AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.

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

Section 1. Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission may take any of the following actions, singly or in combination, based on conduct that occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:
(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department;

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(6) Assess a civil penalty of up to twenty-five thousand dollars;

(7) In those cases involving persons or entities licensed or certified pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and 20-476, require that restitution be made to an injured property owner; or

(8) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

(b) Such board or commission or the department may withdraw the probation if it finds that the circumstances that required action have
been remedied.

(c) Such board or commission or the department where appropriate may summarily suspend a practitioner's license or permit in advance of a final adjudication or during the appeals process if such board or commission or the department finds that a practitioner or permittee represents a clear and immediate danger to the public health and safety if he is allowed to continue to practice.

(d) In addition to the authority provided to the Department of Public Health in subsection (a) of this section, the department may resolve any disciplinary action with respect to a practitioner's license or permit in any profession by voluntary surrender or agreement not to renew or reinstate.

(e) Such board or commission or the department may reinstate a license that has been suspended or revoked if, after a hearing, such board or commission or the department is satisfied that the practitioner or permittee is able to practice with reasonable skill and safety to patients, customers or the public in general. As a condition of reinstatement, the board or commission or the department may impose disciplinary or corrective measures authorized under this section.

(f) Such board or commission or the department may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in subsection (a) of this section by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, the District of Columbia, a United States possession or territory or foreign jurisdiction and shall not permit a collateral attack on the findings and conclusions of such agency.
[(f)] (g) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; and (3) certification by a national certification body.

[(g)] (h) As used in this chapter, the term "permit" includes any authorization issued by the department to allow the practice, limited or otherwise, of a profession which would otherwise require a license; and the term "permittee" means any person who practices pursuant to a permit.

Sec. 2. Section 19a-903b of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

A hospital, as defined in section 19a-490b, may designate any licensed health care provider and any certified ultrasound or nuclear medicine [technician] technologist to perform the following oxygen-related patient care activities in a hospital: (1) Connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting or adjusting the mask, tubes and other patient oxygen delivery apparatus; and (4) adjusting the rate or flow of oxygen consistent with a medical order. Such provider or technician may perform such activities only to the extent permitted by hospital policies and procedures, including bylaws, rules and regulations applicable to the medical staff. A hospital shall document that each person designated to perform oxygen-related patient care activities has been properly trained, either through such person's professional education or through training provided by the hospital. In addition, a hospital shall require that such person satisfy annual competency testing. The provisions of this section shall not apply to any type of ventilator, continuous positive airway pressure or bi-level positive airway pressure units or any other noninvasive positive pressure ventilation.

Sec. 3. Subsection (a) of section 19a-12a of the general statutes is
repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) As used in this section, [and] section 19a-12b and section 5 of this act:

(1) "Chemical dependency" means abusive or excessive use of drugs, including alcohol, narcotics or chemicals, that results in physical or psychological dependence;

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

(3) "Health care professionals" includes any person licensed or who holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384, 384a, 384b, 384c, 384d, 385, 397a, 398 or 399 and any person licensed pursuant to sections 19a-511 to 19a-520, inclusive;

(4) "Medical review committee" means any committee that reviews and monitors participation by health care professionals in the assistance program, including a medical review committee described in section 19a-17b; and

(5) "Assistance program" means the program established pursuant to subsection (b) of this section to provide education, prevention, intervention, referral assistance, rehabilitation or support services to health care professionals who have a chemical dependency, emotional or behavioral disorder or physical or mental illness.

Sec. 4. Subsection (j) of section 19a-12a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(j) [(l)] Any [physician, hospital] health care professional, institution licensed in accordance with chapter 368v or state or local professional society or organization of health care professionals that refers a [physician] health care professional for intervention to the assistance
program shall be deemed to have satisfied the obligations imposed on the person or organization pursuant to subsection (a) of section 20-12e, subsection (a) of section 20-13d or section 5 of this act, with respect to a physician's inability to practice medicine with reasonable skill or safety due to chemical dependency, emotional or behavioral disorder or physical or mental illness.

[(2) Any physician, physician assistant, hospital or state or local professional society or organization of health care professionals that refers a physician assistant for intervention to the assistance program shall be deemed to have satisfied the obligations imposed on the person or organization pursuant to subsection (a) of section 20-12e, with respect to a physician assistant's inability to practice with reasonable skill or safety due to chemical dependency, emotional or behavioral disorder or physical or mental illness.]

Sec. 5. (NEW) (Effective October 1, 2011) Any health care professional or institution licensed in accordance with chapter 368v of the general statutes with information which appears to show that another health care professional is or may be unable to practice with reasonable skill and safety due to (1) physical illness or loss of motor skills, including, but not limited to, deterioration through the aging process, (2) emotional disorder or mental illness, or (3) chemical dependency shall, not later than thirty days after obtaining such information, file a petition with the Department of Public Health. Such petition shall be filed on forms supplied by the department, shall be signed and sworn to, and shall set forth in detail the matters complained of.

Sec. 6. Subdivision (11) of subsection (a) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(11) Conduct any necessary investigation and follow-up in connection with complaints regarding persons subject to regulation or licensing by the department. In connection with any such investigation, the department may restrict, suspend or otherwise limit
the license or permit of any person subject to regulation or licensing by
the department pursuant to an interim consent order entered during
the pendency of such investigation;

Sec. 7. Section 7-36 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2011):

As used in this chapter and sections 19a-40 to 19a-45, inclusive,
unless the context otherwise requires:

(1) "Registrar of vital statistics" or "registrar" means the registrar of
births, marriages, deaths and fetal deaths or any public official charged
with the care of returns relating to vital statistics;

(2) "Registration" means the process by which vital records are
completed, filed and incorporated into the official records of the
department;

(3) "Institution" means any public or private facility that provides
inpatient medical, surgical or diagnostic care or treatment, or nursing,
custodial or domiciliary care, or to which persons are committed by
law;

(4) "Vital records" means a certificate of birth, death, fetal death or
marriage;

(5) "Certified copy" means a copy of a birth, death, fetal death or
marriage certificate that (A) includes all information on the certificate
except such information that is nondisclosable by law, (B) is issued or
transmitted by any registrar of vital statistics, (C) includes an attested
signature and the raised seal of an authorized person, and (D) if
submitted to the department, includes all information required by the
commissioner;

(6) "Uncertified copy" means a copy of a birth, death, fetal death or
marriage certificate that includes all information contained in a
certified copy except an original attested signature and a raised seal of
an authorized person;

