



# House of Representatives

General Assembly

**File No. 544**

January Session, 2011

Substitute House Bill No. 6618

*House of Representatives, April 18, 2011*

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

## **AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.**

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

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 Section 19a-17 of the general statutes is repealed and the  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

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

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

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

12 (3) Censure a practitioner or permittee;

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

14 (5) Place a practitioner or permittee on probationary status and  
15 require the practitioner or permittee to:

16 (A) Report regularly to such board, commission or department  
17 upon the matters which are the basis of probation;

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

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

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

24 (7) In those cases involving persons or entities licensed or certified  
25 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and  
26 20-476, require that restitution be made to an injured property owner;  
27 or

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

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

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

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

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

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

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

64 (f) Such board or commission or the department may take  
65 disciplinary action against a practitioner's license or permit as a result  
66 of the practitioner having been subject to disciplinary action similar to  
67 an action specified in subsection (a) of this section by a duly  
68 authorized professional disciplinary agency of any state, the District of  
69 Columbia, a United States possession or territory or a foreign  
70 jurisdiction. Such board or commission or the department may rely  
71 upon the findings and conclusions made by a duly authorized  
72 professional disciplinary agency of any state, the District of Columbia,  
73 a United States possession or territory or foreign jurisdiction and shall  
74 not permit a collateral attack on the findings and conclusions of such  
75 agency.

76        [(f)] (g) As used in this section, the term "license" shall be deemed to  
77 include the following authorizations relative to the practice of any  
78 profession listed in subsection (a) of this section: (1) Licensure by the  
79 Department of Public Health; (2) certification by the Department of  
80 Public Health; and (3) certification by a national certification body.

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

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

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

107        Sec. 3. Subsection (a) of section 19a-12a of the general statutes is  
108 repealed and the following is substituted in lieu thereof (*Effective*

109 October 1, 2011):

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

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

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

116 (3) "Health care professionals" includes any person licensed or who  
117 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,  
118 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384,  
119 384a, 384b, 384c, 384d, 385, 397a, 398 or 399 and any person licensed  
120 pursuant to sections 19a-511 to 19a-520, inclusive;

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

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

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

133 (j) [(1)] Any [physician, hospital] health care professional, institution  
134 licensed in accordance with chapter 368v or state or local professional  
135 society or organization of health care professionals that refers a  
136 [physician] health care professional for intervention to the assistance  
137 program shall be deemed to have satisfied the obligations imposed on  
138 the person or organization pursuant to subsection (a) of section 20-12e,

139 subsection (a) of section 20-13d or section 5 of this act, with respect to a  
140 physician's inability to practice medicine with reasonable skill or safety  
141 due to chemical dependency, emotional or behavioral disorder or  
142 physical or mental illness.

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

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

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

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

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

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

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

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

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

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

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

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

199 (7) "Authenticate" or "authenticated" means to affix to a vital record  
200 in paper format the official seal, or to affix to a vital record in electronic  
201 format the user identification, password, or other means of electronic

202 identification, as approved by the department, of the creator of the  
203 vital record, or the creator's designee, by which affixing the creator of  
204 such paper or electronic vital record, or the creator's designee, affirms  
205 the integrity of such vital record;

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

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

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

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

227 (12) "Adjudication of paternity" means to legally establish paternity  
228 through an order of a court of competent jurisdiction;

229 (13) "Parentage" includes matters relating to adoption, gestational  
230 agreements, paternity and maternity;

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

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

234 (16) "Foundling" means (A) a child of unknown parentage, or (B) an  
235 infant voluntarily surrendered pursuant to the provisions of section  
236 17a-58.

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

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

256 (b) For any infant surrendered pursuant to the provisions of section  
257 17a-58, the hospital shall prepare a report of foundling as described in  
258 subsection (a) of this section. If a certificate of birth has already been  
259 filed in the state birth registry pursuant to the requirements of section  
260 7-48, the report of foundling shall substitute for the original certificate  
261 of birth which shall be sealed and filed in a confidential file at the  
262 Department of Public Health. The original certificate of birth shall not  
263 be released except upon order of a court of competent jurisdiction.

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

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

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

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

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

290 (a) The town clerk of any town who is, ex officio, registrar of vital  
291 statistics in such town, and the registrar of vital statistics of any town  
292 who is elected under a special law or otherwise appointed pursuant to  
293 law, may, unless otherwise provided by charter or ordinance, appoint  
294 in writing suitable persons, not exceeding four in number, as assistant  
295 registrars of vital statistics, who, on being sworn, shall have the

296 powers and perform the duties of such registrar during the time for  
297 which they are appointed, not extending beyond the term of office of  
298 such registrar. [Within] Not later than ten days after a town clerk or  
299 registrar of vital statistics appoints an assistant registrar of vital  
300 statistics, the town clerk or registrar of vital statistics shall file a notice  
301 of such appointment with the Secretary of the State, indicating the  
302 name and address of the person appointed, the date and method of  
303 such appointment and the law under which the appointment was  
304 made. [Within] Not later than ten days after a vacancy occurs in the  
305 office of assistant registrar of vital statistics, the town clerk or registrar  
306 of vital statistics shall notify the Secretary of the State of such vacancy.

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

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

315 (a) The department and registrars of vital [records] statistics shall  
316 restrict access to and issuance of a certified copy of birth and fetal  
317 death records and certificates less than one hundred years old, to the  
318 following eligible parties: (1) The person whose birth is recorded, if  
319 over eighteen years of age; (2) such person's children, grandchildren,  
320 spouse, parent, guardian or grandparent; (3) the chief executive officer  
321 of the municipality where the birth or fetal death occurred, or the chief  
322 executive officer's authorized agent; (4) the local director of health for  
323 the town or city where the birth or fetal death occurred or where the  
324 mother was a resident at the time of the birth or fetal death, or the  
325 director's authorized agent; (5) attorneys-at-law [and title examiners]  
326 representing such person or such person's parent, guardian, child or  
327 surviving spouse; (6) conservators appointed to oversee the personal  
328 affairs of such person; (7) members of genealogical societies

329 incorporated or authorized by the Secretary of the State to do business  
330 or conduct affairs in this state; [(7)] (8) agents of a state or federal  
331 agency as approved by the department; and [(8)] (9) researchers  
332 approved by the department pursuant to section 19a-25. Except as  
333 provided in section 19a-42a, access to confidential files on paternity,  
334 adoption, gender change or gestational agreements, or information  
335 contained within such files, shall not be released to any party,  
336 including the eligible parties listed in this subsection, except upon an  
337 order of a court of competent jurisdiction.

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

340 (a) A drug dispensed by a prescribing practitioner shall be  
341 personally dispensed by the prescribing practitioner and the  
342 dispensing of such drug shall not be delegated except that, in  
343 emergency departments of acute care hospitals licensed under chapter  
344 368v, the tasks related to dispensing such drug may be carried out by a  
345 nurse licensed pursuant to chapter 378 under the supervision of the  
346 prescribing practitioner.

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

349 (c) A prescribing practitioner dispensing a drug shall package the  
350 drug in containers approved by the federal Consumer Product Safety  
351 Commission, unless requested otherwise by the patient, and shall label  
352 the container with the following information: (1) The full name of the  
353 patient; (2) the prescribing practitioner's full name and address; (3) the  
354 date of dispensing; (4) instructions for use; and (5) any cautionary  
355 statements as may be required by law.

356 (d) Professional samples dispensed by a prescribing practitioner  
357 shall be exempt from the requirements of subsection (c) of this section.

358 (e) Notwithstanding the provisions of this section or chapter 400j, a  
359 prescribing practitioner who diagnoses a chlamydia or gonorrhea

360 infection in a patient may prescribe and dispense oral antibiotic drugs  
361 to such patient and the patient's partner or partners in order to prevent  
362 further infection without a physical examination of such partner or  
363 partners. A prescribing practitioner who prescribes or dispenses oral  
364 antibiotic drugs to the partner or partners of a patient diagnosed with  
365 a chlamydia or gonorrhea infection shall, in accordance with the  
366 provisions of this subsection, not be deemed to have violated the  
367 prescribing practitioner's standard of care for such prescribing or  
368 dispensing drugs. The Commissioner of Public Health, in consultation  
369 with the Commissioner of Consumer Protection, may adopt  
370 regulations, in accordance with chapter 54, to implement the  
371 provisions of this subsection.

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

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

385 Sec. 13. Section 19a-216 of the general statutes is repealed and the  
386 following is substituted in lieu thereof (*Effective October 1, 2011*):

387 (a) Any municipal health department, state institution or facility,  
388 licensed physician or public or private hospital or clinic, may examine  
389 [and] or provide treatment for venereal disease for a minor, if the  
390 physician or facility is qualified to provide such examination [and] or  
391 treatment. The consent of the parents or guardian of the minor shall  
392 not be a prerequisite to the examination [and] or treatment. The

393 physician in charge or other appropriate authority of the facility or the  
394 licensed physician concerned shall prescribe an appropriate course of  
395 treatment for the minor. The fact of consultation, examination [and] or  
396 treatment of a minor under the provisions of this section shall be  
397 confidential and shall not be divulged by the facility or physician,  
398 including the sending of a bill for the services to any person other than  
399 the minor, except for purposes of reports under section 19a-215, as  
400 amended by this act, and except that, if the minor is not more than  
401 twelve years of age, the facility or physician shall report the name, age  
402 and address of that minor to the Commissioner of Children and  
403 Families or [his] the commissioner's designee who shall proceed  
404 thereon as in reports under section 17a-101g.

