



Senate

General Assembly

File No. 24

January Session, 2011

Senate Bill No. 853

Senate, March 7, 2011

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Subsection (d) of section 1-84 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (d) No public official or state employee or employee of such public
5 official or state employee shall agree to accept, or be a member or
6 employee of a partnership, association, professional corporation or
7 sole proprietorship which partnership, association, professional
8 corporation or sole proprietorship agrees to accept any employment,
9 fee or other thing of value, or portion thereof, for appearing, agreeing
10 to appear, or taking any other action on behalf of another person
11 before the Department of Banking, the Claims Commissioner, the
12 Office of Health Care Access division [within] of the Department of
13 Public Health, the Insurance Department, the office within the

14 Department of Consumer Protection that carries out the duties and
15 responsibilities of sections 30-2 to 30-68m, inclusive, the Department of
16 Motor Vehicles, the State Insurance and Risk Management Board, the
17 Department of Environmental Protection, the Department of Public
18 Utility Control, the Connecticut Siting Council, the Division of Special
19 Revenue within the Department of Revenue Services, the Gaming
20 Policy Board within the Division of Special Revenue or the Connecticut
21 Real Estate Commission; provided this shall not prohibit any such
22 person from making inquiry for information on behalf of another
23 before any of said commissions or commissioners if no fee or reward is
24 given or promised in consequence thereof. For the purpose of this
25 subsection, partnerships, associations, professional corporations or
26 sole proprietorships refer only to such partnerships, associations,
27 professional corporations or sole proprietorships which have been
28 formed to carry on the business or profession directly relating to the
29 employment, appearing, agreeing to appear or taking of action
30 provided for in this subsection. Nothing in this subsection shall
31 prohibit any employment, appearing, agreeing to appear or taking
32 action before any municipal board, commission or council. Nothing in
33 this subsection shall be construed as applying (1) to the actions of any
34 teaching or research professional employee of a public institution of
35 higher education if such actions are not in violation of any other
36 provision of this chapter, (2) to the actions of any other professional
37 employee of a public institution of higher education if such actions are
38 not compensated and are not in violation of any other provision of this
39 chapter, (3) to any member of a board or commission who receives no
40 compensation other than per diem payments or reimbursement for
41 actual or necessary expenses, or both, incurred in the performance of
42 the member's duties, or (4) to any member or director of a quasi-public
43 agency. Notwithstanding the provisions of this subsection to the
44 contrary, a legislator, an officer of the General Assembly or part-time
45 legislative employee may be or become a member or employee of a
46 firm, partnership, association or professional corporation which
47 represents clients for compensation before agencies listed in this
48 subsection, provided the legislator, officer of the General Assembly or

49 part-time legislative employee shall take no part in any matter
50 involving the agency listed in this subsection and shall not receive
51 compensation from any such matter. Receipt of a previously
52 established salary, not based on the current or anticipated business of
53 the firm, partnership, association or professional corporation involving
54 the agencies listed in this subsection, shall be permitted.

55 Sec. 2. Subsection (c) of section 1-84b of the general statutes is
56 repealed and the following is substituted in lieu thereof (*Effective from*
57 *passage*):

58 (c) The provisions of this subsection apply to present or former
59 executive branch public officials or state employees who hold or
60 formerly held positions which involve significant decision-making or
61 supervisory responsibility and are designated as such by the Office of
62 State Ethics in consultation with the agency concerned except that such
63 provisions shall not apply to members or former members of the
64 boards or commissions who serve ex officio, who are required by
65 statute to represent the regulated industry or who are permitted by
66 statute to have a past or present affiliation with the regulated industry.
67 Designation of positions subject to the provisions of this subsection
68 shall be by regulations adopted by the Citizen's Ethics Advisory Board
69 in accordance with chapter 54. As used in this subsection, "agency"
70 means the Office of Health Care Access division [within] of the
71 Department of Public Health, the Connecticut Siting Council, the
72 Department of Banking, the Insurance Department, the Department of
73 Public Safety, the office within the Department of Consumer Protection
74 that carries out the duties and responsibilities of sections 30-2 to 30-
75 68m, inclusive, the Department of Public Utility Control, including the
76 Office of Consumer Counsel, the Division of Special Revenue and the
77 Gaming Policy Board and the term "employment" means professional
78 services or other services rendered as an employee or as an
79 independent contractor.

80 (1) No public official or state employee in an executive branch
81 position designated by the Office of State Ethics shall negotiate for,

82 seek or accept employment with any business subject to regulation by
83 his agency.

84 (2) No former public official or state employee who held such a
85 position in the executive branch shall within one year after leaving an
86 agency, accept employment with a business subject to regulation by
87 that agency.

88 (3) No business shall employ a present or former public official or
89 state employee in violation of this subsection.

90 Sec. 3. Section 1-125 of the general statutes is repealed and the
91 following is substituted in lieu thereof (*Effective from passage*):

92 The directors, officers and employees of the Connecticut
93 Development Authority, Connecticut Innovations, Incorporated,
94 Connecticut Higher Education Supplemental Loan Authority,
95 Connecticut Housing Finance Authority, Connecticut Housing
96 Authority, Connecticut Resources Recovery Authority, including ad
97 hoc members of the Connecticut Resources Recovery Authority,
98 Connecticut Health and Educational Facilities Authority, Capital City
99 Economic Development Authority, [the] Health Information
100 Technology Exchange of Connecticut and Connecticut Lottery
101 Corporation and any person executing the bonds or notes of the
102 agency shall not be liable personally on such bonds or notes or be
103 subject to any personal liability or accountability by reason of the
104 issuance thereof, nor shall any director or employee of the agency,
105 including ad hoc members of the Connecticut Resources Recovery
106 Authority, be personally liable for damage or injury, not wanton,
107 reckless, wilful or malicious, caused in the performance of his or her
108 duties and within the scope of his or her employment or appointment
109 as such director, officer or employee, including ad hoc members of the
110 Connecticut Resources Recovery Authority. The agency shall protect,
111 save harmless and indemnify its directors, officers or employees,
112 including ad hoc members of the Connecticut Resources Recovery
113 Authority, from financial loss and expense, including legal fees and
114 costs, if any, arising out of any claim, demand, suit or judgment by

115 reason of alleged negligence or alleged deprivation of any person's
116 civil rights or any other act or omission resulting in damage or injury,
117 if the director, officer or employee, including ad hoc members of the
118 Connecticut Resources Recovery Authority, is found to have been
119 acting in the discharge of his or her duties or within the scope of his or
120 her employment and such act or omission is found not to have been
121 wanton, reckless, wilful or malicious.

122 Sec. 4. Subsection (b) of section 4-101a of the general statutes is
123 repealed and the following is substituted in lieu thereof (*Effective from*
124 *passage*):

125 (b) Grants, technical assistance or consultation services, or any
126 combination thereof, provided under this section may be made to
127 assist a nongovernmental acute care general hospital to develop and
128 implement a plan to achieve financial stability and assure the delivery
129 of appropriate health care services in the service area of such hospital,
130 or to assist a nongovernmental acute care general hospital in
131 determining strategies, goals and plans to ensure its financial viability
132 or stability. Any such hospital seeking such grants, technical assistance
133 or consultation services shall prepare and submit to the Office of Policy
134 and Management and the Office of Health Care Access division of the
135 Department of Public Health a plan that includes at least the following:
136 (1) A statement of the hospital's current projections of its finances for
137 the current and the next three fiscal years; (2) identification of the
138 major financial issues which [effect] affect the financial stability of the
139 hospital; (3) the steps proposed to study or improve the financial status
140 of the hospital and eliminate ongoing operating losses; (4) plans to
141 study or change the mix of services provided by the hospital, which
142 may include transition to an alternative licensure category; and (5)
143 other related elements as determined by the Office of Policy and
144 Management. Such plan shall clearly identify the amount, value or
145 type of the grant, technical assistance or consultation services, or
146 combination thereof, requested. Any grants, technical assistance or
147 consultation services, or any combination thereof, provided under this
148 section shall be determined by the Secretary of the Office of Policy and

149 Management not to jeopardize the federal matching payments under
150 the medical assistance program and the emergency assistance to
151 families program as determined by the Office of Health Care Access
152 division of the Department of Public Health or the Department of
153 Social Services in consultation with the Office of Policy and
154 Management.