(7) "Authenticate" or "authenticated" means to affix to a vital record in paper format the official seal, or to affix to a vital record in electronic format the user identification, password, or other means of electronic identification, as approved by the department, of the creator of the vital record, or the creator's designee, by which affixing the creator of such paper or electronic vital record, or the creator's designee, affirms the integrity of such vital record;

(8) "Attest" means to verify a vital record in accordance with the provisions of subdivision (5) of this section;

(9) "Correction" means to change or enter new information on a certificate of birth, marriage, death or fetal death, within one year of the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of such vital event, where such changes or entries are to correct errors on such certificate due to inaccurate or incomplete information provided by the informant at the time the certificate was prepared, or to correct transcribing, typographical or clerical errors;

(10) "Amendment" means to (A) change or enter new information on a certificate of birth, marriage, death or fetal death, more than one year after the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of the event, (B) create a replacement certificate of birth for matters pertaining to parentage and gender change, or (C) change a certificate of birth, marriage, death or fetal death to reflect facts that have changed since the time the certificate was prepared, including, but not limited to, a legal name change or a modification to a cause of death;

(11) "Acknowledgment of paternity" means to legally acknowledge paternity of a child pursuant to section 46b-172;

(12) "Adjudication of paternity" means to legally establish paternity through an order of a court of competent jurisdiction;
(13) "Parentage" includes matters relating to adoption, gestational agreements, paternity and maternity;

(14) "Department" means the Department of Public Health; [and]

(15) "Commissioner" means the Commissioner of Public Health or the commissioner's designee; and

(16) "Foundling" means (A) a child of unknown parentage, or (B) an infant voluntarily surrendered pursuant to the provisions of section 17a-58.

Sec. 8. Section 7-59 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The executive authority of any agency or institution, upon accepting the temporary custody of any foundling, [child,] shall, [within ten days from] not later than ten days after the date of such acceptance, report to the registrar of vital statistics of the town or city where such [child] foundling was found or voluntarily surrendered, in a format prescribed by the department, as follows: The date and place of finding where voluntarily surrendered, the sex, the race, the approximate age, the name and address of such agency or institution and the name given to the [foundling] child. [If] Except for an infant voluntarily surrendered pursuant to the provisions of section 17a-58, if a child for whom [such] a report of foundling has been registered is later identified and a certificate of birth is found or obtained, [it] the certificate of birth shall be substituted and the [previous] report of foundling shall be sealed and filed in a confidential file, and such seal may be broken and the record inspected only upon order of a court of competent jurisdiction. The certificate prescribed by this section shall include such additional information as the department requires.

(b) For any infant surrendered pursuant to the provisions of section 17a-58, the hospital shall prepare a report of foundling as described in subsection (a) of this section. If a certificate of birth has already been filed in the state birth registry pursuant to the requirements of section
7-48, the report of foundling shall substitute for the original certificate of birth which shall be sealed and filed in a confidential file at the Department of Public Health. The original certificate of birth shall not be released except upon order of a court of competent jurisdiction.

Sec. 9. Section 7-37 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The town clerks of the several towns shall be, ex officio, the registrars of vital statistics in their respective towns, except in towns where such registrars are elected or appointed under special laws, and shall be sworn to the faithful performance of their duties as such.

(b) If a registrar of vital statistics is appointed under a special law or a town charter, the appointing authority or, if none, the chief executive official of the town, shall, [within] not later than ten days after such an appointment is made, file a notice of such appointment with the Secretary of the State, indicating the name and address of the person appointed, the date and method of such appointment and the law under which the appointment was made. [Within] Not later than ten days after a vacancy occurs in the appointed office of registrar of vital statistics, the first selectman or chief executive official of the town shall notify the Secretary of the State of such vacancy.

(c) In addition to the requirements of subsection (b) of this section, any newly elected or appointed registrar of vital statistics shall, not later than ten days after the date of assuming office, provide written notification to the Commissioner of Public Health of such election or appointment. In the event of a vacancy, the first selectman or chief executive official of the town shall notify the Commissioner of Public Health of the vacancy not later than ten days after the date of such vacancy.

Sec. 10. Section 7-38 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The town clerk of any town who is, ex officio, registrar of vital
statistics in such town, and the registrar of vital statistics of any town who is elected under a special law or otherwise appointed pursuant to law, may, unless otherwise provided by charter or ordinance, appoint in writing suitable persons, not exceeding four in number, as assistant registrars of vital statistics, who, on being sworn, shall have the powers and perform the duties of such registrar during the time for which they are appointed, not extending beyond the term of office of such registrar. [Within] Not later than ten days after a town clerk or registrar of vital statistics appoints an assistant registrar of vital statistics, the town clerk or registrar of vital statistics shall file a notice of such appointment with the Secretary of the State, indicating the name and address of the person appointed, the date and method of such appointment and the law under which the appointment was made. [Within] Not later than ten days after a vacancy occurs in the office of assistant registrar of vital statistics, the town clerk or registrar of vital statistics shall notify the Secretary of the State of such vacancy.

(b) In addition to the requirements of subsection (a) of this section, the registrar of vital statistics shall, not later than ten days after the date of appointment of an assistant registrar or a vacancy occurring in the office of assistant registrar of vital statistics, provide written notice to the Commissioner of Public Health of such appointment or vacancy.

Sec. 11. Subsection (a) of section 7-51 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The department and registrars of vital [records] statistics shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (1) The person whose birth is recorded, if over eighteen years of age; (2) such person's children, grandchildren, spouse, parent, guardian or grandparent; (3) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (4) the local director of health for the town or city where the birth or fetal death occurred or where the
mother was a resident at the time of the birth or fetal death, or the
director's authorized agent; (5) attorneys-at-law [and title examiners]
representing such person or such person's parent, guardian, child or
surviving spouse; (6) conservators appointed to oversee the personal
affairs of such person; (7) members of genealogical societies
incorporated or authorized by the Secretary of the State to do business
or conduct affairs in this state; [(7)] (8) agents of a state or federal
agency as approved by the department; and [(8)] (9) researchers
approved by the department pursuant to section 19a-25. Except as
provided in section 19a-42a, access to confidential files on paternity,
adoption, gender change or gestational agreements, or information
contained within such files, shall not be released to any party,
including the eligible parties listed in this subsection, except upon an
order of a court of competent jurisdiction.