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

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

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

424 (b) The programs shall: (1) Be incorporated into existing [acquired  
425 immunodeficiency syndrome prevention and outreach projects]

426 human immunodeficiency virus prevention programs in the selected  
427 cities; (2) provide for free and [anonymous] confidential exchanges of  
428 needles and syringes and (A) provide that program participants  
429 receive an equal number of needles and syringes for those returned;  
430 and (B) provide that first-time applicants to the program receive an  
431 initial packet of thirty needles and syringes, educational material and a  
432 list of drug counseling services; [and (C) assure, through program-  
433 developed and commissioner-approved protocols, that a person  
434 receive only one such initial packet over the life of the program;] and  
435 (3) offer education on the transmission of the human  
436 immunodeficiency virus and prevention measures and assist program  
437 participants in obtaining drug treatment services. [; and (4) for the first  
438 year of operation of the program, require all needles and syringes to be  
439 marked and checked for return rates.]

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

451 (d) [The health department of each city selected for a needle and  
452 syringe exchange program or the person] Any organization  
453 conducting [the] a needle and syringe exchange program shall submit  
454 a report evaluating the effectiveness of the program to the Department  
455 of Public Health. [The department shall compile all information  
456 received on the programs and report to the joint standing committees  
457 of the General Assembly having cognizance of matters relating to  
458 public health and appropriations and the budgets of state agencies.]

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

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

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

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

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

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

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

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

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

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

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

509 (6) Drop-in supplementary child care operations in retail  
510 establishments where the parents [are on the premises] remain in the  
511 same store as the child for retail shopping, [in accordance with section  
512 19a-77a, provided that] provided the drop-in supplementary child-care  
513 operation does not charge a fee and does not refer to itself as a child  
514 day care center;

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

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

520 (9) Administered by Solar Youth, Inc., a New Haven-based

521 nonprofit youth development and environmental education  
522 organization, provided Solar Youth, Inc. informs the parents and legal  
523 guardians of any children enrolled in its programs that such programs  
524 are not licensed by the Department of Public Health to provide child  
525 day care services; or

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

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

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

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

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

572 [(2) Prior to October 1, 2008, the Commissioner of Public Health  
573 shall collect from the licensee of a day care center a fee of two hundred  
574 dollars for each license issued or renewed for a term of two years. Prior  
575 to October 1, 2008, said commissioner shall collect from the licensee of  
576 a group day care home a fee of one hundred dollars for each license  
577 issued or renewed for a term of two years.]

578 [(3) On and after October 1, 2008, the] (2) The Commissioner of  
579 Public Health shall collect from the licensee of a day care center a fee of  
580 five hundred dollars [for each license issued or renewed] prior to  
581 issuing or renewing a license for a term of four years. [On and after  
582 October 1, 2008, said] The commissioner shall collect from the licensee  
583 of a group day care home a fee of two hundred fifty dollars [for each  
584 license issued or renewed] prior to issuing or renewing a license for a  
585 term of four years. The [Commissioner of Public Health] commissioner  
586 shall require only one license for a child day care center operated in

587 two or more buildings, provided the same licensee provides child day  
588 care services in each building and the buildings are joined together by  
589 a contiguous playground that is part of the licensed space.

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

592 (a) No person, group of persons, association, organization,  
593 corporation, institution or agency, public or private, shall maintain a  
594 family day care home, as defined in section 19a-77, as amended by this  
595 act, without a license issued by the Commissioner of Public Health.  
596 Licensure forms shall be obtained from the Department of Public  
597 Health. Applications for licensure shall be made to the commissioner  
598 on forms provided by the department and shall contain the  
599 information required by regulations adopted under this section. The  
600 licensure and application forms shall contain a notice that false  
601 statements made therein are punishable in accordance with section  
602 53a-157b. Applicants shall state, in writing, that they are in compliance  
603 with the regulations adopted by the commissioner pursuant to  
604 subsection [(c)] (f) of this section. Before a family day care home license  
605 is granted, the department shall make an inquiry and investigation  
606 which shall include a visit and inspection of the premises for which the  
607 license is requested. Any inspection conducted by the department shall  
608 include an inspection for evident sources of lead poisoning. The  
609 department shall provide for a chemical analysis of any paint chips  
610 found on such premises. Neither the commissioner nor the  
611 commissioner's designee shall require an annual inspection for homes  
612 seeking license renewal or for licensed homes, except that the  
613 commissioner or the commissioner's designee shall make  
614 unannounced visits, during customary business hours, to at least  
615 thirty-three and one-third per cent of the licensed family day care  
616 homes each year. A licensed family day care home shall not be subject  
617 to any conditions on the operation of such home by local officials,  
618 other than those imposed by the department pursuant to this  
619 subsection, if the home complies with all local codes and ordinances  
620 applicable to single and multifamily dwellings.

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

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

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

652 (e) An application for initial staff approval or renewal of staff  
653 approval shall be accompanied by a fee of twenty dollars. Such

654 approvals shall be issued or renewed for a term of two years.

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

685 [(d)] Applications for initial licensure under this section submitted  
686 prior to October 1, 2008, shall be accompanied by a fee of twenty  
687 dollars and such licenses shall be issued for a term of two years.

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

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

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

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

720 Sec. 22. Section 19a-32g of the general statutes is repealed and the

721 following is substituted in lieu thereof (*Effective October 1, 2011*):

722 (a) (1) There is established a Stem Cell Research Peer Review  
723 Committee. The committee shall consist of five members appointed by  
724 the Commissioner of Public Health. All members appointed to the  
725 committee shall (A) have demonstrated knowledge and understanding  
726 of the ethical and medical implications of embryonic and human adult  
727 stem cell research or related research fields, including, but not limited  
728 to, embryology, genetics or cellular biology, (B) have practical research  
729 experience in human adult or embryonic stem cell research or related  
730 research fields, including, but not limited to, embryology, genetics or  
731 cellular biology, and (C) work to advance embryonic and human adult  
732 stem cell research. Members shall serve for a term of four years  
733 commencing on October first, except that three members first  
734 appointed by the Commissioner of Public Health shall serve for a term  
735 of two years. No member may serve for more than two consecutive  
736 four-year terms and no member may serve concurrently on the Stem  
737 Cell Research Advisory Committee established pursuant to section  
738 19a-32f. All initial appointments to the committee shall be made by  
739 October 1, 2005. Any member who fails to attend three consecutive  
740 meetings or who fails to attend fifty per cent of all meetings held  
741 during any calendar year shall be deemed to have resigned from the  
742 committee.

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

752 (b) All members shall be deemed public officials and shall adhere to  
753 the code of ethics for public officials set forth in chapter 10. No

754 member shall participate in the affairs of the committee with respect to  
755 the review or consideration of any grant-in-aid application filed by  
756 such member or by any eligible institution in which such member has  
757 a financial interest, or with which such member engages in any  
758 business, employment, transaction or professional activity.

759 (c) Prior to the awarding of any grants-in-aid for embryonic or  
760 human adult stem cell research pursuant to section 19a-32e, the Stem  
761 Cell Research Peer Review Committee shall review all applications  
762 submitted by eligible institutions for such grants-in-aid and make  
763 recommendations to the Commissioner of Public Health and the Stem  
764 Cell Research Advisory Committee established pursuant to section  
765 19a-32f with respect to the ethical and scientific merit of each  
766 application.

767 (d) Peer review committee members may receive compensation  
768 from the Stem Cell Research Fund, established pursuant to section 19a-  
769 32e, for reviewing grant-in-aid applications submitted by eligible  
770 institutions pursuant to subsection (c) of this section. The rate of  
771 compensation shall be established by the Commissioner of Public  
772 Health in consultation with the Department of Administrative Services  
773 and the Office of Policy and Management.

774 [(d)] (e) The Peer Review Committee shall establish guidelines for  
775 the rating and scoring of such applications by the Stem Cell Research  
776 Peer Review Committee.

