issued shall not be required to obtain an individual permit under any
3050 other provision of said sections 22a-342 to 22a-349, inclusive, except as
3051 provided in subsection (c) of this section. A general permit shall clearly
3052 define the activity covered thereby and may include such conditions
3053 and requirements as the commissioner deems appropriate, including
3054 but not limited to, management practices and verification and

3055 reporting requirements. The general permit may require any person,
3056 firm or corporation, conducting any activity under the general permit
3057 to report, on a form prescribed by the commissioner, such activity to
3058 the commissioner before it shall be covered by the general permit. The
3059 commissioner shall prepare, and shall annually amend, a list of
3060 holders of general permits under this section, which list shall be made
3061 available to the public.

3062 Sec. 64. Section 38a-1041 of the general statutes is amended by
3063 adding subsection (g) as follows (*Effective from passage*):

3064 (NEW) (g) The Office of the Healthcare Advocate is designated as
3065 the state's independent office of health insurance consumer assistance.

3066 Sec. 65. Subsection (b) of section 12-743 of the general statutes is
3067 repealed and the following is substituted in lieu thereof (*Effective July*
3068 *1, 2010*):

3069 (b) The Commissioner of Revenue Services shall revise the tax
3070 return form to: [implement] (1) Implement the provisions of subsection
3071 (a) of this section which form shall include spaces on the return in
3072 which taxpayers may indicate their intention to make a contribution, in
3073 a whole dollar amount, in accordance with this section. The
3074 commissioner shall include in the instructions accompanying the tax
3075 return a description of the purposes for which the organ transplant
3076 account, the AIDS research education account, the endangered species,
3077 natural area preserves and watchable wildlife account, the breast
3078 cancer research and education account and the safety net account were
3079 created; and (2) include a space on the tax return form that allows a
3080 taxpayer to indicate his or her consent to becoming an organ and tissue
3081 donor. The commissioner shall include with the instructions that
3082 accompany the tax return form information that indicates the manner
3083 in which the consent of a taxpayer who elects to be an organ or tissue
3084 donor shall be provided to the Department of Motor Vehicles for the
3085 purposes of section 14-42a.

3086 Sec. 66. Section 19a-185 of the general statutes is repealed. (*Effective*
3087 *July 1, 2010*)

3088 Sec. 67. Section 19a-111i of the general statutes is repealed. (*Effective*
3089 *October 1, 2010*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	19a-493(a)
Sec. 2	<i>October 1, 2010</i>	19a-490n
Sec. 3	<i>October 1, 2010</i>	19a-490o
Sec. 4	<i>October 1, 2010</i>	19a-490b(e)
Sec. 5	<i>October 1, 2010</i>	20-7c
Sec. 6	<i>October 1, 2010</i>	19a-498
Sec. 7	<i>October 1, 2010</i>	19a-503
Sec. 8	<i>October 1, 2010</i>	19a-528a
Sec. 9	<i>October 1, 2010</i>	19a-561
Sec. 10	<i>October 1, 2010</i>	19a-491(b)
Sec. 11	<i>October 1, 2010</i>	20-114(a)
Sec. 12	<i>October 1, 2010</i>	20-29
Sec. 13	<i>October 1, 2010</i>	20-27(c)
Sec. 14	<i>October 1, 2010</i>	20-206bb(c)
Sec. 15	<i>October 1, 2010</i>	20-236(a)
Sec. 16	<i>October 1, 2010</i>	20-254
Sec. 17	<i>October 1, 2010</i>	19a-513
Sec. 18	<i>October 1, 2010</i>	20-87a(a)
Sec. 19	<i>October 1, 2010</i>	19a-14
Sec. 20	<i>October 1, 2010</i>	52-146o(b)
Sec. 21	<i>October 1, 2010</i>	20-126c(b)
Sec. 22	<i>October 1, 2010</i>	19a-179(a)
Sec. 23	<i>October 1, 2010</i>	19a-180
Sec. 24	<i>October 1, 2010</i>	19a-175
Sec. 25	<i>October 1, 2010</i>	New section
Sec. 26	<i>October 1, 2010</i>	New section
Sec. 27	<i>October 1, 2010</i>	New section
Sec. 28	<i>October 1, 2010</i>	New section
Sec. 29	<i>October 1, 2010</i>	19a-181a
Sec. 30	<i>October 1, 2010</i>	19a-904(a)(5)
Sec. 31	<i>October 1, 2010</i>	20-206kk

Sec. 32	<i>October 1, 2010</i>	19a-490(k) to (m)
Sec. 33	<i>October 1, 2010</i>	19a-487
Sec. 34	<i>October 1, 2010</i>	22a-475
Sec. 35	<i>October 1, 2010</i>	22a-477(p)
Sec. 36	<i>October 1, 2010</i>	22a-477(s) and (t)
Sec. 37	<i>October 1, 2010</i>	22a-478(h) to (n)
Sec. 38	<i>October 1, 2010</i>	22a-479(c) and (d)
Sec. 39	<i>October 1, 2010</i>	22a-479(f)
Sec. 40	<i>October 1, 2010</i>	22a-480
Sec. 41	<i>October 1, 2010</i>	22a-482
Sec. 42	<i>October 1, 2010</i>	19a-436
Sec. 43	<i>October 1, 2010</i>	19a-437
Sec. 44	<i>October 1, 2010</i>	20-101
Sec. 45	<i>October 1, 2010</i>	19a-32f
Sec. 46	<i>October 1, 2010</i>	19a-701
Sec. 47	<i>October 1, 2010</i>	19a-200
Sec. 48	<i>October 1, 2010</i>	19a-244
Sec. 49	<i>October 1, 2010</i>	20-206bb(d)
Sec. 50	<i>October 1, 2010</i>	19a-91(b)
Sec. 51	<i>October 1, 2010</i>	20-74s
Sec. 52	<i>October 1, 2010</i>	20-195aa
Sec. 53	<i>October 1, 2010</i>	17a-502
Sec. 54	<i>October 1, 2010</i>	20-241
Sec. 55	<i>October 1, 2010</i>	33-182aa
Sec. 56	<i>July 1, 2010</i>	19a-178a(b)
Sec. 57	<i>July 1, 2010</i>	19a-181b(b)
Sec. 58	<i>July 1, 2010</i>	19a-182
Sec. 59	<i>July 1, 2010</i>	New section
Sec. 60	<i>July 1, 2010</i>	New section
Sec. 61	<i>October 1, 2010</i>	19a-438(a)
Sec. 62	<i>October 1, 2010</i>	19a-196b(b)
Sec. 63	<i>October 1, 2010</i>	22a-349a(a)
Sec. 64	<i>from passage</i>	38a-1041
Sec. 65	<i>July 1, 2010</i>	12-743(b)
Sec. 66	<i>July 1, 2010</i>	Repealer section
Sec. 67	<i>October 1, 2010</i>	Repealer section

Statement of Purpose:

To make various revisions to public health related statutes.

[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.]