Sec. 12. Section 20-14e of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2011):

(a) A drug dispensed by a prescribing practitioner shall be
personally dispensed by the prescribing practitioner and the
dispensing of such drug shall not be delegated except that, in
emergency departments of acute care hospitals licensed under chapter
368v, the tasks related to dispensing such drug may be carried out by a
nurse licensed pursuant to chapter 378 under the supervision of the
prescribing practitioner.

(b) A patient's medical record shall include a complete record of any
drug dispensed by the prescribing practitioner.

(c) A prescribing practitioner dispensing a drug shall package the
drug in containers approved by the federal Consumer Product Safety
Commission, unless requested otherwise by the patient, and shall label
the container with the following information: (1) The full name of the
patient; (2) the prescribing practitioner's full name and address; (3) the
date of dispensing; (4) instructions for use; and (5) any cautionary
statements as may be required by law.
(d) Professional samples dispensed by a prescribing practitioner shall be exempt from the requirements of subsection (c) of this section.

(e) Notwithstanding the provisions of this section or chapter 400j, a prescribing practitioner who diagnoses a chlamydia or gonorrhea infection in a patient may prescribe and dispense oral antibiotic drugs to such patient and the patient's partner or partners in order to prevent further infection without a physical examination of such partner or partners. A prescribing practitioner who prescribes or dispenses oral antibiotic drugs to the partner or partners of a patient diagnosed with a chlamydia or gonorrhea infection shall, in accordance with the provisions of this subsection, not be deemed to have violated the prescribing practitioner's standard of care for such prescribing or dispensing drugs. The Commissioner of Public Health, in consultation with the Commissioner of Consumer Protection, may adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection.

[(e)] (f) A prescribing physician or surgeon may dispense and sell contact lenses that contain a drug, as defined in section 20-571, and such physician or surgeon shall be exempt from the requirements of subsection (c) of this section when dispensing or selling contact lenses. As used in this subsection, "physician" means a person holding a license issued pursuant to this chapter, except a homeopathic physician.

[(f)] (g) A licensed optometrist, authorized to practice advanced optometric care pursuant to section 20-127, who dispenses contact lenses that contain ocular agents-T, as defined in subdivision (5) of subsection (a) of section 20-127, shall be exempt from the requirements of subsection (c) of this section when dispensing or selling contact lenses.

Sec. 13. Section 19a-216 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):
(a) Any municipal health department, state institution or facility, licensed physician or public or private hospital or clinic, may examine [and] or provide treatment for venereal disease for a minor, if the physician or facility is qualified to provide such examination [and] or treatment. The consent of the parents or guardian of the minor shall not be a prerequisite to the examination [and] or treatment. The physician in charge or other appropriate authority of the facility or the licensed physician concerned shall prescribe an appropriate course of treatment for the minor. The fact of consultation, examination [and] or treatment of a minor under the provisions of this section shall be confidential and shall not be divulged by the facility or physician, including the sending of a bill for the services to any person other than the minor, except for purposes of reports under section 19a-215, as amended by this act, and except that, if the minor is not more than twelve years of age, the facility or physician shall report the name, age and address of that minor to the Commissioner of Children and Families or [his] the commissioner's designee who shall proceed thereon as in reports under section 17a-101g.

(b) A minor shall be personally liable for all costs and expenses for services afforded [him at his] such minor at his or her request under this section.

Sec. 14. Section 19a-124 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) The Department of Public Health shall establish needle and syringe exchange programs in [the health departments of] the three cities having the highest total number of [cases of acquired immunodeficiency syndrome among intravenous drug users as of December 31, 1991] human immunodeficiency virus infections among injection drug users. The department shall establish [L with the assistance of the health departments of the cities selected for the programs,] protocols in accordance with the provisions of subsection (b) of this section. [The department and the city health departments shall evaluate the effectiveness of the programs based on the criteria...
specified by the Department of Public Health.] The department may authorize similar programs in other areas of the state, as determined by the commissioner, through local health departments or other local organizations.

(b) The programs shall: (1) Be incorporated into existing [acquired immunodeficiency syndrome prevention and outreach projects] human immunodeficiency virus prevention programs in the selected cities; (2) provide for free and [anonymous] confidential exchanges of needles and syringes and (A) provide that program participants receive an equal number of needles and syringes for those returned; and (B) provide that first-time applicants to the program receive an initial packet of thirty needles and syringes, educational material and a list of drug counseling services; [and (C) assure, through program-developed and commissioner-approved protocols, that a person receive only one such initial packet over the life of the program;] and (3) offer education on the transmission of the human immunodeficiency virus and prevention measures and assist program participants in obtaining drug treatment services; [and (4) for the first year of operation of the program, require all needles and syringes to be marked and checked for return rates.]

(c) [The commissioner shall require programs to include an evaluation component during the first year of operation] The department shall establish requirements to monitor (1) return rates of needles and syringes distributed, (2) [behavioral change of program participants, such as needle sharing and the use of condoms, (3)] program participation rates, and (3) the number of participants who are motivated to enter treatment as a result of the program and the status of their treatment, [and (4) the incidence of intravenous drug use to see if there is a change as a result of the program. The department shall establish evaluation and monitoring requirements to be applied to subsequent years of the programs.]

(d) [The health department of each city selected for a needle and syringe exchange program or the person] Any organization

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conducting [the] a needle and syringe exchange program shall submit a report evaluating the effectiveness of the program to the Department of Public Health. [The department shall compile all information received on the programs and report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies.]

Sec. 15. Subsection (b) of section 20-32 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(b) All licensed chiropractors applying for license renewal shall be required to participate in continuing education programs. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to (1) define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement for good cause. For registration periods beginning on and after October 1, 2012, the Commissioner of Public Health, in consultation with the Board of Chiropractic Examiners, shall, on or before October 1, 2011, and biennially thereafter, issue a list that includes not more than five mandatory topics for continuing education activities that shall be required for the two subsequent registration periods following the date of issuance of such list.

Sec. 16. Section 10-204a of the general statutes is amended by adding subsection (c) as follows (Effective October 1, 2011):

(NEW) (c) The Commissioner of Public Health may issue a temporary waiver to the adequate immunization schedule for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for said vaccine.