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

785 Sec. 23. Section 19a-2a of the general statutes is repealed and the

786 following is substituted in lieu thereof (*Effective October 1, 2011*):

787 The Commissioner of Public Health shall employ the most efficient  
788 and practical means for the prevention and suppression of disease and  
789 shall administer all laws under the jurisdiction of the Department of  
790 Public Health and the Public Health Code. [He] The commissioner  
791 shall have responsibility for the overall operation and administration  
792 of the Department of Public Health. The commissioner shall have the  
793 power and duty to: (1) Administer, coordinate and direct the operation  
794 of the department; (2) adopt and enforce regulations, in accordance  
795 with chapter 54, as are necessary to carry out the purposes of the  
796 department as established by statute; (3) establish rules for the internal  
797 operation and administration of the department; (4) establish and  
798 develop programs and administer services to achieve the purposes of  
799 the department as established by statute; (5) contract for facilities,  
800 services and programs to implement the purposes of the department  
801 as established by statute; (6) designate a deputy commissioner or other  
802 employee of the department to sign any license, certificate or permit  
803 issued by said department; (7) conduct a hearing, issue subpoenas,  
804 administer oaths, compel testimony and render a final decision in any  
805 case when a hearing is required or authorized under the provisions of  
806 any statute dealing with the Department of Public Health; (8) with the  
807 health authorities of this and other states, secure information and data  
808 concerning the prevention and control of epidemics and conditions  
809 affecting or endangering the public health, and compile such  
810 information and statistics and shall disseminate among health  
811 authorities and the people of the state such information as may be of  
812 value to them; (9) annually issue a list of reportable diseases,  
813 emergency illnesses and health conditions and a list of reportable  
814 laboratory findings and amend such [list as he] lists as the  
815 commissioner deems necessary and distribute such [list] lists as well as  
816 any necessary forms to each licensed physician and clinical laboratory  
817 in this state. [He] The commissioner shall prepare printed forms for  
818 reports and returns, with such instructions as may be necessary, for the  
819 use of directors of health, boards of health and registrars of vital  
820 statistics; (10) specify uniform methods of keeping statistical

821 information by public and private agencies, organizations and  
822 individuals, including a client identifier system, and collect and make  
823 available relevant statistical information, including the number of  
824 persons treated, frequency of admission and readmission, and  
825 frequency and duration of treatment. The client identifier system shall  
826 be subject to the confidentiality requirements set forth in section 17a-  
827 688 and regulations adopted thereunder. The commissioner may  
828 designate any person to perform any of the duties listed in subdivision  
829 (7) of this section. [He] The commissioner shall have authority over  
830 directors of health and may, for cause, remove any such director; but  
831 any person claiming to be aggrieved by such removal may appeal to  
832 the Superior Court which may affirm or reverse the action of the  
833 commissioner as the public interest requires. [He] The commissioner  
834 shall assist and advise local directors of health in the performance of  
835 their duties, and may require the enforcement of any law, regulation or  
836 ordinance relating to public health. When requested by local directors  
837 of health, [he] the commissioner shall consult with them and  
838 investigate and advise concerning any condition affecting public  
839 health within their jurisdiction. [He] The commissioner shall  
840 investigate nuisances and conditions affecting, or that he or she has  
841 reason to suspect may affect, the security of life and health in any  
842 locality and, for that purpose, [he] the commissioner, or any person  
843 authorized by [him so to do] the commissioner, may enter and  
844 examine any ground, vehicle, apartment, building or place, and any  
845 person designated by [him] the commissioner shall have the authority  
846 conferred by law upon constables. Whenever [he] the commissioner  
847 determines that any provision of the general statutes or regulation of  
848 the Public Health Code is not being enforced effectively by a local  
849 health department, he or she shall forthwith take such measures,  
850 including the performance of any act required of the local health  
851 department, to ensure enforcement of such statute or regulation and  
852 shall inform the local health department of such measures. In  
853 September of each year [he] the commissioner shall certify to the  
854 Secretary of the Office of Policy and Management the population of  
855 each municipality. The commissioner may solicit and accept for use

856 any gift of money or property made by will or otherwise, and any  
857 grant of or contract for money, services or property from the federal  
858 government, the state or any political subdivision thereof or any  
859 private source, and do all things necessary to cooperate with the  
860 federal government or any of its agencies in making an application for  
861 any grant or contract. The commissioner may establish state-wide and  
862 regional advisory councils.

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

865 (a) For the purposes of this section:

866 (1) "Clinical laboratory" means any facility or other area used for  
867 microbiological, serological, chemical, hematological,  
868 immuno-hematological, biophysical, cytological, pathological or other  
869 examinations of human body fluids, secretions, excretions or excised  
870 or exfoliated tissues, for the purpose of providing information for the  
871 diagnosis, prevention or treatment of any human disease or  
872 impairment, for the assessment of human health or for the presence of  
873 drugs, poisons or other toxicological substances.

874 [(1)] (2) "Commissioner's list of reportable diseases, emergency  
875 illnesses and health conditions" and "commissioner's list of reportable  
876 laboratory findings" means the [(list)] lists developed pursuant to  
877 section 19a-2a, as amended by this act.

878 [(2)] (3) "Confidential" means confidentiality of information  
879 pursuant to section 19a-25.

880 [(3)] (4) "Health care provider" means a person who has direct or  
881 supervisory responsibility for the delivery of health care or medical  
882 services, including licensed physicians, nurse practitioners, nurse  
883 midwives, physician assistants, nurses, dentists, medical examiners  
884 and administrators, superintendents and managers of health care  
885 facilities.

886 (5) "Reportable diseases, emergency illnesses and health conditions"

887 means the diseases, illnesses, conditions or syndromes designated by  
888 the Commissioner of Public Health on the list required pursuant to  
889 section 19a-2a, as amended by this act.

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

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

915 [(c)] (d) When a local director of health or his authorized agent or  
916 the Department of Public Health receives a report of a disease or  
917 laboratory finding on the commissioner's [list] lists of reportable  
918 [disease] diseases, emergency illnesses and health conditions and  
919 laboratory findings, either may contact first the reporting health care

920 provider and then the person with the reportable finding to obtain  
921 such information as may be necessary to lead to the effective control of  
922 further spread of such disease. In the case of reportable communicable  
923 diseases and laboratory findings, this information may include  
924 obtaining the identification of persons who may be the source or  
925 subsequent contacts of such infection.

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

934 [(e)] (f) Any person who violates any reporting or confidentiality  
935 provision of this section shall be fined not more than five hundred  
936 dollars. No provision of this section shall be deemed to supersede  
937 section 19a-584.

938 Sec. 25. Subsection (c) of section 19a-91 of the general statutes is  
939 repealed and the following is substituted in lieu thereof (*Effective*  
940 *October 1, 2011*):

941 (c) In addition to the requirements set forth in subsection (b) of this  
942 section, in the case of death resulting from a disease on the current list  
943 of reportable diseases, emergency illnesses and health conditions  
944 developed pursuant to section [19a-36-A2 of the regulations of  
945 Connecticut state agencies] 19a-2, as amended by this act, the licensed  
946 embalmer or funeral director having charge of the dead human body  
947 shall prepare such body for burial or cremation by having the body  
948 washed, embalmed or wrapped as soon as practicable after the body  
949 arrives at the licensed embalmer's or licensed funeral director's place of  
950 business. The provisions of this subsection do not apply if death is not  
951 the result of a disease on the current list of reportable diseases,  
952 emergency illnesses and health conditions developed pursuant to

953 section [19a-36-A2 of the regulations of Connecticut state agencies]  
954 19a-2, as amended by this act, provided the licensed embalmer or  
955 funeral director having charge of the body takes appropriate measures  
956 to ensure that the body does not pose a threat to the public health.

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

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

968 Sec. 27. Section 19a-612d of the general statutes is repealed and the  
969 following is substituted in lieu thereof (*Effective October 1, 2011*):

970 Notwithstanding any provision of the general statutes, there shall  
971 be a Deputy Commissioner of Public Health who shall oversee the  
972 Office of Health Care Access division of the Department of Public  
973 Health and who shall exercise independent decision-making authority  
974 over all certificate of need decisions. [related matters, including, but  
975 not limited to, determinations, orders, decisions and agreed  
976 settlements. The individual serving as the Commissioner of Health  
977 Care Access on September 1, 2009, shall serve as a Deputy  
978 Commissioner of Public Health with responsibility for overseeing the  
979 Office of Health Care Access division of the Department of Public  
980 Health. Notwithstanding any provision of the general statutes, said  
981 deputy commissioner may designate an executive assistant to serve in  
982 such capacity. On or before January 1, 2010, said deputy commissioner  
983 in consultation with the Commissioner of Public Health shall jointly  
984 report, in accordance with the provisions of section 11-4a, to the  
985 Governor and joint standing committee of the General Assembly

986 having cognizance of matters related to public health on  
987 recommendations for reform of the certificate of need process.]

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

991 (b) [Not later than twenty days prior to the date that the applicant  
992 submits the certificate of need application to the office] Prior to the  
993 filing of a certificate of need application, the applicant shall publish  
994 notice that an application is to be submitted to the office in a  
995 newspaper having a substantial circulation in the area where the  
996 project is to be located. Such notice shall (1) be published (A) not later  
997 than twenty days prior to the date of filing of the certificate of need  
998 application, and (B) for not less than three consecutive days, and  
999 [shall] (2) contain a brief description of the nature of the project and  
1000 the street address where the project is to be located. An applicant shall  
1001 file the certificate of need application with the office not later than  
1002 ninety days after publishing notice of the application in accordance  
1003 with the provisions of this subsection. The office shall not accept the  
1004 applicant's certificate of need application for filing unless the  
1005 application is accompanied by the application fee prescribed in  
1006 subsection (a) of this section and proof of compliance with the  
1007 publication requirements prescribed in this subsection.

1008 (c) Not later than five business days after receipt of a properly filed  
1009 certificate of need application, the office shall publish notice of the  
1010 application on its web site, [and with the office of the Secretary of the  
1011 State.] Not later than thirty days after the date of filing of the  
1012 application, the office may request such additional information as the  
1013 office determines necessary to complete the application. The applicant  
1014 shall, not later than sixty days after the date of the office's request,  
1015 submit the requested information to the office. If an applicant fails to  
1016 submit the requested information to the office within the sixty-day  
1017 period, the office shall consider the application to have been  
1018 withdrawn.