155 Sec. 5. Subsection (a) of section 7-51 of the general statutes is
156 repealed and the following is substituted in lieu thereof (*Effective from*
157 *passage*):

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

180 Sec. 6. Subsection (b) of section 7-65 of the general statutes is
181 repealed and the following is substituted in lieu thereof (*Effective from*

182 *passage*):

183 (b) A local registrar shall appoint not less than two suitable persons
184 as subregistrars, who shall be authorized to issue removal, transit and
185 burial permits and cremation permits for any death that occurs in such
186 registrar's town, during the hours in which the office of the registrar of
187 vital [records] statistics is closed. The appointment of subregistrars
188 shall be made in writing, with the approval of the selectmen of such
189 town, and shall be made with reference to locality, to best
190 accommodate the inhabitants of the town. Such subregistrars shall be
191 sworn, and their term of office shall not extend beyond the term of
192 office of the appointing registrar. The names of such subregistrars shall
193 be reported to the Department of Public Health. The Chief Medical
194 Examiner, Deputy Chief Medical Examiner and associate medical
195 examiners shall be considered subregistrars of any town in which
196 death occurs for the sole purpose of issuing removal, transit and burial
197 permits.

198 Sec. 7. Subsection (b) of section 10a-109ii of the general statutes is
199 repealed and the following is substituted in lieu thereof (*Effective from*
200 *passage*):

201 (b) Notwithstanding any provision of the general statutes, the
202 process for certificate of need approval governed by chapter 368z, to
203 the extent applicable, shall be expedited for the NICU transfer, The
204 University of Connecticut Health Center new construction and
205 renovation and any of the UConn health network initiatives as follows:
206 No extensions of the ninety-day time period within which the Office of
207 Health Care Access division [within] of the Department of Public
208 Health has to issue a decision to grant, deny or modify the request for
209 a certificate of need following the receipt of a complete certificate of
210 need application shall be made to any of the applicants or said office,
211 or any successor office, department or agency.

212 Sec. 8. Subsection (b) of section 14-42 of the general statutes is
213 repealed and the following is substituted in lieu thereof (*Effective from*
214 *passage*):

215 (b) The application for an operator's license and the application for
216 an identity card shall include the opportunity for the applicant to make
217 an anatomical gift through inclusion in the state donor registry
218 maintained pursuant to section 14-42a. An operator's license issued to
219 a person who has authorized inclusion [on] in such donor registry
220 shall have a donor symbol imprinted on such license or identity card.

221 Sec. 9. Subsections (a) and (b) of section 17a-22f of the general
222 statutes are repealed and the following is substituted in lieu thereof
223 (*Effective from passage*):

224 (a) The Commissioner of Social Services may, with regard to the
225 provision of behavioral health services provided pursuant to a state
226 plan under Title XIX or Title XXI of the Social Security Act, or under
227 the Charter Oak Health Plan: (1) Contract with one or more
228 administrative services organizations to provide clinical management,
229 provider network development and other administrative services; (2)
230 delegate responsibility to the Department of Children and Families for
231 the clinical management portion of such administrative contract or
232 contracts that pertain to HUSKY Plan₂, Parts A and B, and other
233 children, adolescents and families served by the Department of
234 Children and Families; and (3) delegate responsibility to the
235 Department of Mental Health and Addiction Services for the clinical
236 management portion of such administrative contract or contracts that
237 pertain to Medicaid recipients who are not enrolled in HUSKY Plan₂
238 Part A and recipients enrolled in the Charter Oak Health Plan.

239 (b) For purposes of this section, [the term] "clinical management"
240 describes the process of evaluating and determining the
241 appropriateness of the utilization of behavioral health services and
242 providing assistance to clinicians or beneficiaries to ensure appropriate
243 use of resources and may include, but is not limited to, authorization,
244 concurrent and retrospective review, discharge review, quality
245 management, provider certification and provider performance
246 enhancement. The Commissioners of Social Services, Children and
247 Families, and Mental Health and Addiction Services shall jointly

248 develop clinical management policies and procedures. The
249 Department of Social Services may implement policies and procedures
250 necessary to carry out the purposes of this section, including any
251 necessary changes to existing behavioral health policies and
252 procedures concerning utilization management, while in the process of
253 adopting such policies and procedures in regulation form, provided
254 the Commissioner of Social Services publishes notice of intention to
255 adopt the regulations in the Connecticut Law Journal within twenty
256 days of implementing such policies and procedures. Policies and
257 procedures implemented pursuant to this subsection shall be valid
258 until the time such regulations are adopted.

259 Sec. 10. Subsection (a) of section 17a-22h of the general statutes is
260 repealed and the following is substituted in lieu thereof (*Effective from*
261 *passage*):

262 (a) The Commissioners of Social Services, Children and Families,
263 and Mental Health and Addiction Services shall develop and
264 implement an integrated behavioral health service system for HUSKY
265 Plan, Parts A and B members and children enrolled in the voluntary
266 services program operated by the Department of Children and
267 Families and may, at the discretion of the commissioners, include: (1)
268 Other children, adolescents and families served by the Department of
269 Children and Families or the Court Support Services Division of the
270 Judicial Branch; (2) Medicaid recipients who are not enrolled in
271 HUSKY Plan, Part A; and (3) Charter Oak Health Plan members. The
272 integrated behavioral health service system shall be known as the
273 Behavioral Health Partnership. The Behavioral Health Partnership
274 shall seek to increase access to quality behavioral health services by:
275 (A) Expanding individualized, family-centered and community-based
276 services; (B) maximizing federal revenue to fund behavioral health
277 services; (C) reducing unnecessary use of institutional and residential
278 services for children and adults; (D) capturing and investing enhanced
279 federal revenue and savings derived from reduced residential services
280 and increased community-based services for HUSKY Plan, Parts A and
281 B recipients; (E) improving administrative oversight and efficiencies;

282 and (F) monitoring individual outcomes and provider performance,
283 taking into consideration the acuity of the patients served by each
284 provider, and overall program performance.

285 Sec. 11. Subdivision (6) of subsection (b) of section 17a-22j of the
286 general statutes is repealed and the following is substituted in lieu
287 thereof (*Effective from passage*):

288 (6) Two appointed by the minority leader of the Senate; one of
289 whom is a provider of community-based services for children with
290 behavioral health problems; and one of whom is a member of the
291 advisory council on Medicaid care management oversight;

292 Sec. 12. Subsection (d) of section 17a-22p of the general statutes is
293 repealed and the following is substituted in lieu thereof (*Effective from*
294 *passage*):

295 (d) The administrative services organization for HUSKY Plan, Parts
296 A and B shall provide or arrange for on-site assistance to facilitate the
297 appropriate placement, as soon as practicable, of children with
298 behavioral health diagnoses who the administrative services
299 organization knows to have been in an emergency department for over
300 forty-eight hours. The administrative services organization shall
301 provide or arrange for on-site assistance to arrange for the discharge or
302 appropriate placement, as soon as practicable, [for] of children who the
303 administrative services organization knows to have remained in an
304 inpatient hospital unit for more than five days longer than is medically
305 necessary, as agreed by the administrative services organization and
306 the hospital.