Sec. 17. Subsection (b) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (Effective
October 1, 2011):

(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;

(4) Informal arrangements among neighbors [or] and formal or informal arrangements among relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents [are on the premises] remain in the same store as the child for retail shopping, [in accordance with section 19a-77a, provided that] provided the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child
day care center;

(7) Drop-in programs administered by a nationally chartered boys' and girls' club;

(8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution;

(9) Administered by Solar Youth, Inc., a New Haven-based nonprofit youth development and environmental education organization, provided Solar Youth, Inc. informs the parents and legal guardians of any children enrolled in its programs that such programs are not licensed by the Department of Public Health to provide child day care services; or

(10) Programs administered by organizations under contract with the Department of Social Services pursuant to section 17b-851a that promote the reduction of teenage pregnancy through the provision of services to persons who are ten to nineteen years of age, inclusive.

Sec. 18. Section 19a-425 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

Any person who establishes, conducts or maintains a youth camp without a license as required by this chapter for a first offense shall be subject to a civil penalty of not more than [five hundred] one thousand dollars, and for a second or subsequent offense shall be subject to a civil penalty of not more than [seven hundred fifty] one thousand five hundred dollars, and each day during which a youth camp is conducted or maintained without a license, after notification to such person by the commissioner, shall constitute a separate offense. The Commissioner of Public Health may apply to the superior court for the judicial district of Hartford, or for the judicial district where the defendant named in such application resides, for an injunction to restrain the operation or maintenance of a youth camp by any person other than a licensed operator. The application for such injunction or
the issuance of the same shall be in addition to and shall not relieve any such person from the imposition of a civil penalty under this section. In connection with any such application for an injunction, it shall not be necessary to prove that an adequate remedy at law does not exist.

Sec. 19. Subsection (b) of section 19a-80 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(b) (1) Upon receipt of an application for a license, the Commissioner of Public Health shall issue such license if, upon inspection and investigation, said commissioner finds that the applicant, the facilities and the program meet the health, educational and social needs of children likely to attend the child day care center or group day care home and comply with requirements established by regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive. The Commissioner of Public Health shall offer an expedited application review process for an application submitted by a municipal agency or department. [Each license shall be for a term of two years, provided on and after October 1, 2008, each] Each license shall be for a term of four years, shall be nontransferable, and may be renewed upon [payment of the] receipt by the commissioner of a renewal application and accompanying licensure fee; [and may be suspended or revoked] The commissioner may suspend or revoke such license after notice and an opportunity for a hearing as provided in section 19a-84 for violation of the regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive.

[(2) Prior to October 1, 2008, the Commissioner of Public Health shall collect from the licensee of a day care center a fee of two hundred dollars for each license issued or renewed for a term of two years. Prior to October 1, 2008, said commissioner shall collect from the licensee of a group day care home a fee of one hundred dollars for each license issued or renewed for a term of two years.]
(3) On and after October 1, 2008, the Commissioner of Public Health shall collect from the licensee of a day care center a fee of five hundred dollars for each license issued or renewed prior to issuing or renewing a license for a term of four years. On and after October 1, 2008, said commissioner shall collect from the licensee of a group day care home a fee of two hundred fifty dollars for each license issued or renewed prior to issuing or renewing a license for a term of four years. The commissioner shall require only one license for a child day care center operated in two or more buildings, provided the same licensee provides child day care services in each building and the buildings are joined together by a contiguous playground that is part of the licensed space.

Sec. 20. Section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a family day care home, as defined in section 19a-77, as amended by this act, without a license issued by the Commissioner of Public Health. Licensure forms shall be obtained from the Department of Public Health. Applications for licensure shall be made to the commissioner on forms provided by the department and shall contain the information required by regulations adopted under this section. The licensure and application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b. Applicants shall state, in writing, that they are in compliance with the regulations adopted by the commissioner pursuant to subsection [(c)] (f) of this section. Before a family day care home license is granted, the department shall make an inquiry and investigation which shall include a visit and inspection of the premises for which the license is requested. Any inspection conducted by the department shall include an inspection for evident sources of lead poisoning. The department shall provide for a chemical analysis of any paint chips found on such premises. Neither the commissioner nor the
commissioner's designee shall require an annual inspection for homes seeking license renewal or for licensed homes, except that the commissioner or the commissioner's designee shall make unannounced visits, during customary business hours, to at least thirty-three and one-third per cent of the licensed family day care homes each year. A licensed family day care home shall not be subject to any conditions on the operation of such home by local officials, other than those imposed by the department pursuant to this subsection, if the home complies with all local codes and ordinances applicable to single and multifamily dwellings.

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family day care home, as defined in section 19a-77, as amended by this act, without an approval issued by the Commissioner of Public Health. Any person seeking to act as an assistant or substitute staff member in a family day care home shall submit an application for such approval to the department. Applications for approval shall: (1) Be made to the commissioner on forms provided by the department, (2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of twenty dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

[(b) ] (c) The Commissioner of Public Health, within available appropriations, shall require each initial applicant or prospective employee of a family day care home in a position requiring the provision of care to a child, including an assistant or substitute staff member, to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state child abuse registry established pursuant to section 17a-101k. The commissioner shall notify each licensee of the provisions of this subsection.

(d) An application for initial licensure pursuant to this section, shall
be accompanied by a fee of forty dollars and such license shall be issued for a term of four years. An application for renewal of a license issued pursuant to this section, shall be accompanied by a fee of forty dollars and a certification from the licensee that any child enrolled in the family day care home has received age-appropriate immunizations in accordance with regulations adopted pursuant to subsection (f) of this section. A license issued pursuant to this section shall be renewed for a term of four years.

(e) An application for initial staff approval or renewal of staff approval shall be accompanied by a fee of twenty dollars. Such approvals shall be issued or renewed for a term of two years.

[(c)] (f) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family day care homes, as defined in section 19a-77, as amended by this act, shall meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family day care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f. Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds. Such regulations shall also specify conditions under which family day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving day care services at a family day care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance
with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply.

[(d) Applications for initial licensure under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty dollars and such licenses shall be issued for a term of two years. Applications for renewal of licenses granted under this section submitted prior to October 1, 2008, shall be accompanied by a fee of twenty dollars and such licenses shall be renewed for a term of two years. No such license shall be renewed unless the licensee certifies that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section.

(e) Each license issued on or after October 1, 2008, shall be for a term of four years, shall be nontransferable and may be renewed upon payment of the licensure fee and a signed statement from the licensee certifying that the children enrolled in the family day care home have received age-appropriate immunization in accordance with regulations adopted pursuant to subsection (c) of this section. The Commissioner of Public Health shall collect from the licensee of a family day care home a fee of eighty dollars for each license issued or renewed for a term of four years.]