1019 Sec. 29. Subsection (a) of section 17b-256 of the general statutes is  
1020 repealed and the following is substituted in lieu thereof (*Effective*  
1021 *October 1, 2011*):

1022 (a) The Commissioner of Social Services may administer, within  
1023 available appropriations, a program providing payment for the cost of  
1024 drugs prescribed by a physician for the treatment of acquired  
1025 immunodeficiency syndrome or human immunodeficiency virus. The  
1026 commissioner, in consultation with the Commissioner of Public  
1027 Health, shall determine specific drugs to be covered and may  
1028 implement a pharmacy lock-in procedure for the program. The  
1029 Commissioner of Social Services shall adopt regulations, in accordance  
1030 with the provisions of chapter 54, to carry out the purposes of this  
1031 section. The [commissioner] Commissioner of Social Services may  
1032 implement the program while in the process of adopting regulations,  
1033 provided notice of intent to adopt the regulations is published in the  
1034 Connecticut Law Journal within twenty days of implementation. The  
1035 regulations may include eligibility for all persons with acquired  
1036 immunodeficiency syndrome or human immunodeficiency virus  
1037 whose income is below four hundred per cent of the federal poverty  
1038 level. Subject to federal approval, the [commissioner] Commissioner of  
1039 Social Services may, within available federal resources, maintain  
1040 [existing] insurance policies for eligible clients, including, but not  
1041 limited to, coverage of costs associated with such policies, that provide  
1042 a full range of human immunodeficiency virus treatments and access  
1043 to comprehensive primary care services as determined by the  
1044 commissioner and as provided by federal law, and may provide  
1045 payment, determined by the commissioner, for (1) drugs and  
1046 nutritional supplements prescribed by a physician that prevent or treat  
1047 opportunistic diseases and conditions associated with acquired  
1048 immunodeficiency syndrome or human immunodeficiency virus; (2)  
1049 ancillary supplies related to the administration of such drugs; and (3)  
1050 laboratory tests ordered by a physician. On and after May 26, 2006, any  
1051 person who previously received insurance assistance under the  
1052 program established pursuant to section 17b-255 of the general  
1053 statutes, revision of 1958, revised to 2005, shall continue to receive such

1054 assistance until the expiration of the insurance coverage, provided  
1055 such person continues to meet program eligibility requirements  
1056 established in accordance with this subsection. On or before March 1,  
1057 2007, and annually thereafter, the Commissioner of Social Services  
1058 shall report, in accordance with section 11-4a, to the joint standing  
1059 committees of the General Assembly having cognizance of matters  
1060 relating to human services, public health and appropriations and the  
1061 budgets of state agencies on the projected availability of funds for the  
1062 program established pursuant to this section.

1063 Sec. 30. Section 19a-495 of the general statutes is amended by adding  
1064 subsection (d) as follows (*Effective October 1, 2011*):

1065 (NEW) (d) The Commissioner of Public Health, in consultation with  
1066 the Commissioner of Mental Health and Addiction Services, may  
1067 implement policies and procedures, in compliance with federal law,  
1068 permitting licensed health care providers with prescriptive authority  
1069 to prescribe medications to treat persons dependent on opiates in free  
1070 standing substance abuse treatment facilities, licensed under section  
1071 19a-490, while in the process of adopting such policies and procedures  
1072 in regulation form, provided the commissioner prints notice of the  
1073 intent to adopt regulations in the Connecticut Law Journal not later  
1074 than thirty days after the date of implementation of such policies and  
1075 procedures. Policies and procedures implemented pursuant to this  
1076 subsection shall be valid until the time final regulations are adopted.

1077 Sec. 31. Subsection (e) of section 19a-491 of the general statutes is  
1078 repealed and the following is substituted in lieu thereof (*Effective*  
1079 *October 1, 2011*):

1080 (e) [Notwithstanding any regulation, the] The commissioner shall  
1081 charge one thousand dollars for the [following fees for the] licensing  
1082 and inspection every four years of [the following institutions: (1)  
1083 Outpatient] outpatient clinics that provide either medical or mental  
1084 health service, and well-child clinics, except those operated by  
1085 municipal health departments, health districts or licensed nonprofit  
1086 nursing or community health agencies. [, one thousand dollars; (2)

1087 maternity homes, per site, two hundred dollars; and (3) maternity  
1088 homes, per bed, ten dollars.]

1089 Sec. 32. Section 19a-266 of the general statutes is repealed and the  
1090 following is substituted in lieu thereof (*Effective October 1, 2011*):

1091 (a) For purposes of this section:

1092 (1) "Breast cancer screening and referral services" means necessary  
1093 breast cancer screening services and referral services for a procedure  
1094 intended to treat cancer of the human breast, including, but not limited  
1095 to, surgery, radiation therapy, chemotherapy, hormonal therapy and  
1096 related medical follow-up services.

1097 (2) "Cervical cancer screening and referral services" means necessary  
1098 cervical cancer screening services and referral services for a procedure  
1099 intended to treat cancer of the human cervix, including, but not limited  
1100 to, surgery, radiation therapy, cryotherapy, electrocoagulation and  
1101 related medical follow-up services.

1102 (3) "Unserved or underserved populations" means women who are:  
1103 (A) At or below two hundred per cent of the federal poverty level for  
1104 individuals; (B) without health insurance that covers breast cancer  
1105 screening mammography or cervical cancer screening services; and (C)  
1106 [nineteen] twenty-one to sixty-four years of age.

1107 (b) There is established, within existing appropriations, a breast and  
1108 cervical cancer early detection and treatment referral program, within  
1109 the Department of Public Health, to (1) promote screening, detection  
1110 and treatment of breast cancer and cervical cancer among unserved or  
1111 underserved populations, (2) educate the public regarding breast  
1112 cancer and cervical cancer and the benefits of early detection, and (3)  
1113 provide counseling and referral services for treatment.

1114 (c) The program shall include, but not be limited to:

1115 (1) Establishment of a public education and outreach initiative to  
1116 publicize breast cancer and cervical cancer early detection services and

1117 the extent of coverage for such services by health insurance; the  
1118 benefits of early detection of breast cancer and the recommended  
1119 frequency of screening services, including clinical breast examinations  
1120 and mammography; and the medical assistance program and other  
1121 public and private programs and the benefits of early detection of  
1122 cervical cancer and the recommended frequency of pap tests;

1123 (2) Development of professional education programs, including the  
1124 benefits of early detection of breast cancer and the recommended  
1125 frequency of mammography and the benefits of early detection of  
1126 cervical cancer and the recommended frequency of pap tests;

1127 (3) Establishment of a system to track and follow up on all women  
1128 screened for breast cancer and cervical cancer in the program. The  
1129 system shall include, but not be limited to, follow-up of abnormal  
1130 screening tests and referral to treatment when needed and tracking  
1131 women to be screened at recommended screening intervals;

1132 (4) Assurance that all participating providers of breast cancer and  
1133 cervical cancer screening are in compliance with national and state  
1134 quality assurance legislative mandates.

1135 (d) The Department of Public Health shall provide unserved or  
1136 underserved populations, within existing appropriations and through  
1137 contracts with health care providers: (1) Clinical breast examinations,  
1138 screening mammograms and pap tests, as recommended in the most  
1139 current breast and cervical cancer screening guidelines established by  
1140 the United States Preventive Services Task Force, for the woman's age  
1141 and medical history; and (2) [a sixty-day follow-up pap test for victims  
1142 of sexual assault; and (3)] a pap test every six months for women who  
1143 have tested HIV positive.

1144 [(e) The Commissioner of Public Health shall report annually to the  
1145 joint standing committees of the General Assembly having cognizance  
1146 of matters relating to public health and appropriations. The report  
1147 shall include, but not be limited to, a description of the rate of breast  
1148 cancer and cervical cancer morbidity and mortality in this state and the

1149 extent of participation in breast cancer and cervical cancer screening.]

1150 [(f)] (e) The organizations providing the testing and treatment  
1151 services shall report to the Department of Public Health the names of  
1152 the insurer of each underinsured woman being tested to facilitate  
1153 recoupment.

1154 Sec. 33. Subdivision (8) of section 19a-177 of the general statutes is  
1155 repealed and the following is substituted in lieu thereof (*Effective from*  
1156 *passage*):

1157 (8) (A) Not later than October 1, 2001, develop or cause to be  
1158 developed a data collection system that will follow a patient from  
1159 initial entry into the emergency medical service system through arrival  
1160 at the emergency room and, within available appropriations, may  
1161 expand the data collection system to include clinical treatment and  
1162 patient outcome data. The commissioner shall, on a quarterly basis,  
1163 collect the following information from each licensed ambulance service  
1164 or certified ambulance service that provides emergency medical  
1165 services: (i) The total number of calls for emergency medical services  
1166 received by such licensed ambulance service or certified ambulance  
1167 service through the 9-1-1 system during the reporting period; (ii) each  
1168 level of emergency medical services, as defined in regulations adopted  
1169 pursuant to section 19a-179, required for each such call; (iii) the  
1170 response time for each licensed ambulance service or certified  
1171 ambulance service during the reporting period; (iv) the number of  
1172 passed calls, cancelled calls and mutual aid calls during the reporting  
1173 period; and (v) for the reporting period, the prehospital data for the  
1174 nonscheduled transport of patients required by regulations adopted  
1175 pursuant to subdivision (6) of this section. The information required  
1176 under this subdivision may be submitted in any written or electronic  
1177 form selected by such licensed ambulance service or certified  
1178 ambulance service and approved by the commissioner, provided the  
1179 commissioner shall take into consideration the needs of such licensed  
1180 ambulance service or certified ambulance service in approving such  
1181 written or electronic form. The commissioner may conduct an audit of

1182 any such licensed ambulance service or certified ambulance service as  
1183 the commissioner deems necessary in order to verify the accuracy of  
1184 such reported information.