307 Sec. 13. Subsection (a) of section 17a-219c of the general statutes is
308 repealed and the following is substituted in lieu thereof (*Effective from*
309 *passage*):

310 (a) There is established a Family Support Council to assist the
311 Department of Developmental Services and other state agencies that
312 administer or fund family support services to act in concert and,

313 within available appropriations, to (1) establish a comprehensive,
314 coordinated system of family support services, (2) use existing state
315 and other resources efficiently and effectively as appropriate for such
316 services, (3) identify and address services that are needed for families
317 of children with disabilities, and (4) promote state-wide availability of
318 such services. The council shall consist of twenty-seven voting
319 members including the Commissioners of Public Health,
320 Developmental Services, Children and Families, Education and Social
321 Services, or their designees, the Child Advocate or the Child
322 Advocate's designee, the executive director of the Office of Protection
323 and Advocacy for Persons with Disabilities or the executive director's
324 designee, the chairperson of the State Interagency Birth-to-Three
325 Coordinating Council, established pursuant to section 17a-248b, or the
326 chairperson's designee, the executive director of the Commission on
327 Children or the executive director's designee, and family members of,
328 or individuals who advocate for, children with disabilities. The family
329 members or individuals who advocate for children with disabilities
330 shall comprise two-thirds of the council and shall be appointed as
331 follows: Six by the Governor, three by the president pro tempore of the
332 Senate, two by the majority leader of the Senate, one by the minority
333 leader of the Senate, three by the speaker of the House of
334 Representatives, two by the majority leader of the House of
335 Representatives and one by the minority leader of the House of
336 Representatives. All appointed members serving on or after October 5,
337 2009, including members appointed prior to October 5, 2009, shall
338 serve in accordance with the provisions of section 4-1a. Members
339 serving on or after October 5, 2009, including members appointed
340 prior to October 5, 2009, shall serve no more than eight consecutive
341 years on the council. The council shall meet at least quarterly and shall
342 select its own chairperson. Council members shall serve without
343 compensation but shall be reimbursed for necessary expenses
344 incurred. The costs of administering the council shall be within
345 available appropriations in accordance with this section and sections
346 17a-219a [to] and 17a-219b. [, inclusive.]

347 Sec. 14. Subsection (d) of section 17a-248e of the general statutes is

348 repealed and the following is substituted in lieu thereof (*Effective from*
349 *passage*):

350 (d) The lead agency may provide early intervention services,
351 arrange for the delivery of early intervention services by participating
352 agencies or contract with providers to deliver early intervention
353 services to eligible children and the families of such children. The lead
354 agency in providing, arranging or contracting for early intervention
355 services shall monitor all birth-to-three service providers for quality
356 and accountability in accordance with Section 616 of the Individuals
357 with Disabilities Education Act, 20 USC 1416, and establish state-wide
358 rates for such services.

359 Sec. 15. Subsection (g) of section 17a-248g of the general statutes is
360 repealed and the following is substituted in lieu thereof (*Effective from*
361 *passage*):

362 (g) Notwithstanding any provision of title 38a relating to the
363 permissible exclusion of payments for services under governmental
364 programs, no such exclusion shall apply with respect to payments
365 made pursuant to section 17a-248, sections 17a-248b to 17a-248f,
366 inclusive, this section and sections 38a-490a and 38a-516a. Except as
367 provided in this subsection, nothing in this section shall increase or
368 enhance coverages provided for within an insurance contract subject to
369 the provisions of section 10-94f, subsection (a) of section 10-94g,
370 subsection (a) of section 17a-219b, subsection (a) of section 17a-219c, as
371 amended by this act, [sections] section 17a-248, sections 17a-248b to
372 17a-248f, inclusive, this section, and sections 38a-490a and 38a-516a.

373 Sec. 16. Subsection (w) of section 17a-451 of the general statutes is
374 repealed and the following is substituted in lieu thereof (*Effective from*
375 *passage*):

376 (w) Notwithstanding the provisions of section 17b-90 [,] and chapter
377 899, and to the extent permitted by federal law, in order to monitor
378 and improve the quality of targeted case management services
379 provided by the Department of Mental Health and Addiction Services

380 and funded by the Medicaid program, the Commissioner of Mental
381 Health and Addiction Services may enter into a memorandum of
382 understanding with the Commissioner of Social Services that allows
383 for the sharing of information concerning admissions to short-term
384 acute care general hospitals and receipt of inpatient services by clients
385 of the Department of Mental Health and Addiction Services who
386 reside and receive services in the community and who receive medical
387 benefits under the Medicaid program.

388 Sec. 17. Subsection (b) of section 17a-450a of the general statutes is
389 repealed and the following is substituted in lieu thereof (*Effective from*
390 *passage*):

391 (b) The Department of Mental Health and Addiction Services shall
392 constitute a successor department to the addiction services component
393 of the Department of Public Health and Addiction Services. Whenever
394 the words "Commissioner of Public Health and Addiction Services" are
395 used or referred to in the following general statutes, the words
396 "Commissioner of Mental Health and Addiction Services" shall be
397 substituted in lieu thereof and whenever the words "Department of
398 Public Health and Addiction Services" are used or referred to in the
399 following general statutes, the words "Department of Mental Health
400 and Addiction Services" shall be substituted in lieu thereof: 4a-12, 17a-
401 670 to 17a-676, inclusive, [17a-678] 17a-679 to 17a-682, inclusive, 17a-
402 684 to 17a-687, inclusive, 17a-691, 17a-694, 17a-710, 17a-712, 17a-713,
403 19a-89c, 20-74o, 20-74p, 20-74q, 21a-274a, 54-36i and 54-56g.

404 Sec. 18. Section 19a-7f of the general statutes is repealed and the
405 following is substituted in lieu thereof (*Effective from passage*):

406 The Commissioner of Public Health shall determine the standard of
407 care for immunization for the children of this state. The standard of
408 care for immunization shall be based on the recommended schedules
409 for active immunization for normal infants and children published by
410 the National Centers for Disease Control and Prevention Advisory
411 Committee [, as determined by the Commissioner of Public Health] on
412 Immunization Practices, the American Academy of Pediatrics and the

413 American Academy of Family Physicians. The commissioner shall
414 establish, within available appropriations, an immunization program
415 which shall: (1) Provide vaccine at no cost to health care providers in
416 Connecticut to administer to children so that cost of vaccine will not be
417 a barrier to age-appropriate vaccination in this state; (2) with the
418 assistance of hospital maternity programs, provide all parents in this
419 state with the recommended immunization schedule for normal
420 infants and children, a booklet to record immunizations at the time of
421 the infant's discharge from the hospital nursery and a list of sites
422 where immunization may be provided; (3) inform in a timely manner
423 all health care providers of changes in the recommended
424 immunization schedule; (4) assist hospitals, local health providers and
425 local health departments to develop and implement record-keeping
426 and outreach programs to identify and immunize those children who
427 have fallen behind the recommended immunization schedule or who
428 lack access to regular preventative health care and have the authority
429 to gather such data as may be needed to evaluate such efforts; (5) assist
430 in the development of a program to assess the vaccination status of
431 children who are clients of state and federal programs serving the
432 health and welfare of children and make provision for vaccination of
433 those who are behind the recommended immunization schedule; (6)
434 access available state and federal funds including, but not limited to,
435 any funds available through the federal Childhood Immunization
436 Reauthorization or any funds available through the Medicaid
437 program; (7) solicit, receive and expend funds from any public or
438 private source; and (8) develop and make available to parents and
439 health care providers public health educational materials about the
440 benefits of timely immunization.