Sec. 21. Subsection (d) of section 31-286a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(d) For purposes of this section, "sufficient evidence" means (1) a certificate of self-insurance issued by a workers' compensation
commissioner pursuant to section 31-284, (2) a certificate of compliance
issued by the Insurance Commissioner pursuant to section 31-286, (3) a
certificate of insurance issued by any stock or mutual insurance
company or mutual association authorized to write workers’
compensation insurance in this state or its agent, or (4) in lieu of a
physical certificate of insurance being presented for the issuance or
renewal of licenses and permits issued by the Department of
Consumer Protection or Public Health, the entrance by the applicant
on the renewal form of the name of the insurer, insurance policy
number, effective dates of coverage, and a certification that the same is
truthful and accurate.

Sec. 22. Section 19a-32g of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2011):

(a) (1) There is established a Stem Cell Research Peer Review
Committee. The committee shall consist of five members appointed by
the Commissioner of Public Health. All members appointed to the
committee shall (A) have demonstrated knowledge and understanding
of the ethical and medical implications of embryonic and human adult
stem cell research or related research fields, including, but not limited
to, embryology, genetics or cellular biology, (B) have practical research
experience in human adult or embryonic stem cell research or related
research fields, including, but not limited to, embryology, genetics or
cellular biology, and (C) work to advance embryonic and human adult
stem cell research. Members shall serve for a term of four years
commencing on October first, except that three members first
appointed by the Commissioner of Public Health shall serve for a term
of two years. No member may serve for more than two consecutive
four-year terms and no member may serve concurrently on the Stem
Cell Research Advisory Committee established pursuant to section
19a-32f. All initial appointments to the committee shall be made by
October 1, 2005. Any member who fails to attend three consecutive
meetings or who fails to attend fifty per cent of all meetings held
during any calendar year shall be deemed to have resigned from the
committee.

(2) [On and after July 1, 2007, the] The Commissioner of Public Health may appoint such additional members to the Stem Cell Research Peer Review Committee as the commissioner deems necessary for the review of applications for grants-in-aid, provided the total number of Stem Cell Research Peer Review Committee members does not exceed fifteen. Such additional members shall be appointed as provided in subdivision (1) of this subsection, except that such additional members shall serve for a term of two years from the date of appointment.

(b) All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10. No member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by any eligible institution in which such member has a financial interest, or with which such member engages in any business, employment, transaction or professional activity.

(c) Prior to the awarding of any grants-in-aid for embryonic or human adult stem cell research pursuant to section 19a-32e, the Stem Cell Research Peer Review Committee shall review all applications submitted by eligible institutions for such grants-in-aid and make recommendations to the Commissioner of Public Health and the Stem Cell Research Advisory Committee established pursuant to section 19a-32f with respect to the ethical and scientific merit of each application.

(d) Peer review committee members may receive compensation from the Stem Cell Research Fund, established pursuant to section 19a-32e, for reviewing grant-in-aid applications submitted by eligible institutions pursuant to subsection (c) of this section. The rate of compensation shall be established by the Commissioner of Public Health in consultation with the Department of Administrative Services and the Office of Policy and Management.
[(d)] (e) The Peer Review Committee shall establish guidelines for the rating and scoring of such applications by the Stem Cell Research Peer Review Committee.

[(e)] (f) All members of the committee shall become and remain fully cognizant of the National Academies’ Guidelines for Human Embryonic Stem Cell Research, as amended from time to time, and shall utilize said guidelines to evaluate each grant-in-aid application. The committee may make recommendations to the Stem Cell Research Advisory Committee and the Commissioner of Public Health concerning the adoption of said guidelines, in whole or in part, in the form of regulations adopted pursuant to chapter 54.

Sec. 23. Section 19a-2a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

The Commissioner of Public Health shall employ the most efficient and practical means for the prevention and suppression of disease and shall administer all laws under the jurisdiction of the Department of Public Health and the Public Health Code. [He] The commissioner shall have responsibility for the overall operation and administration of the Department of Public Health. The commissioner shall have the power and duty to: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as are necessary to carry out the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) contract for facilities, services and programs to implement the purposes of the department as established by statute; (6) designate a deputy commissioner or other employee of the department to sign any license, certificate or permit issued by said department; (7) conduct a hearing, issue subpoenas, administer oaths, compel testimony and render a final decision in any case when a hearing is required or authorized under the provisions of any statute dealing with the Department of Public Health; (8) with the
health authorities of this and other states, secure information and data
concerning the prevention and control of epidemics and conditions
affecting or endangering the public health, and compile such
information and statistics and shall disseminate among health
authorities and the people of the state such information as may be of
value to them; (9) annually issue a list of reportable diseases,
emergency illnesses and health conditions and a list of reportable
laboratory findings and amend such list as the commissioner deems necessary and distribute such list as well as
any necessary forms to each licensed physician and clinical laboratory
in this state. [He] The commissioner shall prepare printed forms for
reports and returns, with such instructions as may be necessary, for the
use of directors of health, boards of health and registrars of vital
statistics; (10) specify uniform methods of keeping statistical
information by public and private agencies, organizations and
individuals, including a client identifier system, and collect and make
available relevant statistical information, including the number of
persons treated, frequency of admission and readmission, and
frequency and duration of treatment. The client identifier system shall
be subject to the confidentiality requirements set forth in section 17a-
688 and regulations adopted thereunder. The commissioner may
designate any person to perform any of the duties listed in subdivision
(7) of this section. [He] The commissioner shall have authority over
directors of health and may, for cause, remove any such director; but
any person claiming to be aggrieved by such removal may appeal to
the Superior Court which may affirm or reverse the action of the
commissioner as the public interest requires. [He] The commissioner
shall assist and advise local directors of health in the performance of
their duties, and may require the enforcement of any law, regulation or
ordinance relating to public health. When requested by local directors
of health, [he] the commissioner shall consult with them and
investigate and advise concerning any condition affecting public
health within their jurisdiction. [He] The commissioner shall
investigate nuisances and conditions affecting, or that he or she has
reason to suspect may affect, the security of life and health in any
locality and, for that purpose, [he] the commissioner, or any person authorized by [him so to do] the commissioner, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by [him] the commissioner shall have the authority conferred by law upon constables. Whenever [he] the commissioner determines that any provision of the general statutes or regulation of the Public Health Code is not being enforced effectively by a local health department, he or she shall forthwith take such measures, including the performance of any act required of the local health department, to ensure enforcement of such statute or regulation and shall inform the local health department of such measures. In September of each year [he] the commissioner shall certify to the Secretary of the Office of Policy and Management the population of each municipality. The commissioner may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of or contract for money, services or property from the federal government, the state or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant or contract. The commissioner may establish state-wide and regional advisory councils.