1185 [(B) The commissioner shall prepare a report that shall include, but  
1186 not be limited to, the following information: (i) The total number of  
1187 calls for emergency medical services received during the reporting  
1188 year by each licensed ambulance service or certified ambulance  
1189 service; (ii) the level of emergency medical services required for each  
1190 such call; (iii) the name of the provider of each such level of emergency  
1191 medical services furnished during the reporting year; (iv) the response  
1192 time, by time ranges or fractile response times, for each licensed  
1193 ambulance service or certified ambulance service, using a common  
1194 definition of response time, as provided in regulations adopted  
1195 pursuant to section 19a-179; and (v) the number of passed calls,  
1196 cancelled calls and mutual aid calls during the reporting year. The  
1197 commissioner shall prepare such report in a format that categorizes  
1198 such information for each municipality in which the emergency  
1199 medical services were provided, with each such municipality grouped  
1200 according to urban, suburban and rural classifications. Not later than  
1201 March 31, 2002, and annually thereafter, the commissioner shall  
1202 submit such report to the joint standing committee of the General  
1203 Assembly having cognizance of matters relating to public health, shall  
1204 make such report available to the public and shall post such report on  
1205 the Department of Public Health web site on the Internet.]

1206 [(C)] (B) If any licensed ambulance service or certified ambulance  
1207 service does not submit the information required under subparagraph  
1208 (A) of this subdivision for a period of six consecutive months, or if the  
1209 commissioner believes that such licensed ambulance service or  
1210 certified ambulance service knowingly or intentionally submitted  
1211 incomplete or false information, the commissioner shall issue a written  
1212 order directing such licensed ambulance service or certified ambulance  
1213 service to comply with the provisions of subparagraph (A) of this  
1214 subdivision and submit all missing information or such corrected  
1215 information as the commissioner may require. If such licensed

1216 ambulance service or certified ambulance service fails to fully comply  
1217 with such order not later than three months from the date such order is  
1218 issued, the commissioner (i) shall conduct a hearing, in accordance  
1219 with chapter 54, at which such licensed ambulance service or certified  
1220 ambulance service shall be required to show cause why the primary  
1221 service area assignment of such licensed ambulance service or certified  
1222 ambulance service should not be revoked, and (ii) may take such  
1223 disciplinary action under section 19a-17, as amended by this act, as the  
1224 commissioner deems appropriate.

1225 [(D) On and after October 1, 2006, the] (C) The commissioner shall  
1226 collect the information required by subparagraph (A) of this  
1227 subdivision, in the manner provided in said subparagraph, from each  
1228 person or emergency medical service organization licensed or certified  
1229 under section 19a-180 that provides emergency medical services; [. On  
1230 and after October 1, 2006, such information shall be included in the  
1231 annual report prepared by the commissioner in accordance with  
1232 subparagraph (B) of this subdivision and such person or emergency  
1233 medical service organization shall be subject to the provisions of  
1234 subparagraph (C) of this subdivision;]

1235 Sec. 34. Section 19a-4j of the general statutes is repealed and the  
1236 following is substituted in lieu thereof (*Effective October 1, 2011*):

1237 (a) There is established, within the Department of Public Health, an  
1238 Office of Multicultural Health. The responsibility of the office is to  
1239 improve the health of all Connecticut residents by eliminating  
1240 differences in disease, disability and death rates among ethnic, racial  
1241 and cultural populations.

1242 (b) The department may apply for, accept and expend such funds as  
1243 may be available from federal, state or other sources and may enter  
1244 into contracts to carry out the responsibilities of the office.

1245 (c) The office shall:

1246 (1) With regard to health status: (A) Monitor the health status of

1247 African Americans; Latinos/Hispanics; Native Americans/Alaskan  
1248 Natives; and Asians, Native Hawaiians and other Pacific Islanders; (B)  
1249 compare the results of the health status monitoring with the health  
1250 status of non-Hispanic Caucasians/whites; and (C) assess the  
1251 effectiveness of state programs in eliminating differences in health  
1252 status;

1253 (2) Assess the health education and health resource needs of ethnic,  
1254 racial and cultural populations listed in subdivision (1) of this  
1255 subsection; and

1256 (3) Maintain a directory of, and assist in development and  
1257 promotion of, multicultural and multiethnic health resources in  
1258 Connecticut.

1259 (d) The office may:

1260 (1) Provide grants for culturally appropriate health education  
1261 demonstration projects and may apply for, accept and expend public  
1262 and private funding for such projects; and

1263 (2) Recommend policies, procedures, activities and resource  
1264 allocations to improve health among racial, ethnic and cultural  
1265 populations in Connecticut.

1266 [(e) The Commissioner of Public Health shall submit an annual  
1267 report concerning the activities of the office to the Governor, the  
1268 General Assembly, the Permanent Commission on the Status of  
1269 Women established under section 46a-1, the Latino and Puerto Rican  
1270 Affairs Commission established under section 2-120, the Indian Affairs  
1271 Council established under section 47-59b and the Connecticut African-  
1272 American Affairs Commission. The office shall also hold community  
1273 workshops and use other means to disseminate its findings state-  
1274 wide.]

1275 Sec. 35. Subsection (c) of section 19a-493b of the general statutes is  
1276 repealed and the following is substituted in lieu thereof (*Effective*  
1277 *October 1, 2011*):

1278 (c) Notwithstanding the provisions of this section, no outpatient  
1279 surgical facility shall be required to comply with section 19a-631, 19a-  
1280 632, 19a-644, 19a-645, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive,  
1281 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a, inclusive,  
1282 19a-671, 19a-671a, 19a-672 to 19a-676, inclusive, 19a-678, or 19a-681 to  
1283 19a-683, inclusive. Each outpatient surgical facility shall continue to be  
1284 subject to the obligations and requirements applicable to such facility,  
1285 including, but not limited to, any applicable provision of this chapter  
1286 and those provisions of chapter 368z not specified in this subsection,  
1287 except that a request for permission to undertake a transfer or change  
1288 of ownership or control shall not be required pursuant to subsection  
1289 (a) of section 19a-638 if the Office of Health Care Access division of the  
1290 Department of Public Health determines that the following conditions  
1291 are satisfied: (1) Prior to any such transfer or change of ownership or  
1292 control, the outpatient surgical facility shall be owned and controlled  
1293 exclusively by persons licensed pursuant to section 20-13 or chapter  
1294 375, either directly or through a limited liability company, formed  
1295 pursuant to chapter 613, a corporation, formed pursuant to chapters  
1296 601 and 602, or a limited liability partnership, formed pursuant to  
1297 chapter 614, that is exclusively owned by persons licensed pursuant to  
1298 section 20-13 or chapter 375, or is under the interim control of an estate  
1299 executor or conservator pending transfer of an ownership interest or  
1300 control to a person licensed under section 20-13 or chapter 375, and (2)  
1301 after any such transfer or change of ownership or control, persons  
1302 licensed pursuant to section 20-13 or chapter 375, a limited liability  
1303 company, formed pursuant to chapter 613, a corporation, formed  
1304 pursuant to chapters 601 and 602, or a limited liability partnership,  
1305 formed pursuant to chapter 614, that is exclusively owned by persons  
1306 licensed pursuant to section 20-13 or chapter 375, shall own and  
1307 control no less than a sixty per cent interest in the outpatient surgical  
1308 facility.

1309 Sec. 36. Subsection (c) of section 20-87a of the general statutes is  
1310 repealed and the following is substituted in lieu thereof (*Effective*  
1311 *October 1, 2011*):

1312 (c) The practice of nursing by a licensed practical nurse is defined as  
1313 the performing of selected tasks and sharing of responsibility under  
1314 the direction of a registered nurse or an advanced practice registered  
1315 nurse and within the framework of supportive and restorative care,  
1316 health counseling and teaching, case finding and referral, collaborating  
1317 in the implementation of the total health care regimen and executing  
1318 the medical regimen under the direction of a licensed physician,  
1319 physician assistant, podiatrist, optometrist or dentist.