441 Sec. 19. Subdivision (12) of subsection (a) of section 19a-14 of the
442 general statutes is repealed and the following is substituted in lieu
443 thereof (*Effective from passage*):

444 (12) With respect to any complaint filed with the department on or
445 after October 1, 2010, alleging incompetence, negligence, fraud or
446 deceit by a person subject to regulation or licensing by any board or

447 commission described in [subdivision] subdivisions (1) to (5),
448 inclusive, (7), (8), (12) to (14), inclusive, or (16) of subsection (b) of this
449 section:

450 (A) Upon request of the person who filed the complaint, provide
451 such person with information on the status of the complaint;

452 (B) Upon request of the person who filed the complaint, provide
453 such person with an opportunity to review, at the department, records
454 compiled as of the date of the request pursuant to any investigation of
455 the complaint, including, but not limited to, the respondent's written
456 response to the complaint, except that such person shall not be entitled
457 to copy such records and the department (i) shall not disclose (I)
458 information concerning a health care professional's referral to,
459 participation in or completion of an assistance program in accordance
460 with sections 19a-12a and 19a-12b, that is confidential pursuant to
461 section 19a-12a, (II) information not related to such person's specific
462 complaint, including, but not limited to, information concerning
463 patients other than such person, or (III) personnel or medical records
464 and similar files the disclosure of which would constitute an invasion
465 of personal privacy pursuant to section 1-210, except for such records
466 or similar files solely related to such person; (ii) shall not be required to
467 disclose any other information that is otherwise confidential pursuant
468 to federal law or state statute, except for information solely related to
469 such person; and (iii) may require up to ten business days written
470 notice prior to providing such opportunity for review;

471 (C) Prior to resolving the complaint with a consent order, provide
472 the person who filed the complaint with not less than ten business
473 days to submit a written statement as to whether such person objects
474 to resolving the complaint with a consent order;

475 (D) If a hearing is held with respect to such complaint after a finding
476 of probable cause, provide the person who filed the complaint with a
477 copy of the notice of hearing issued pursuant to section 4-177, which
478 shall include information concerning the opportunity to present oral or
479 written statements pursuant to subsection (b) of section 4-177c; and

480 (E) Notify the person who filed the complaint of the final
481 disposition of such complaint not later than seven business days after
482 such final disposition;

483 Sec. 20. Section 19a-44 of the general statutes is repealed and the
484 following is substituted in lieu thereof (*Effective from passage*):

485 To protect the integrity of vital records and to prevent the
486 fraudulent use of birth certificates of deceased persons, the
487 Commissioner of Public Health and the local registrars of vital
488 [records] statistics are hereby authorized to match birth and death
489 certificates and to post the facts of death to the appropriate birth
490 certificate. Copies issued from birth certificates marked deceased shall
491 be similarly marked.

492 Sec. 21. Subsection (a) of section 19a-79 of the general statutes is
493 repealed and the following is substituted in lieu thereof (*Effective from*
494 *passage*):

495 (a) The Commissioner of Public Health shall adopt regulations, in
496 accordance with the provisions of chapter 54, to carry out the purposes
497 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,
498 and to assure that child day care centers and group day care homes
499 shall meet the health, educational and social needs of children utilizing
500 such child day care centers and group day care homes. Such
501 regulations shall (1) specify that before being permitted to attend any
502 child day care center or group day care home, each child shall be
503 protected as age-appropriate by adequate immunization against
504 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
505 hemophilus influenzae type B and any other vaccine required by the
506 schedule of active immunization adopted pursuant to section 19a-7f, as
507 amended by this act, including appropriate exemptions for children for
508 whom such immunization is medically contraindicated and for
509 children whose parents object to such immunization on religious
510 grounds, (2) specify conditions under which child day care center
511 directors and teachers and group day care home providers may
512 administer tests to monitor glucose levels in a child with diagnosed

513 diabetes mellitus, and administer medicinal preparations, including
514 controlled drugs specified in the regulations by the commissioner, to a
515 child receiving child day care services at such child day care center or
516 group day care home pursuant to the written order of a physician
517 licensed to practice medicine or a dentist licensed to practice dental
518 medicine in this or another state, or an advanced practice registered
519 nurse licensed to prescribe in accordance with section 20-94a, or a
520 physician assistant licensed to prescribe in accordance with section 20-
521 12d, and the written authorization of a parent or guardian of such
522 child, (3) specify that an operator of a child day care center or group
523 day care home, licensed before January 1, 1986, or an operator who
524 receives a license after January 1, 1986, for a facility licensed prior to
525 January 1, 1986, shall provide a minimum of thirty square feet per
526 child of total indoor usable space, free of furniture except that needed
527 for the children's purposes, exclusive of toilet rooms, bathrooms,
528 coatrooms, kitchens, halls, isolation room or other rooms used for
529 purposes other than the activities of the children, (4) specify that a
530 child day care center or group day care home licensed after January 1,
531 1986, shall provide thirty-five square feet per child of total indoor
532 usable space, (5) establish appropriate child day care center staffing
533 requirements for employees certified in cardiopulmonary resuscitation
534 by the American Red Cross, the American Heart Association, the
535 National Safety Council, American Safety and Health Institute or
536 Medic First Aid International, Inc., (6) specify that on and after January
537 1, 2003, a child day care center or group day care home (A) shall not
538 deny services to a child on the basis of a child's known or suspected
539 allergy or because a child has a prescription for an automatic prefilled
540 cartridge injector or similar automatic injectable equipment used to
541 treat an allergic reaction, or for injectable equipment used to
542 administer glucagon, (B) shall, not later than three weeks after such
543 child's enrollment in such a center or home, have staff trained in the
544 use of such equipment on-site during all hours when such a child is
545 on-site, (C) shall require such child's parent or guardian to provide the
546 injector or injectable equipment and a copy of the prescription for such
547 medication and injector or injectable equipment upon enrollment of

548 such child, and (D) shall require a parent or guardian enrolling such a
549 child to replace such medication and equipment prior to its expiration
550 date, [and] (7) specify that on and after January 1, 2005, a child day
551 care center or group day care home (A) shall not deny services to a
552 child on the basis of a child's diagnosis of asthma or because a child
553 has a prescription for an inhalant medication to treat asthma, and (B)
554 shall, not later than three weeks after such child's enrollment in such a
555 center or home, have staff trained in the administration of such
556 medication on-site during all hours when such a child is on-site, and
557 (8) establish physical plant requirements for licensed child day care
558 centers and licensed group day care homes that exclusively serve
559 school-age children. When establishing such requirements, the
560 department shall give consideration to child day care centers and
561 group day care homes that are located in private or public school
562 buildings. With respect to this subdivision only, the commissioner
563 shall implement policies and procedures necessary to implement the
564 physical plant requirements established pursuant to this subdivision
565 while in the process of adopting such policies and procedures in
566 regulation form. Until replaced by policies and procedures
567 implemented pursuant to this subdivision, any physical plant
568 requirement specified in the department's regulations that is generally
569 applicable to child day care centers and group day care homes shall
570 continue to be applicable to such centers and group day care homes
571 that exclusively serve school-age children. The commissioner shall
572 print notice of the intent to adopt regulations pursuant to this
573 subdivision in the Connecticut Law Journal not later than twenty days
574 after the date of implementation of such policies and procedures.
575 Policies and procedures implemented pursuant to this subdivision
576 shall be valid until the time final regulations are adopted.