Sec. 24. Section 19a-215 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) For the purposes of this section:

(1) "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances.
[(1)] (2) "Commissioner's list of reportable diseases, emergency illnesses and health conditions" and "commissioner's list of reportable laboratory findings" means the [list] lists developed pursuant to section 19a-2a, as amended by this act.

[(2)] (3) "Confidential" means confidentiality of information pursuant to section 19a-25.

[(3)] (4) "Health care provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services, including licensed physicians, nurse practitioners, nurse midwives, physician assistants, nurses, dentists, medical examiners and administrators, superintendents and managers of health care facilities.

(5) "Reportable diseases, emergency illnesses and health conditions" means the diseases, illnesses, conditions or syndromes designated by the Commissioner of Public Health on the list required pursuant to section 19a-2a, as amended by this act.

(b) A health care provider shall report each case occurring in such provider's practice, of any disease on the commissioner's list of reportable diseases, [and laboratory findings] emergency illnesses and health conditions to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, no later than twelve hours after such provider's recognition of the disease. Such reports shall be in writing, by telephone or in an electronic format approved by the commissioner. Such reports of disease shall be confidential and not open to public inspection except as provided [in subsection (d) of this section] for in section 19a-25.

(c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. A clinical laboratory that reports an average of more than thirty findings per
month shall make such reports electronically in a format approved by
the commissioner. Any clinical laboratory that reports an average of
less than thirty findings per month shall submit such reports, in
writing, by telephone or in an electronic format approved by the
commissioner. All such reports shall be confidential and not open to
public inspection except as provided for in section 19a-25. The
Department of Public Health shall provide a copy of all such reports to
the director of health of the town, city or borough in which the affected
person resides or, in the absence of such information, the town where
the specimen originated.

[(c)] (d) When a local director of health or his authorized agent or
the Department of Public Health receives a report of a disease or
laboratory finding on the commissioner's [list] list of reportable
diseases, emergency illnesses and health conditions and
laboratory findings, either may contact first the reporting health care
provider and then the person with the reportable finding to obtain
such information as may be necessary to lead to the effective control of
further spread of such disease. In the case of reportable communicable
diseases and laboratory findings, this information may include
obtaining the identification of persons who may be the source or
subsequent contacts of such infection.

[(d)] (e) All personal information obtained from disease prevention
and control investigations as performed in [subsection (c)] subsections
(c) and (d) of this section including the health care provider's name
and the identity of the reported case of disease and suspected source
persons and contacts shall not be divulged to anyone and shall be held
strictly confidential pursuant to section 19a-25, by the local director of
health and [his] the director's authorized agent and by the Department
of Public Health.

[(e)] (f) Any person who violates any reporting or confidentiality
provision of this section shall be fined not more than five hundred
dollars. No provision of this section shall be deemed to supersede
section 19a-584.
Sec. 25. Subsection (c) of section 19a-91 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(c) In addition to the requirements set forth in subsection (b) of this section, in the case of death resulting from a disease on the current list of reportable diseases, emergency illnesses and health conditions developed pursuant to section [19a-36-A2 of the regulations of Connecticut state agencies] 19a-2, as amended by this act, the licensed embalmer or funeral director having charge of the dead human body shall prepare such body for burial or cremation by having the body washed, embalmed or wrapped as soon as practicable after the body arrives at the licensed embalmer's or licensed funeral director's place of business. The provisions of this subsection do not apply if death is not the result of a disease on the current list of reportable diseases, emergency illnesses and health conditions developed pursuant to section [19a-36-A2 of the regulations of Connecticut state agencies] 19a-2, as amended by this act, provided the licensed embalmer or funeral director having charge of the body takes appropriate measures to ensure that the body does not pose a threat to the public health.

Sec. 26. Section 20-329cc of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

As used in sections 20-329cc to 20-329ff, inclusive, a "nonmaterial fact concerning real property" means a fact, set of facts or circumstance surrounding real estate which includes, but is not limited to: (1) The fact that an occupant of real property is or has been infected with a disease on the list of reportable diseases, emergency illnesses and health conditions issued by the Commissioner of Public Health pursuant to section 19a-2a, as amended by this act; or (2) the fact that the property was at any time suspected to have been the site of a death or felony.

Sec. 27. Section 19a-612d of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):
Notwithstanding any provision of the general statutes, there shall be a Deputy Commissioner of Public Health who shall oversee the Office of Health Care Access division of the Department of Public Health and who shall exercise independent decision-making authority over all certificate of need decisions. [related matters, including, but not limited to, determinations, orders, decisions and agreed settlements. The individual serving as the Commissioner of Health Care Access on September 1, 2009, shall serve as a Deputy Commissioner of Public Health with responsibility for overseeing the Office of Health Care Access division of the Department of Public Health. Notwithstanding any provision of the general statutes, said deputy commissioner may designate an executive assistant to serve in such capacity. On or before January 1, 2010, said deputy commissioner in consultation with the Commissioner of Public Health shall jointly report, in accordance with the provisions of section 11-4a, to the Governor and joint standing committee of the General Assembly having cognizance of matters related to public health on recommendations for reform of the certificate of need process.]

Sec. 28. Subsections (b) and (c) of section 19a-639a of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(b) [Not later than twenty days prior to the date that the applicant submits the certificate of need application to the office] Prior to the filing of a certificate of need application, the applicant shall publish notice that an application is to be submitted to the office in a newspaper having a substantial circulation in the area where the project is to be located. Such notice shall (1) be published (A) not later than twenty days prior to the date of filing of the certificate of need application, and (B) for not less than three consecutive days, and (2) contain a brief description of the nature of the project and the street address where the project is to be located. An applicant shall file the certificate of need application with the office not later than ninety days after publishing notice of the application in accordance
with the provisions of this subsection. The office shall not accept the
applicant's certificate of need application for filing unless the
application is accompanied by the application fee prescribed in
subsection (a) of this section and proof of compliance with the
publication requirements prescribed in this subsection.