1320 Sec. 37. Subsection (b) of section 19a-178a of the general statutes is  
1321 repealed and the following is substituted in lieu thereof (*Effective*  
1322 *October 1, 2011*):

1323 (b) The advisory board shall consist of members appointed in  
1324 accordance with the provisions of this subsection and shall include the  
1325 Commissioner of Public Health and the department's emergency  
1326 medical services medical director, or their designees, [, and each of the  
1327 regional medical service coordinators appointed pursuant to section  
1328 19a-186a.] The Governor shall appoint the following members: One  
1329 person from each of the regional emergency medical services councils;  
1330 one person from the Connecticut Association of Directors of Health;  
1331 three persons from the Connecticut College of Emergency Physicians;  
1332 one person from the Connecticut Committee on Trauma of the  
1333 American College of Surgeons; one person from the Connecticut  
1334 Medical Advisory Committee; one person from the Emergency  
1335 Department Nurses Association; one person from the Connecticut  
1336 Association of Emergency Medical Services Instructors; one person  
1337 from the Connecticut Hospital Association; two persons representing  
1338 commercial ambulance providers; one person from the Connecticut  
1339 Firefighters Association; one person from the Connecticut Fire Chiefs  
1340 Association; one person from the Connecticut Chiefs of Police  
1341 Association; one person from the Connecticut State Police; and one  
1342 person from the Connecticut Commission on Fire Prevention and  
1343 Control. An additional eighteen members shall be appointed as  
1344 follows: Three by the president pro tempore of the Senate; three by the  
1345 majority leader of the Senate; four by the minority leader of the Senate;

1346 three by the speaker of the House of Representatives; two by the  
1347 majority leader of the House of Representatives and three by the  
1348 minority leader of the House of Representatives. The appointees shall  
1349 include a person with experience in municipal ambulance services; a  
1350 person with experience in for-profit ambulance services; three persons  
1351 with experience in volunteer ambulance services; a paramedic; an  
1352 emergency medical technician; an advanced emergency medical  
1353 technician; three consumers and four persons from state-wide  
1354 organizations with interests in emergency medical services as well as  
1355 any other areas of expertise that may be deemed necessary for the  
1356 proper functioning of the advisory board.

1357 Sec. 38. Subsections (b) and (c) of section 17a-2 of the general  
1358 statutes are repealed and the following is substituted in lieu thereof  
1359 (*Effective October 1, 2011*):

1360 (b) Said department shall constitute a successor department to the  
1361 Department of Children and Youth Services, for the purposes of  
1362 sections 2c-2b, 4-5, 4-38c, 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-  
1363 259, 7-127c, 8-206d, 10-8a, 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-  
1364 76g, 10-94g, 10-253, 17-86a, 17-294, 17-409, 17-437, 17-572, 17-578, 17-  
1365 579, 17-585, 17a-1 to 17a-89, inclusive, 17a-90 to 17a-209, inclusive, 17a-  
1366 218, 17a-277, 17a-450, 17a-458, 17a-474, 17a-560, 17a-511, 17a-634, 17a-  
1367 646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-125,] 19a-216, as  
1368 amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-514, 45a-591 to  
1369 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28, 46a-126, 46b-15  
1370 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-56d, 54-142k, 54-  
1371 199, 54-203 and in accordance with the provisions of sections 4-38d and  
1372 4-39.

1373 (c) Whenever the words "Commissioner of Children and Youth  
1374 Services", "Department of Children and Youth Services", or "Council  
1375 on Children and Youth Services" are used in sections 2c-2b, 4-5, 4-38c,  
1376 4-60i, 4-77a, 4-165b, 4a-11b, 4a-12, 4a-16, 5-259, 7-127c, 8-206d, 10-8a,  
1377 10-15d, 10-76d, 10-76h, 10-76i, 10-76w, 10-94g, 10-253, 17-86a, 17-294,  
1378 17-409, 17-437, 17-572, 17-578, 17-579, 17-585, 17a-1 to 17a-89, inclusive,

1379 17a-90 to 17a-209, inclusive, 17a-218, 17a-277, 17a-450, 17a-458, 17a-474,  
1380 17a-511, 17a-634, 17a-646, 17a-659, 18-69, 18-69a, 18-87, 19a-78, [19a-  
1381 125,] 19a-216, as amended by this act, 20-14i, 20-14j, 31-23, 31-306a, 38a-  
1382 514, 45a-591 to 45a-705, inclusive, 45a-706 to 45a-770, inclusive, 46a-28,  
1383 46a-126, 46b-15 to 46b-19, inclusive, 46b-120 to 46b-159, inclusive, 54-  
1384 56d, 54-142k, 54-199, 54-203, the words "Commissioner of Children and  
1385 Families", "Department of Children and Families", and "Council on  
1386 Children and Families" shall be substituted respectively in lieu thereof.

1387 Sec. 39. Subsection (c) of section 28-24 of the general statutes is  
1388 repealed and the following is substituted in lieu thereof (*Effective*  
1389 *October 1, 2011*):

1390 (c) Within a time period determined by the commissioner to ensure  
1391 the availability of funds for the fiscal year beginning July 1, 1997, to the  
1392 regional public safety emergency telecommunications centers within  
1393 the state, and not later than April first of each year thereafter, the  
1394 commissioner shall determine the amount of funding needed for the  
1395 development and administration of the enhanced emergency 9-1-1  
1396 program. The commissioner shall specify the expenses associated with  
1397 (1) the purchase, installation and maintenance of new public safety  
1398 answering point terminal equipment, (2) the implementation of the  
1399 subsidy program, as described in subdivision (2) of subsection (a) of  
1400 this section, (3) the implementation of the transition grant program,  
1401 described in subdivision (2) of subsection (a) of this section, (4) the  
1402 implementation of the regional emergency telecommunications service  
1403 credit, as described in subdivision (2) of subsection (a) of this section,  
1404 provided, for the fiscal year ending June 30, 2001, and each fiscal year  
1405 thereafter, such credit for coordinated medical emergency direction  
1406 services as provided in regulations adopted under this section shall be  
1407 based upon the factor of thirty cents per capita and shall not be  
1408 reduced each year, (5) the training of personnel, as necessary, (6)  
1409 recurring expenses and future capital costs associated with the  
1410 telecommunications network used to provide emergency 9-1-1 service  
1411 and the public safety services data networks, (7) for the fiscal year  
1412 ending June 30, 2001, and each fiscal year thereafter, the collection,

1413 maintenance and reporting of emergency medical services data, as  
 1414 required under [subparagraphs (A) and (B)] subparagraph (A) of  
 1415 subdivision (8) of section 19a-177, as amended by this act, provided the  
 1416 amount of expenses specified under this subdivision shall not exceed  
 1417 two hundred fifty thousand dollars in any fiscal year, (8) for the fiscal  
 1418 year ending June 30, 2001, and each fiscal year thereafter, the initial  
 1419 training of emergency medical dispatch personnel, the provision of an  
 1420 emergency medical dispatch priority reference card set and emergency  
 1421 medical dispatch training and continuing education pursuant to  
 1422 subdivisions (3) and (4) of subsection (g) of section 28-25b, and (9) the  
 1423 administration of the enhanced emergency 9-1-1 program by the Office  
 1424 of State-Wide Emergency Telecommunications, as the commissioner  
 1425 determines to be reasonably necessary. The commissioner shall  
 1426 communicate the commissioner's findings to the chairperson of the  
 1427 Public Utilities Control Authority not later than April first of each year.

1428 Sec. 40. Sections 19a-6i, 19a-77a and 19a-125 of the general statutes  
 1429 are repealed. (*Effective October 1, 2011*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	19a-17
Sec. 2	<i>October 1, 2011</i>	19a-903b
Sec. 3	<i>October 1, 2011</i>	19a-12a(a)
Sec. 4	<i>October 1, 2011</i>	19a-12a(j)
Sec. 5	<i>October 1, 2011</i>	New section
Sec. 6	<i>October 1, 2011</i>	19a-14(a)(11)
Sec. 7	<i>October 1, 2011</i>	7-36
Sec. 8	<i>October 1, 2011</i>	7-59
Sec. 9	<i>October 1, 2011</i>	7-37
Sec. 10	<i>October 1, 2011</i>	7-38
Sec. 11	<i>October 1, 2011</i>	7-51(a)
Sec. 12	<i>October 1, 2011</i>	20-14e
Sec. 13	<i>October 1, 2011</i>	19a-216
Sec. 14	<i>October 1, 2011</i>	19a-124
Sec. 15	<i>October 1, 2011</i>	20-32(b)
Sec. 16	<i>October 1, 2011</i>	10-204a
Sec. 17	<i>October 1, 2011</i>	19a-77(b)

Sec. 18	<i>October 1, 2011</i>	19a-425
Sec. 19	<i>October 1, 2011</i>	19a-80(b)
Sec. 20	<i>October 1, 2011</i>	19a-87b
Sec. 21	<i>October 1, 2011</i>	31-286a(d)
Sec. 22	<i>October 1, 2011</i>	19a-32g
Sec. 23	<i>October 1, 2011</i>	19a-2a
Sec. 24	<i>October 1, 2011</i>	19a-215
Sec. 25	<i>October 1, 2011</i>	19a-91(c)
Sec. 26	<i>October 1, 2011</i>	20-329cc
Sec. 27	<i>October 1, 2011</i>	19a-612d
Sec. 28	<i>October 1, 2011</i>	19a-639a(b) and (c)
Sec. 29	<i>October 1, 2011</i>	17b-256(a)
Sec. 30	<i>October 1, 2011</i>	19a-495
Sec. 31	<i>October 1, 2011</i>	19a-491(e)
Sec. 32	<i>October 1, 2011</i>	19a-266
Sec. 33	<i>from passage</i>	19a-177(8)
Sec. 34	<i>October 1, 2011</i>	19a-4j
Sec. 35	<i>October 1, 2011</i>	19a-493b(c)
Sec. 36	<i>October 1, 2011</i>	20-87a(c)
Sec. 37	<i>October 1, 2011</i>	19a-178a(b)
Sec. 38	<i>October 1, 2011</i>	17a-2(b) and (c)
Sec. 39	<i>October 1, 2011</i>	28-24(c)
Sec. 40	<i>October 1, 2011</i>	Repealer section

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

### **OFA Fiscal Note**

#### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 12 \$</b>	<b>FY 13 \$</b>
Public Health, Dept. (DPH)	GF - Revenue Gain	11,620	11,620
Administered by DPH	SCRF - Potential Cost	See below	See below

Note: GF=General Fund, SCRF=Stem Cell Research Fund

**Municipal Impact:** None

#### **Explanation**

The bill results in an annual General Fund revenue gain of \$11,620, in response to increasing existing civil penalties and creating a new fee. It also results in a potential cost to the Stem Cell Research Fund (SCRF), as it authorizes the Department of Public Health (DPH) to establish compensation for Stem Cell Research Peer Committee members. Further detail regarding these impacts is provided below:

**Section 18** increases the first-time offense civil penalty from \$500 to \$1,000 for any person who runs a youth camp without a license, and the penalty for a second or subsequent offense from \$750 to \$1,500. It is anticipated that approximately three first-time offense citations for illegal operation of a youth camp will be issued and settled for the full civil penalty each year, resulting in \$1,500 paid annually. Repeat offenders are not anticipated.