577 Sec. 22. Subdivision (30) of section 19a-175 of the general statutes is
578 repealed and the following is substituted in lieu thereof (*Effective from*
579 *passage*):

580 (30) "Office of Emergency Medical Services" means the office
581 established within the Department of Public Health [Services]

582 pursuant to section 19a-178; and

583 Sec. 23. Subsection (a) of section 19a-200 of the general statutes is
584 repealed and the following is substituted in lieu thereof (*Effective from*
585 *passage*):

586 (a) The mayor of each city, the warden of each borough [,] and the
587 chief executive officer of each town shall, unless the charter of such
588 city, town or borough otherwise provides, nominate some person to be
589 director of health for such city, town or borough, which nomination
590 shall be confirmed or rejected by the board of selectmen, if there be
591 such a board, otherwise by the legislative body of such city or town or
592 by the burgesses of such borough within thirty days thereafter.
593 Notwithstanding the charter provisions of any city, town or borough
594 with respect to the qualifications of the director of health, on and after
595 October 1, 2010, any person nominated to be a director of health shall
596 (1) be a licensed physician and hold a degree in public health from an
597 accredited school, college, university or institution, or (2) hold a
598 graduate degree in public health from an accredited school, college,
599 university or institution. The educational requirements of this section
600 shall not apply to any director of health nominated or otherwise
601 appointed as director of health prior to October 1, 2010. In cities, towns
602 or boroughs with a population of forty thousand or more for five
603 consecutive years, according to the estimated population figures
604 authorized pursuant to subsection (b) of section 8-159a, such director
605 of health shall serve in a full-time capacity, except where a town has
606 designated such director as the chief medical advisor for its public
607 schools under section 10-205, and shall not engage in private practice.
608 Such director of health shall have and exercise within the limits of the
609 city, town or borough for which such director is appointed all powers
610 necessary for enforcing the general statutes [,] and provisions of the
611 Public Health Code relating to the preservation and improvement of
612 the public health and preventing the spread of diseases [therein] in
613 such city, town or borough. In case of the absence or inability to act of
614 a city, town or borough director of health, or if a vacancy exists in the
615 office of such director, the appointing authority of such city, town or

616 borough may, with the approval of the Commissioner of Public
617 Health, designate in writing a suitable person to serve as acting
618 director of health during the period of such absence or inability or
619 vacancy, provided the commissioner may appoint such acting director
620 if the city, town or borough fails to do so. The person so designated,
621 when sworn, shall have all the powers and be subject to all the duties
622 of such director. In case of a vacancy in the office of such director, if
623 such vacancy exists for thirty days, said commissioner may appoint a
624 director of health for such city, town or borough. Said commissioner [.]
625 may, for cause, remove an officer the commissioner or any predecessor
626 in said office has appointed, and the common council of such city [.] or
627 town or the burgesses of such borough may, respectively, for cause,
628 remove a director whose nomination has been confirmed by them,
629 provided such removal shall be approved by said commissioner; and,
630 within two days thereafter, notice in writing of such action shall be
631 given by the clerk of such city, town or borough, as the case may be, to
632 said commissioner, who shall, within ten days after receipt, file with
633 the clerk from whom the notice was received [.] said commissioner's
634 approval or disapproval. Each such director of health shall hold office
635 for the term of four years from the date of appointment and until a
636 successor is nominated and confirmed in accordance with this section.
637 Each director of health shall, annually, at the end of the fiscal year of
638 the city, town or borough, file with the Department of Public Health a
639 report of the doings as such director for the year preceding.

640 Sec. 24. Section 19a-244 of the general statutes is repealed and the
641 following is substituted in lieu thereof (*Effective from passage*):

642 On and after October 1, 2010, any person nominated to be the
643 director of health shall (1) be a licensed physician and hold a degree in
644 public health from an accredited school, college, university or
645 institution, or (2) hold a graduate degree in public health from an
646 accredited school, college, university or institution. The educational
647 requirements of this section shall not apply to any director of health
648 nominated or otherwise appointed as director of health prior to
649 October 1, 2010. The board may specify in a written agreement with

650 such director the term of office, which shall not exceed three years,
651 salary and duties required of and responsibilities assigned to such
652 director in addition to those required by the general statutes or the
653 Public Health Code, if any. He shall be removed during the term of
654 such written agreement only for cause after a public hearing by the
655 board on charges preferred, of which reasonable notice shall have been
656 given. He shall devote his entire time to the performance of such
657 duties as are required of directors of health by the general statutes or
658 the Public Health Code and as the board specifies in its written
659 agreement with him; and shall act as secretary and treasurer of the
660 board, without the right to vote. He shall give to the district a bond
661 with a surety company authorized to transact business in the state, for
662 the faithful performance of his duties as treasurer, in such sum and
663 upon such conditions as the board requires. He shall be the executive
664 officer of the district department of health. Full-time employees of a
665 city, town or borough health department at the time such city, town or
666 borough votes to form or join a district department of health shall
667 become employees of such district department of health. Such
668 employees may retain their rights and benefits in the pension system
669 of the town, city or borough by which they were employed and shall
670 continue to retain their active participating membership therein until
671 retired. Such employees shall pay into such pension system the
672 contributions required of them for their class and membership. Any
673 additional employees to be hired by the district or any vacancies to be
674 filled shall be filled in accordance with the rules and regulations of the
675 merit system of the state of Connecticut and the employees who are
676 employees of cities, towns or boroughs which have adopted a local
677 civil service or merit system shall be included in their comparable
678 grade with fully attained seniority in the state merit system. Such
679 employees shall perform such duties as are prescribed by the director
680 of health. In the event of the withdrawal of a town, city or borough
681 from the district department, or in the event of a dissolution of any
682 district department, the employees thereof, originally employed
683 therein, shall automatically become employees of the appropriate
684 town, city or borough's board of health.

685 Sec. 25. Subsection (a) of section 19a-289q of the general statutes is
686 repealed and the following is substituted in lieu thereof (*Effective from*
687 *passage*):

688 (a) A person that acts in accordance with sections 14-42, as amended
689 by this act, and 19a-289 to 19a-289v, inclusive, or with the applicable
690 anatomical gift law of another state, or attempts in good faith to do so,
691 shall not be liable for the act in a civil action, criminal prosecution or
692 administrative proceeding. Following a donor's designation in a donor
693 registry, a signed statement by a donor or a donor card shall be prima
694 facie evidence of good faith attempt by a person to conform to the
695 donor's intent.

696 Sec. 26. Subsection (a) of section 19a-487 of the general statutes is
697 repealed and the following is substituted in lieu thereof (*Effective from*
698 *passage*):

699 (a) ["Mobile field hospital"] As used in this section and sections 19a-
700 487a and 19a-487b, "mobile field hospital" means a modular,
701 transportable facility used intermittently, deployed at the discretion of
702 the Governor, or the Governor's designee, (1) for the provision of
703 medical services at a mass gathering; (2) for the purpose of training or
704 in the event of a public health or other emergency for isolation care
705 purposes or triage and treatment during a mass-casualty event; or (3)
706 for providing surge capacity for a hospital during a mass-casualty
707 event or infrastructure failure.