(c) Not later than five business days after receipt of a properly filed
certificate of need application, the office shall publish notice of the
application on its Web site. [and with the office of the Secretary of the
State.] Not later than thirty days after the date of filing of the
application, the office may request such additional information as the
office determines necessary to complete the application. The applicant
shall, not later than sixty days after the date of the office's request,
submit the requested information to the office. If an applicant fails to
submit the requested information to the office within the sixty-day
period, the office shall consider the application to have been
withdrawn.

Sec. 29. Subsection (a) of section 17b-256 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective
October 1, 2011):

(a) The Commissioner of Social Services may administer, within
available appropriations, a program providing payment for the cost of
drugs prescribed by a physician for the treatment of acquired
immunodeficiency syndrome or human immunodeficiency virus. The
commissioner, in consultation with the Commissioner of Public
Health, shall determine specific drugs to be covered and may
implement a pharmacy lock-in procedure for the program. The
Commissioner of Social Services shall adopt regulations, in accordance
with the provisions of chapter 54, to carry out the purposes of this
section. The [commissioner] Commissioner of Social Services may
implement the program while in the process of adopting regulations,
provided notice of intent to adopt the regulations is published in the
Connecticut Law Journal within twenty days of implementation. The
regulations may include eligibility for all persons with acquired
immunodeficiency syndrome or human immunodeficiency virus
whose income is below four hundred per cent of the federal poverty
level. Subject to federal approval, the Commissioner of Social Services may, within available federal resources, maintain
[existing] insurance policies for eligible clients, including, but not
limited to, coverage of costs associated with such policies, that provide
a full range of human immunodeficiency virus treatments and access
to comprehensive primary care services as determined by the
commissioner and as provided by federal law, and may provide
payment, determined by the commissioner, for (1) drugs and
nutritional supplements prescribed by a physician that prevent or treat
opportunistic diseases and conditions associated with acquired
immunodeficiency syndrome or human immunodeficiency virus; (2)
ancillary supplies related to the administration of such drugs; and (3)
laboratory tests ordered by a physician. On and after May 26, 2006, any
person who previously received insurance assistance under the
program established pursuant to section 17b-255 of the general
statutes, revision of 1958, revised to 2005, shall continue to receive such
assistance until the expiration of the insurance coverage, provided
such person continues to meet program eligibility requirements
established in accordance with this subsection. On or before March 1,
2007, and annually thereafter, the Commissioner of Social Services
shall report, in accordance with section 11-4a, to the joint standing
committees of the General Assembly having cognizance of matters
relating to human services, public health and appropriations and the
budgets of state agencies on the projected availability of funds for the
program established pursuant to this section.

Sec. 30. Section 19a-495 of the general statutes is amended by adding
subsection (d) as follows (Effective October 1, 2011):

(NEW) (d) The Commissioner of Public Health, in consultation with
the Commissioner of Mental Health and Addiction Services, may
implement policies and procedures, in compliance with federal law,
permitting licensed health care providers with prescriptive authority
to prescribe medications to treat persons dependent on opiates in free standing substance abuse treatment facilities, licensed under section 19a-490, while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of the intent to adopt regulations in the Connecticut Law Journal not later than thirty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted.

Sec. 31. Subsection (e) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(e) [Notwithstanding any regulation, the] The commissioner shall charge one thousand dollars for the licensing and inspection every four years of [the following institutions: (1) Outpatient] outpatient clinics that provide either medical or mental health service, and well-child clinics, except those operated by municipal health departments, health districts or licensed nonprofit nursing or community health agencies. [one thousand dollars; (2) maternity homes, per site, two hundred dollars; and (3) maternity homes, per bed, ten dollars.]

Sec. 32. Section 19a-266 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) For purposes of this section:

(1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

(2) "Cervical cancer screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited
to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.

(3) "Unserved or underserved populations" means women who are:

(A) At or below two hundred per cent of the federal poverty level for individuals; (B) without health insurance that covers breast cancer screening mammography or cervical cancer screening services; and (C) [nineteen] twenty-one to sixty-four years of age.

(b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and (3) provide counseling and referral services for treatment.

(c) The program shall include, but not be limited to:

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(3) Establishment of a system to track and follow up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking
women to be screened at recommended screening intervals;

(4) Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; and (2) [a sixty-day follow-up pap test for victims of sexual assault; and (3)] a pap test every six months for women who have tested HIV positive.

[e] The Commissioner of Public Health shall report annually to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations. The report shall include, but not be limited to, a description of the rate of breast cancer and cervical cancer morbidity and mortality in this state and the extent of participation in breast cancer and cervical cancer screening.]

[f] The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.

Sec. 33. Subdivision (8) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(8) (A) Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room and, within available appropriations, may expand the data collection system to include clinical treatment and
The commissioner shall, on a quarterly basis, collect the following information from each licensed ambulance service or certified ambulance service that provides emergency medical services: (i) The total number of calls for emergency medical services received by such licensed ambulance service or certified ambulance service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service or certified ambulance service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The information required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service or certified ambulance service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service or certified ambulance service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service or certified ambulance service as the commissioner deems necessary in order to verify the accuracy of such reported information.

[(B) The commissioner shall prepare a report that shall include, but not be limited to, the following information: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service or certified ambulance service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service or certified ambulance service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls,
cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such information for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications. Not later than March 31, 2002, and annually thereafter, the commissioner shall submit such report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, shall make such report available to the public and shall post such report on the Department of Public Health web site on the Internet.]

[(C)] (B) If any licensed ambulance service or certified ambulance service does not submit the information required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service or certified ambulance service knowingly or intentionally submitted incomplete or false information, the commissioner shall issue a written order directing such licensed ambulance service or certified ambulance service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing information or such corrected information as the commissioner may require. If such licensed ambulance service or certified ambulance service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service or certified ambulance service shall be required to show cause why the primary service area assignment of such licensed ambulance service or certified ambulance service should not be revoked, and (ii) may take such disciplinary action under section 19a-17, as amended by this act, as the commissioner deems appropriate.