**Section 20** establishes a fee of \$20 to accompany approval application forms for individuals seeking to act as an assistant or substitute staff member to a person or entity maintaining a family day care home. Currently, DPH receives 266 initial applications and 240 renewal applications for approval each year. As such, an annual General Fund revenue gain of \$10,120 is anticipated.

**Section 22** authorizes compensation for Stem Cell Research Peer Review Committee members from the SCRF. This will reduce the SCRF by an amount that has not yet been determined by the Commissioner of Public Health. As of 3/31/2011, the uncommitted balance of the Stem Cell Research Fund was \$48,901. The SCRF will receive an FY 11 distribution of \$10 million from the Tobacco Settlement Fund before the end of the fiscal year<sup>1</sup>.

Other provisions of the bill do not result in a fiscal impact to the state or municipalities.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to revenue collected from civil penalties, family day care home staff approval application fees, and compensation established for Stem Cell Research Peer Committee members.

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<sup>1</sup> Distributions from the Tobacco Settlement Fund are typically made in April.

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**OLR Bill Analysis****sHB 6618*****AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES.*****SUMMARY:**

This bill makes numerous substantive and minor changes to Department of Public Health (DPH)-related statutes and programs. These changes address health professional licensing, discipline, continuing education, and rehabilitation; vital statistics; foundlings; sexually transmitted diseases and partner therapy; needle exchange; vaccines; child day care; youth camps; stem cell peer review; reportable diseases and emergency illnesses and conditions; clinical laboratories; certificate of need; opiate dependency treatment; breast and cervical cancer; maternity homes; and emergency medical services. It also eliminates various reporting requirements.

It also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2011, except for the provision deleting an EMS reporting requirement (§ 33), which takes effect upon passage.

**§ 1 — HEALTH PRACTITIONER DISCIPLINE**

The bill allows a health practitioner licensing board or commission, or DPH to take disciplinary action against a practitioner's license or permit if the individual was subject to disciplinary action, similar to action that can be taken in Connecticut, by an authorized professional disciplinary agency of any state, the District of Columbia, a U.S. possession or territory, or a foreign country. The board, commission or DPH can rely on the findings and conclusions made by that other jurisdiction's agency. The bill specifies that the board, commission or DPH must not allow a collateral attack on the findings and conclusion

of that out-of-state agency.

### **§§ 3-5 — ASSISTANCE PROGRAM FOR HEALTH PROFESSIONALS**

By law, state or local health care professional societies and organizations can establish an assistance program for health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness. The program is an alternative, voluntary, and confidential rehabilitation program. It includes mandatory, periodic evaluations of each participant's ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient in the health care setting.

The bill adds nursing home administrators to those health care professionals eligible for the assistance program. It also requires any licensed health care professional or institution with information appearing to show that a health care professional is or may be unable to practice with reasonable skill and safety because of (1) physical illness or loss of motor skills, including deterioration because of aging; (2) emotional disorder or mental illness; or (3) chemical dependency to file a petition with DPH within 30 days of receiving such information. It must be filed on DPH forms and signed and sworn to. Currently, mandatory reporting is required only for physicians and physician assistants.

### **§ 6 — RESTRICTING, SUSPENDING OR LIMITING LICENSES OR PERMITS**

The bill allows DPH to restrict, suspend, or otherwise limit the license or permit of a health professional according to an interim consent order entered during the individual's investigation.

### **§§ 7 & 8 — FOUNDLINGS**

The bill defines "foundling" as (1) a child of unknown parents or (2) an infant voluntarily surrendered in a hospital. Except for an infant voluntarily surrendered in the hospital, if the foundling is later identified and a birth certificate is obtained, the bill requires the birth certificate be substituted for the report of foundling.

It also requires a hospital to prepare a report of foundling for any infant voluntarily surrendered in the facility. If a birth certificate has already been filed in the state birth registry, the report must substitute for the original birth certificate, which must be sealed and confidentially filed with DPH. The original birth certificate cannot be released except upon a court order.

### **§§ 9 & 10 — REGISTRARS OF VITAL STATISTICS**

The bill requires a town's newly elected or appointed registrar of vital statistics to notify the DPH commissioner in writing within 10 days after taking office. The town's first selectman or chief elected official of must notify DPH of any vacancy within 10 days after it occurs.

The bill requires the registrar of vital statistics to notify DPH in writing within 10 days after appointing an assistant registrar or a vacancy occurring.

### **§ 11 — BIRTH CERTIFICATES**

The bill adds conservators appointed to oversee an individual's personal affairs to those who can obtain a certified copy of birth and fetal death records and certificates less than 100 years old. It also removes title examiners' ability to obtain such records.

### **§ 12 & 13 — EXPEDITED PARTNER THERAPY**

This bill allows a prescribing practitioner who diagnoses a patient as having a sexually transmitted chlamydia or gonorrhea infection to prescribe and dispense oral antibiotics to (1) the patient and (2) the patient's partner or partners. It allows the practitioner to do so without physically examining the patient's partner or partners. A practitioner who prescribes or dispenses antibiotics in this manner is not in violation of the practitioner's standard of care. The law defines a "prescribing practitioner" as a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse, nurse-midwife, or veterinarian licensed in Connecticut to prescribe medicine within his or her scope of practice (CGS § 20-14c).

It allows the DPH commissioner, in consultation with the consumer protection commissioner, to adopt regulations to implement this provision.

The bill also clarifies that municipal health departments, state facilities, physicians, and public or private hospitals and clinics may examine or treat a minor for venereal disease. Current law allows physicians and facilities to examine and provide such treatment.

Under current law, unchanged by the bill, these activities may be conducted without parental consent and must be kept confidential by the physician or health facility, including sending a bill for services, except for purposes of reporting cases of venereal disease to local health departments. (These reports are kept confidential.) But, if the minor treated for venereal disease is under age 12, the physician or facility must report his or her name, age, and address to the commissioner of children and families.

#### **§ 14 — NEEDLE AND SYRINGE EXCHANGE PROGRAM**

The bill updates DPH's needle and syringe exchange program by specifying that DPH establish programs in the three cities having the highest number of human immunodeficiency virus (HIV) infections among injection drug users, rather than in their health departments. Currently, the standard is the highest number of AIDS cases among intravenous drug users. It clarifies that the program provides for free and confidential, rather than anonymous, exchanges of needles and syringes. By law, first-time applicants to an exchange program receive an initial packet of 30 needles and syringes. The bill eliminates a provision that the program assure, through program-developed and DPH-approved protocols, that a person receive only one such initial packet over the program's life.

The bill requires any organization conducting the exchange program, rather than the local health department, to report on the program's effectiveness to DPH. DPH must establish requirements for programs to monitor (1) return rates of distributed needles and

syringes, (2) program participation rates, and (3) the number of participants who enter treatment as a result of the program and their status. The bill deletes a required evaluation of behavioral changes of program participants, such as needle sharing and condom use, and the incidence of intravenous drug use to see if there is a change because of the program.

The bill also eliminates the requirement that DPH compile all information on the needle exchange programs and report to the Public Health and Appropriations committees.

### **§ 15 — CONTINUING EDUCATION FOR CHIROPRACTORS**

By law, chiropractors applying for license renewal must participate in continuing education programs. This bill specifies that for registration periods beginning on and after October 1, 2012, DPH, in consultation with the Board of Chiropractic Examiners, must issue a list of up to five mandatory continuing education topics that are required for the two subsequent registration periods following their issuance. This list must be issued by October 1, 2011 and biennially afterwards.

### **§ 16 — VACCINE WAIVER**

The bill allows the DPH commissioner to issue a temporary waiver to the adequate immunization schedule for any vaccine for which the federal Centers for Disease Control and Prevention recognizes a nationwide supply shortage.

### **§ 17 — CHILD DAY CARE SERVICES PROVIDED BY RELATIVES**

The bill specifies that child day care services provided by relatives, whether by formal or informal arrangements, are exempt from licensure. It also clarifies that care provided on a drop-in basis in retail establishments is exempt from licensure if the parents remain in the same store as the child.