708 Sec. 27. Section 19a-490 of the general statutes is repealed and the
709 following is substituted in lieu thereof (*Effective from passage*):

710 As used in this chapter: [and sections 17b-261e, 38a-498b and 38a-
711 525b:]

712 (a) "Institution" means a hospital, residential care home, health care
713 facility for the handicapped, nursing home, rest home, home health
714 care agency, homemaker-home health aide agency, mental health
715 facility, assisted living services agency, substance abuse treatment

716 facility, outpatient surgical facility, an infirmary operated by an
717 educational institution for the care of students enrolled in, and faculty
718 and employees of, such institution; a facility engaged in providing
719 services for the prevention, diagnosis, treatment or care of human
720 health conditions, including facilities operated and maintained by any
721 state agency, except facilities for the care or treatment of mentally ill
722 persons or persons with substance abuse problems; and a residential
723 facility for the mentally retarded licensed pursuant to section 17a-227
724 and certified to participate in the Title XIX Medicaid program as an
725 intermediate care facility for the mentally retarded;

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

730 (c) "Residential care home", "nursing home" or "rest home" means an
731 establishment which furnishes, in single or multiple facilities, food and
732 shelter to two or more persons unrelated to the proprietor and, in
733 addition, provides services which meet a need beyond the basic
734 provisions of food, shelter and laundry;

735 (d) "Home health care agency" means a public or private
736 organization, or a subdivision thereof, engaged in providing
737 professional nursing services and the following services, available
738 twenty-four hours per day, in the patient's home or a substantially
739 equivalent environment: Homemaker-home health aide services as
740 defined in this section, physical therapy, speech therapy, occupational
741 therapy or medical social services. The agency shall provide
742 professional nursing services and at least one additional service
743 directly and all others directly or through contract. An agency shall be
744 available to enroll new patients seven days a week, twenty-four hours
745 per day;

746 (e) "Homemaker-home health aide agency" means a public or
747 private organization, except a home health care agency, which
748 provides in the patient's home or a substantially equivalent

749 environment supportive services which may include, but are not
750 limited to, assistance with personal hygiene, dressing, feeding and
751 incidental household tasks essential to achieving adequate household
752 and family management. Such supportive services shall be provided
753 under the supervision of a registered nurse and, if such nurse
754 determines appropriate, shall be provided by a social worker, physical
755 therapist, speech therapist or occupational therapist. Such supervision
756 may be provided directly or through contract;

757 (f) "Homemaker-home health aide services" as defined in this
758 section shall not include services provided to assist individuals with
759 activities of daily living when such individuals have a disease or
760 condition that is chronic and stable as determined by a physician
761 licensed in the state of Connecticut;

762 (g) "Mental health facility" means any facility for the care or
763 treatment of mentally ill or emotionally disturbed persons, or any
764 mental health outpatient treatment facility that provides treatment to
765 persons sixteen years of age or older who are receiving services from
766 the Department of Mental Health and Addiction Services, but does not
767 include family care homes for the mentally ill;

768 (h) "Alcohol or drug treatment facility" means any facility for the
769 care or treatment of persons suffering from alcoholism or other drug
770 addiction;

771 (i) "Person" means any individual, firm, partnership, corporation,
772 limited liability company or association;

773 (j) "Commissioner" means the Commissioner of Public Health;

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

776 (l) "Assisted living services agency" means an agency that provides,
777 among other things, nursing services and assistance with activities of
778 daily living to a population that is chronic and stable.

779 Sec. 28. Subsection (e) of section 19a-490b of the general statutes is
780 repealed and the following is substituted in lieu thereof (*Effective from*
781 *passage*):

782 (e) Each institution licensed pursuant to this chapter that ceases to
783 operate shall, at the time it relinquishes its license to the department,
784 provide to the department a certified document specifying: (1) The
785 location at which patient health records will be stored; (2) the
786 procedure that has been established for patients, former patients or
787 their authorized representatives to secure access to such health
788 records; (3) provisions for storage, should the storage location cease to
789 operate or change ownership; and (4) that the department is
790 authorized to enforce the certified document should the storage
791 location cease to operate or change ownership. An institution that fails
792 to comply with the terms of a certified document provided to the
793 department in accordance with this subsection shall be assessed a civil
794 penalty not to exceed one hundred dollars per day for each day of
795 noncompliance with the terms of the certified ~~[agreement]~~ document.

796 Sec. 29. Subsection (a) of section 19a-490n of the general statutes is
797 repealed and the following is substituted in lieu thereof (*Effective from*
798 *passage*):

799 (a) As used in this section and section 19a-490o, "commissioner"
800 means the Commissioner of Public Health; "department" means the
801 Department of Public Health; "healthcare associated infection" means
802 any localized or systemic condition resulting from an adverse reaction
803 to the presence of an infectious agent or its toxin that (1) occurs in a
804 patient in a health care setting, (2) was not found to be present or
805 incubating at the time of admission unless the infection was related to
806 a previous admission to the same health care setting, and (3) if the
807 setting is a hospital, meets the criteria for a specific infection site, as
808 defined by the National Centers for Disease Control; and "hospital"
809 means a hospital licensed under this chapter.

810 Sec. 30. Subsection (f) of section 19a-509b of the general statutes is
811 repealed and the following is substituted in lieu thereof (*Effective from*

812 *passage*):

813 (f) Each hospital which holds or administers one or more hospital
814 bed funds shall maintain and annually compile, at the end of the fiscal
815 year of the hospital, the following information: (1) The number of
816 applications for hospital bed funds; (2) the number of patients
817 receiving hospital bed fund grants and the actual dollar amounts
818 provided to each patient from such fund; (3) the fair market value of
819 the principal of each individual hospital bed fund, or the principal
820 attributable to each bed fund if held in a pooled investment; (4) the
821 total earnings for each hospital bed fund or the earnings attributable to
822 each hospital bed fund; (5) the dollar amount of earnings reinvested as
823 principal if any; and (6) the dollar amount of earnings available for
824 patient care. The information compiled pursuant to this subsection
825 shall be permanently retained by the hospital and made available to
826 the Office of Health Care Access division of the Department of Public
827 Health upon request.

828 Sec. 31. Section 19a-528a of the general statutes is repealed and the
829 following is substituted in lieu thereof (*Effective from passage*):

830 For any application of licensure for the acquisition of a nursing
831 home filed after July 1, 2004, any potential nursing home licensee or
832 owner shall submit, in writing, a change in ownership application with
833 respect to the facility for which the change in ownership is sought.
834 Such application shall include such information as the Commissioner
835 of Public Health deems necessary and whether such potential nursing
836 home licensee or owner (1) has had three or more civil penalties
837 imposed through final order of the commissioner in accordance with
838 the provisions of sections 19a-524 to 19a-528, inclusive, or civil
839 penalties imposed pursuant to the statutes or regulations of another
840 state, during the two-year period preceding the application, (2) has
841 had in any state sanctions, other than civil penalties of less than twenty
842 thousand dollars, imposed through final adjudication under the
843 Medicare or Medicaid program pursuant to Title XVIII or XIX of the
844 federal Social Security Act, 42 USC 301, as from time to time amended,

845 or (3) has had in any state such potential licensee's or owner's
846 Medicare or Medicaid provider agreement terminated or not renewed.
847 In the event that a potential nursing home licensee or owner's
848 application contains information concerning civil penalties, sanctions,
849 terminations or nonrenewals, as described in this section, the
850 commissioner shall not approve the application to acquire another
851 nursing home in this state for a period of five years from the date of
852 final order on such civil penalties, final adjudication of such sanctions,
853 or termination or nonrenewal, except for good cause shown.