[(D) On and after October 1, 2006, the] (C) The commissioner shall collect the information required by subparagraph (A) of this subdivision, in the manner provided in said subparagraph, from each person or emergency medical service organization licensed or certified
under section 19a-180 that provides emergency medical services; [. On and after October 1, 2006, such information shall be included in the annual report prepared by the commissioner in accordance with subparagraph (B) of this subdivision and such person or emergency medical service organization shall be subject to the provisions of subparagraph (C) of this subdivision;]

Sec. 34. Section 19a-4j of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(a) There is established, within the Department of Public Health, an Office of Multicultural Health. The responsibility of the office is to improve the health of all Connecticut residents by eliminating differences in disease, disability and death rates among ethnic, racial and cultural populations.

(b) The department may apply for, accept and expend such funds as may be available from federal, state or other sources and may enter into contracts to carry out the responsibilities of the office.

(c) The office shall:

(1) With regard to health status: (A) Monitor the health status of African Americans; Latinos/Hispanics; Native Americans/Alaskan Natives; and Asians, Native Hawaiians and other Pacific Islanders; (B) compare the results of the health status monitoring with the health status of non-Hispanic Caucasians/whites; and (C) assess the effectiveness of state programs in eliminating differences in health status;

(2) Assess the health education and health resource needs of ethnic, racial and cultural populations listed in subdivision (1) of this subsection; and

(3) Maintain a directory of, and assist in development and promotion of, multicultural and multiethnic health resources in Connecticut.
(d) The office may:

(1) Provide grants for culturally appropriate health education demonstration projects and may apply for, accept and expend public and private funding for such projects; and

(2) Recommend policies, procedures, activities and resource allocations to improve health among racial, ethnic and cultural populations in Connecticut.

(e) The Commissioner of Public Health shall submit an annual report concerning the activities of the office to the Governor, the General Assembly, the Permanent Commission on the Status of Women established under section 46a-1, the Latino and Puerto Rican Affairs Commission established under section 2-120, the Indian Affairs Council established under section 47-59b and the Connecticut African-American Affairs Commission. The office shall also hold community workshops and use other means to disseminate its findings statewide.

Sec. 35. Subsection (c) of section 19a-493b of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(c) Notwithstanding the provisions of this section, no outpatient surgical facility shall be required to comply with section 19a-631, 19a-632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a, inclusive, 19a-671, 19a-671a, 19a-672 to 19a-676, inclusive, 19a-678, or 19a-681 to 19a-683, inclusive. Each outpatient surgical facility shall continue to be subject to the obligations and requirements applicable to such facility, including, but not limited to, any applicable provision of this chapter and those provisions of chapter 368z not specified in this subsection, except that a request for permission to undertake a transfer or change of ownership or control shall not be required pursuant to subsection (a) of section 19a-638 if the Office of Health Care Access division of the
Department of Public Health determines that the following conditions are satisfied: (1) Prior to any such transfer or change of ownership or control, the outpatient surgical facility shall be owned and controlled exclusively by persons licensed pursuant to section 20-13 or chapter 375, either directly or through a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, or is under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a person licensed under section 20-13 or chapter 375, and (2) after any such transfer or change of ownership or control, persons licensed pursuant to section 20-13 or chapter 375, a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13 or chapter 375, shall own and control no less than a sixty per cent interest in the outpatient surgical facility.

Sec. 36. Subsection (c) of section 20-87a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(c) The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician, physician assistant, podiatrist, optometrist or dentist.

Sec. 37. Subsection (b) of section 19a-178a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):
(b) The advisory board shall consist of members appointed in accordance with the provisions of this subsection and shall include the Commissioner of Public Health and the department's emergency medical services medical director, or their designees, [, and each of the regional medical service coordinators appointed pursuant to section 19a-186a.] The Governor shall appoint the following members: One person from each of the regional emergency medical services councils; one person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; a paramedic; an emergency medical technician; an advanced emergency medical technician; three consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.
Sec. 38. Subsections (b) and (c) of section 17a-2 of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

(b) Said department shall constitute a successor department to the Department of Children and Youth Services, for the purposes of sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-76g, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-125,] 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199, 54-203 and in accordance with the provisions of sections 4-38d and 4-39.

(c) Whenever the words "Commissioner of Children and Youth Services", "Department of Children and Youth Services", or "Council on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-579, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-125,] 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-199, 54-203, the words "Commissioner of Children and Families", "Department of Children and Families", and "Council on Children and Families" shall be substituted respectively in lieu thereof.

Sec. 39. Subsection (c) of section 28-24 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):
Within a time period determined by the commissioner to ensure the availability of funds for the fiscal year beginning July 1, 1997, to the regional public safety emergency telecommunications centers within the state, and not later than April first of each year thereafter, the commissioner shall determine the amount of funding needed for the development and administration of the enhanced emergency 9-1-1 program. The commissioner shall specify the expenses associated with:

1. The purchase, installation and maintenance of new public safety answering point terminal equipment,
2. The implementation of the subsidy program, as described in subdivision (2) of subsection (a) of this section,
3. The implementation of the transition grant program, described in subdivision (2) of subsection (a) of this section,
4. The implementation of the regional emergency telecommunications service credit, as described in subdivision (2) of subsection (a) of this section, provided, for the fiscal year ending June 30, 2001, and each fiscal year thereafter, such credit for coordinated medical emergency direction services as provided in regulations adopted under this section shall be based upon the factor of thirty cents per capita and shall not be reduced each year,
5. The training of personnel, as necessary,
6. Recurring expenses and future capital costs associated with the telecommunications network used to provide emergency 9-1-1 service and the public safety services data networks,
7. For the fiscal year ending June 30, 2001, and each fiscal year thereafter, the collection, maintenance and reporting of emergency medical services data, as required under [subparagraphs (A) and (B)] subparagraph (A) of subdivision (8) of section 19a-177, as amended by this act, provided the amount of expenses specified under this subdivision shall not exceed two hundred fifty thousand dollars in any fiscal year,
8. For the fiscal year ending June 30, 2001, and each fiscal year thereafter, the initial training of emergency medical dispatch personnel, the provision of an emergency medical dispatch priority reference card set and emergency medical dispatch training and continuing education pursuant to subdivisions (3) and (4) of subsection (g) of section 28-25b, and
9. The administration of the enhanced emergency 9-1-1 program by the Office of State-Wide Emergency Telecommunications, as the commissioner determines.
determines to be reasonably necessary. The commissioner shall communicate the commissioner's findings to the chairperson of the Public Utilities Control Authority not later than April first of each year.

Sec. 40. Sections 19a-6i, 19a-77a and 19a-125 of the general statutes are repealed. (Effective October 1, 2011)

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

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<th>Section</th>
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**PH**  Joint Favorable Subst.