### **§ 18 — YOUTH CAMPS**

The bill increases the maximum civil penalty DPH may impose on

those operating a youth camp without a license from \$500 to \$1,000 for a first offense and \$750 to \$1,500 for a second or subsequent offense.

### **§ 19 — CHILD DAY CARE HOME AND GROUP DAY CARE HOME FEES**

The bill clarifies that the \$500 day care center fee and the \$250 group day care home fee must accompany an initial licensure or renewal application for such facilities or DPH cannot grant or renew the license.

### **§ 20 — FAMILY DAY CARE HOMES**

#### ***Assistants and Substitute Staff Members***

Under the bill, DPH must approve any a person acting as an assistant or substitute staff member to a person or entity operating a family day care home. Applications for approval must (1) be made to the DPH commissioner on department forms, (2) contain information required by regulations, and (3) include a \$20 fee. The application form must have a notice that false statements made in the application are punishable as a Class A misdemeanor (false statements in the second degree).

DPH, within available appropriations, must require initial applicants as family day care home assistants or substitute staff to undergo state and national criminal history records checks. Currently, each initial applicant or prospective employee of the home is subject to these checks, within available appropriations. The DPH commissioner must also request a check of the state child abuse registry.

The bill establishes a \$20 fee for initial staff approvals or renewal of a staff approval. Approvals are issued or renewed for two-year terms. (It is unclear if these approvals are for the assistants or substitute staff mentioned above, or a different category of staff.)

#### ***Family Day Care Home License Fee***

The bill reduces the fee from \$80 to \$40 for an initial or renewed four-year family day care home license.

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**§ 21 — WORKERS' COMPENSATION—"SUFFICIENT EVIDENCE"**

The law requires applicants for a license or permit necessary to operate a business to present "sufficient evidence" of compliance with the workers' compensation insurance coverage requirements. The bill allows applicants for DPH licenses and permits, instead of only Department of Consumer Protection licenses and permits, to meet this requirement by providing the (1) name of the applicant's insurer, (2) policy number, and (3) effective coverage dates, certified as truthful and accurate, as an alternative to presenting a hard copy of the insurance certificate.

**§ 22 — STEM CELL RESEARCH PEER REVIEW COMMITTEE**

The bill authorizes compensation for Stem Cell Research Peer Review Committee members from the Stem Cell Research Fund for reviewing grant applications submitted by institutions. The DPH commissioner must establish the compensation in consultation with the Department of Administrative Services and the Office of Policy and Management.

**§§ 23-26 — EMERGENCY ILLNESSES AND HEALTH CONDITIONS*****List of Emergency Illnesses and Health Conditions***

The law requires the DPH commissioner to (1) annually issue a list of reportable diseases and reportable laboratory findings and (2) amend it as she deems necessary. The bill adds emergency illnesses and health conditions to the required listing. It defines "reportable diseases, emergency illnesses and health conditions" as the diseases, illnesses, conditions, or syndromes the DPH commissioner designates as required by law. These lists must be distributed to the state's licensed physicians and clinical laboratories. The bill requires a health care provider to report each case of an emergency illness and health condition in his or her practice to the local health director where the case occurs and to DPH within 12 hours of recognizing it. Currently, providers must do this in cases of reportable diseases.

***Clinical Laboratories***

The bill requires a clinical laboratory to report each finding of any

disease identified on DPH's list of reportable laboratory findings to the department within 48 hours of its discovery. A laboratory that reports an average of over 30 findings per month must make the reports electronically in a DPH-approved format. Those reporting an average of less than 30 a month must submit the reports in writing, by telephone, or in a DPH-approved electronic format. These reports are confidential and not available for public inspection except for medical or scientific research purposes. DPH must provide a copy of all such reports to the health director where the affected person lives, or, if not known, the town where the specimen originated.

The bill defines "clinical laboratory" as 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 (1) providing information to diagnose, prevent, or treat any human disease or impairment; (2) assessing human health, or (3) finding the presence of drugs, poisons, or other toxicological substances.

The bill authorizes a local health director or his or her authorized agent, or DPH, when receiving a report of an emergency illness and health condition, to contact the reporting health care provider and then the person with the reportable finding to get the information necessary to effectively control further spreading of the disease. The local health director and DPH currently have this authority with regard to listed reportable diseases and laboratory findings.

### ***Preparation of a Dead Body***

The law imposes additional requirements on an embalmer or funeral director when preparing a body for cremation or burial when death resulted from a listed reportable disease. The bill applies these additional requirements to deaths due to a listed emergency illness and health condition.

### ***Nonmaterial Fact Concerning Real Property***

By law, a nonmaterial fact concerning real property does not have to be disclosed in a real estate transaction. The bill expands the definition of “material fact” to include an occupant of real property who has or had an emergency illness and health condition instead of only an occupant who is or has been infected with a disease on the reportable disease list.

## **§§ 27, 28 & 35 — CERTIFICATE OF NEED (CON)**

### ***Filing Deadline***

Under current law, a CON applicant must publish notice in a newspaper at least 20 days before filing the CON application that it plans to submit to the Office of Health Care Access (OHCA) division of DPH. This bill sets a deadline for actually filing the CON application—within 90 days after publishing the notice of the application. It also eliminates a requirement that OHCA publish notice of a properly filed CON application with the secretary of the state.

### ***CON Exemption***

By law, an outpatient surgical facility seeking to transfer or change ownership or control does not need a CON if OHCA determines that

1. before the transfer or change of ownership or control, the facility was (a) owned and controlled exclusively by physicians either directly or through a limited liability company (LLC), a corporation, or a limited liability partnership (LLP) exclusively owned by physicians, or (b) under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a physician and
2. after the transfer of ownership or control changes, physicians or physician-owned LLCs, corporations, or LLPs own and control at least a 60% interest in the facility.

The bill adds to this exemption podiatrists owning and controlling an outpatient surgical facility.

The bill also makes technical changes to the CON law.

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**§ 30 — OPIATE- DEPENDENCY TREATMENT**

The bill authorizes the DPH commissioner, in consultation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to implement policies and procedures allowing licensed health care providers with prescriptive authority to prescribe medications to treat opiate-dependent individuals in licensed free standing substance abuse facilities. This must be done in compliance with federal law. The DPH commissioner can authorize this while in the process of adopting such policies and procedures in regulation. She must print notice of the intent to adopt the regulations in the *Connecticut Law Journal* within 30 days after these policies and procedures are implemented. They remain valid until the regulations are adopted.

By law, health care providers with prescriptive authority include physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice registered nurses, nurse-midwives, and veterinarians (see CGS § 20-14b).

**§ 31 — MATERNITY HOMES**

The bill removes maternity home licensing fees from DPH statutes because their licensing authority was transferred to the Department of Children and Families by PA 09-3.

**§ 32 — BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM**

The bill makes changes to the Breast and Cervical Cancer Early Detection and Treatment Referral Program.

Under current law, DPH must provide unserved or underserved populations, within existing appropriations and through contracts with health care providers, (1) clinical breast examinations, (2) screening mammograms and pap tests, (3) a 60-day follow-up pap test for victims of sexual assault, and (4) a pap test every six months for women who have tested HIV positive. “Unserved or underserved populations” are women who are (1) at or below 200% of the federal

poverty level, (2) without health insurance that covers breast cancer screening mammography or cervical cancer screening services, and (3) 19 to 64 years of age.

The bill changes the definition of “unserved or underserved populations” by raising the minimum age from 19 to 21. It also eliminates the 60-day follow-up pap test for victims of sexual assault.

It deletes a requirement that DPH report annually to the Public Health and Appropriations committees on the state’s rate of breast cancer and cervical cancer morbidity and mortality rates and participation in breast and cervical cancer screening.

### **§ 33 & 37 — EMERGENCY MEDICAL SERVICES**

The bill eliminates the requirement that the DPH commissioner annually report to the Public Health Committee on the number of emergency medical services (EMS) calls received during the year; response times; level of EMS required; names of EMS providers responding; and the number of passed, cancelled, and mutual aid calls.

It also removes from the EMS Advisory Board’s membership the regional medical services coordinators. PA 10-117 repealed the requirement that regional EMS councils, or the DPH commissioner in regions without a council, appoint a regional EMS coordinator.

### **§ 34 — OFFICE OF MULTICULTURAL HEALTH**

The bill eliminates the requirement that DPH annually report on the activities of the Office of Multicultural Health to the governor, General Assembly, the Permanent Commission on the Status of Women, the Latino and Puerto Rican Affairs Commission, the Indian Affairs Commission, and the African-American Affairs Commission. It also eliminates the requirement that DPH hold community workshops and other means to disseminate its findings.

### **§ 36 — LICENSED PRACTICAL NURSES**

The bill specifies that a licensed practical nurse may carry out the orders of a physician assistant, podiatrist, or optometrist as well as a

physician or dentist, under the direction of a registered nurse.

**§ 40 — REPEALED SECTIONS**

Thee bill repeals (1) an annual report submitted to the Public Health and Education committees by the Committee on School-Based Health Clinics on recommended changes to improve health care through access to such clinics; (2) the Statewide Adolescent Health Council, and (3) provisions governing child day care services in retail stores.

**§§ 2, 29, 38, 39 — TECHNICAL CHANGES**

These sections make technical changes.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 2 (04/01/2011)