854 Sec. 32. Subsection (a) of section 19a-561 of the general statutes is
855 repealed and the following is substituted in lieu thereof (*Effective from*
856 *passage*):

857 (a) As used in this section, "nursing facility management services"
858 means services provided in a nursing facility to manage the operations
859 of such facility, including the provision of care and services, and
860 "nursing facility management services certificate holder" means a
861 person or entity certified by the Department of Public Health to
862 provide nursing facility management services.

863 Sec. 33. Subsection (a) of section 19a-575a of the general statutes is
864 repealed and the following is substituted in lieu thereof (*Effective from*
865 *passage*):

866 (a) Any person eighteen years of age or older may execute a
867 document that contains health care instructions, the appointment of a
868 health care representative, the designation of a conservator of the
869 person for future incapacity and a document of anatomical gift. Any
870 such document shall be signed and dated by the maker with at least
871 two witnesses and may be in the substantially following form:

872 THESE ARE MY HEALTH CARE INSTRUCTIONS.
873 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
874 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
875 FOR MY FUTURE INCAPACITY
876 AND

877

MY DOCUMENT OF ANATOMICAL GIFT

878 To any physician who is treating me: These are my health care
879 instructions including those concerning the withholding or withdrawal
880 of life support systems, together with the appointment of my health
881 care representative, the designation of my conservator of the person
882 for future incapacity and my document of anatomical gift. As my
883 physician, you may rely on these health care instructions and any
884 decision made by my health care representative or conservator of my
885 person, if I am incapacitated to the point when I can no longer actively
886 take part in decisions for my own life, and am unable to direct my
887 physician as to my own medical care.

888 I, ..., the author of this document, request that, if my condition is
889 deemed terminal or if I am determined to be permanently
890 unconscious, I be allowed to die and not be kept alive through life
891 support systems. By terminal condition, I mean that I have an
892 incurable or irreversible medical condition which, without the
893 administration of life support systems, will, in the opinion of my
894 attending physician, result in death within a relatively short time. By
895 permanently unconscious I mean that I am in a permanent coma or
896 persistent vegetative state which is an irreversible condition in which I
897 am at no time aware of myself or the environment and show no
898 behavioral response to the environment. The life support systems
899 which I do not want include, but are not limited to: Artificial
900 respiration, cardiopulmonary resuscitation and artificial means of
901 providing nutrition and hydration. I do want sufficient pain
902 medication to maintain my physical comfort. I do not intend any direct
903 taking of my life, but only that my dying not be unreasonably
904 prolonged.

905 I appoint ... to be my health care representative. If my attending
906 physician determines that I am unable to understand and appreciate
907 the nature and consequences of health care decisions and unable to
908 reach and communicate an informed decision regarding treatment, my
909 health care representative is authorized to make any and all health care

910 decisions for me, including (1) the decision to accept or refuse any
 911 treatment, service or procedure used to diagnose or treat my physical
 912 or mental condition, except as otherwise provided by law such as for
 913 psychosurgery or shock therapy, as defined in section 17a-540, and (2)
 914 the decision to provide, withhold or withdraw life support systems. I
 915 direct my health care representative to make decisions on my behalf in
 916 accordance with my wishes, as stated in this document or as otherwise
 917 known to my health care representative. In the event my wishes are
 918 not clear or a situation arises that I did not anticipate, my health care
 919 representative may make a decision in my best interests, based upon
 920 what is known of my wishes.

921 If is unwilling or unable to serve as my health care
 922 representative, I appoint to be my alternative health care
 923 representative.

924 If a conservator of my person should need to be appointed, I
 925 designate be appointed my conservator. If is unwilling or unable
 926 to serve as my conservator, I designate, No bond shall be required
 927 of either of them in any jurisdiction.

928 I hereby make this anatomical gift, if medically acceptable, to take
 929 effect upon my death.

930 I give: (check one)

T1 (1) any needed organs or parts

T2 (2) only the following organs or parts

931 to be donated for: (check one)

T3 (1) any of the purposes stated in subsection (a) of section 19a-289j of
the general statutes

T4 (2) these limited purposes

932 These requests, appointments, and designations are made after
 933 careful reflection, while I am of sound mind. Any party receiving a

934 duly executed copy or facsimile of this document may rely upon it
935 unless such party has received actual notice of my revocation of it.

T5 Date ..., 20..

T6 L.S.

936 This document was signed in our presence by the author of this
937 document, who appeared to be eighteen years of age or older, of sound
938 mind and able to understand the nature and consequences of health
939 care decisions at the time this document was signed. The author
940 appeared to be under no improper influence. We have subscribed this
941 document in the author's presence and at the author's request and in
942 the presence of each other.

T7

T8 (Witness) (Witness)

T9

T10 (Number and Street) (Number and Street)

T11

T12 (City, State and Zip Code) (City, State and Zip Code)

T13 STATE OF CONNECTICUT }
T14 } ss.

T15 COUNTY OF

943 We, the subscribing witnesses, being duly sworn, say that we
944 witnessed the execution of these health care instructions, the
945 appointments of a health care representative, the designation of a
946 conservator for future incapacity and a document of anatomical gift by
947 the author of this document; that the author subscribed, published and
948 declared the same to be the author's instructions, appointments and
949 designation in our presence; that we thereafter subscribed the
950 document as witnesses in the author's presence, at the author's request,
951 and in the presence of each other; that at the time of the execution of
952 said document the author appeared to us to be eighteen years of age or
953 older, of sound mind, able to understand the nature and consequences

954 of said document, and under no improper influence, and we make this
955 affidavit at the author's request this day of 20...

T16
T17 (Witness) (Witness)

956 Subscribed and sworn to before me this day of 20..

T18
T19 Commissioner of the Superior Court
T20 Notary Public
T21 My commission expires:

957 (Print or type name of all persons signing under all signatures)

958 Sec. 34. Subsection (c) of section 19a-612 of the general statutes is
959 repealed and the following is substituted in lieu thereof (*Effective from*
960 *passage*):

961 (c) If the words "Office of Health Care Access" are used or referred
962 to in any public or special act of 2009 or in any section of the general
963 statutes which is amended in 2009, such words shall be deemed to
964 mean or refer to the Office of Health Care Access division [within] of
965 the Department of Public Health.

966 Sec. 35. Subdivision (12) of section 19a-630 of the general statutes is
967 repealed and the following is substituted in lieu thereof (*Effective from*
968 *passage*):

969 (12) "Office" means the Office of Health Care Access division
970 [within] of the Department of Public Health.

971 Sec. 36. Subsection (f) of section 19a-639a of the general statutes is
972 repealed and the following is substituted in lieu thereof (*Effective from*
973 *passage*):

974 (f) The office may hold a public hearing with respect to any
975 certificate of need application submitted under this chapter. The office

976 shall provide not less than two weeks' advance notice to the applicant,
977 in writing, and to the public by publication in a newspaper having a
978 substantial circulation in the area served by the health care facility or
979 provider. In conducting its activities under this chapter, the office may
980 hold a hearing on applications of a similar nature at the same time.

981 Sec. 37. Subsection (d) of section 19a-644 of the general statutes is
982 repealed and the following is substituted in lieu thereof (*Effective from*
983 *passage*):

984 (d) The office shall require each hospital licensed by the Department
985 of Public Health, that is not subject to the provisions of subsection (a)
986 of this section, to report to [said] the office on its operations in the
987 preceding fiscal year by filing copies of the hospital's audited financial
988 statements. Such report shall be due at the office on or before the close
989 of business on the last business day of the fifth month following the
990 month in which a hospital's fiscal year ends.

991 Sec. 38. Subsections (c) and (d) of section 19a-718 of the general
992 statutes are repealed and the following is substituted in lieu thereof
993 (*Effective from passage*):

994 (c) The board of directors shall develop recommendations to ensure
995 that the HUSKY Plan₂ Part A and Part B, Medicaid and state-
996 administered general assistance programs participate in the Sustinet
997 Plan. Such recommendations shall also ensure that HUSKY Plan₂ Part
998 A and Part B benefits are extended, to the extent permitted by federal
999 law, to adults with income at or below three hundred per cent of the
1000 federal poverty level.

1001 (d) The board of directors shall make recommendations to ensure
1002 that on and after July 1, 2012, state residents who are not offered
1003 employer-sponsored insurance and who do not qualify for HUSKY
1004 Plan₂ Part A and Part B, Medicaid or state-administered general
1005 assistance are permitted to enroll in the Sustinet Plan. Such
1006 recommendations shall ensure that premium variation based on
1007 member characteristics does not exceed, in total amount or in

1008 consideration of individual health risk, the variation permitted for a
1009 small employer carrier, as defined in subdivision (16) of section 38a-
1010 564.

1011 Sec. 39. Subsection (b) of section 19a-754 of the general statutes is
1012 repealed and the following is substituted in lieu thereof (*Effective from*
1013 *passage*):

1014 (b) On and after January 1, 2011, the Health Information Technology
1015 Exchange of Connecticut, created pursuant to section 19a-750, shall be
1016 the lead health information exchange organization for the state. The
1017 authority shall continue to seek private and federal funds for the
1018 development and operation of a state-wide health information
1019 exchange. The Department of Public Health may contract with the
1020 authority to transfer unexpended federal funds received by the
1021 department pursuant to the federal American Recovery and
1022 Reinvestment Act of 2009, P.L. 111-05, if any, for the initial
1023 development of a state-wide health information exchange. The
1024 authority shall, within available resources, provide grants for the
1025 advancement of health information technology and exchange in this
1026 state, pursuant to subsection (f) of section 19a-750.

1027 Sec. 40. Section 20-101 of the general statutes is repealed and the
1028 following is substituted in lieu thereof (*Effective from passage*):

1029 No provision of this chapter shall confer any authority to practice
1030 medicine or surgery nor shall this chapter prohibit any person from
1031 the domestic administration of family remedies or the furnishing of
1032 assistance in the case of an emergency; nor shall it be construed as
1033 prohibiting persons employed in state hospitals and state sanatoriums
1034 and subsidiary workers in general hospitals from assisting in the
1035 nursing care of patients if adequate medical and nursing supervision is
1036 provided; nor shall it be construed to prohibit the administration of
1037 medications by dialysis patient care technicians in accordance with
1038 section 19a-269a; nor shall it be construed as prohibiting students who
1039 are enrolled in schools of nursing approved pursuant to section 20-90,
1040 and students who are enrolled in schools for licensed practical nurses

1041 approved pursuant to section 20-90, from performing such work as is
1042 incidental to their respective courses of study; nor shall it prohibit a
1043 registered nurse who holds a master's degree in nursing or in a related
1044 field recognized for certification as either a nurse practitioner, a clinical
1045 nurse specialist, or a nurse anesthetist by one of the certifying bodies
1046 identified in section 20-94a from practicing for a period not to exceed
1047 one hundred twenty days after the date of graduation, provided such
1048 graduate advanced practice registered nurse is working in a hospital
1049 or other organization under the supervision of a licensed physician or
1050 a licensed advanced practice registered nurse, such hospital or other
1051 organization has verified that the graduate advanced practice
1052 registered nurse has applied to sit for the national certification
1053 examination and the graduate advanced practice registered nurse is
1054 not authorized to prescribe or dispense drugs; nor shall it prohibit
1055 graduates of schools of nursing or schools for licensed practical nurses
1056 approved pursuant to section 20-90, from nursing the sick for a period
1057 not to exceed ninety calendar days after the date of graduation,
1058 provided such graduate nurses are working in hospitals or
1059 organizations where adequate supervision is provided, and such
1060 hospital or other organization has verified that the graduate nurse has
1061 successfully completed a nursing program. Upon notification that the
1062 graduate nurse has failed the licensure examination or that the
1063 graduate advanced practice registered nurse has failed the certification
1064 examination, all privileges under this section shall automatically cease.
1065 No provision of this chapter shall prohibit any registered nurse who
1066 has been issued a temporary permit by the department, pursuant to
1067 subsection (b) of section 20-94, from caring for the sick pending the
1068 issuance of a license without examination; nor shall it prohibit any
1069 licensed practical nurse who has been issued a temporary permit by
1070 the department, pursuant to subsection (b) of section 20-97, from
1071 caring for the sick pending the issuance of a license without
1072 examination; nor shall it prohibit any qualified registered nurse or any
1073 qualified licensed practical nurse of another state from caring for a
1074 patient temporarily in this state, provided such nurse has been granted
1075 a temporary permit from said department and provided such nurse

1076 shall not represent or hold himself or herself out as a nurse licensed to
1077 practice in this state; nor shall it prohibit registered nurses or licensed
1078 practical nurses from other states from doing such nursing as is
1079 incident to their course of study when taking postgraduate courses in
1080 this state; nor shall it prohibit nursing or care of the sick, with or
1081 without compensation or personal profit, in connection with the
1082 practice of the religious tenets of any church by adherents thereof,
1083 provided such persons shall not otherwise engage in the practice of
1084 nursing within the meaning of this chapter. This chapter shall not
1085 prohibit the care of persons in their homes by domestic servants,
1086 housekeepers, nursemaids, companions, attendants or household aides
1087 of any type, whether employed regularly or because of an emergency
1088 [of] or illness, if such persons are not initially employed in a nursing
1089 capacity. This chapter shall not prohibit unlicensed assistive personnel
1090 from administering jejunostomy and gastrojejunal tube feedings to
1091 persons who (1) attend day programs or respite centers under the
1092 jurisdiction of the Department of Developmental Services, (2) reside in
1093 residential facilities under the jurisdiction of the Department of
1094 Developmental Services, or (3) receive support under the jurisdiction
1095 of the Department of Developmental Services, when such feedings are
1096 performed by trained, unlicensed assistive personnel pursuant to the
1097 written order of a physician licensed under chapter 370, an advanced
1098 practice registered nurse licensed to prescribe in accordance with
1099 section 20-94a or a physician assistant licensed to prescribe in
1100 accordance with section 20-12d.

1101 Sec. 41. Subsection (d) of section 20-195n of the general statutes is
1102 repealed and the following is substituted in lieu thereof (*Effective from*
1103 *passage*):

1104 (d) Notwithstanding the provisions of subsection (b) of this section,
1105 the commissioner may grant a license by endorsement to an applicant
1106 who presents evidence satisfactory to the commissioner that the
1107 applicant (1) is licensed or certified as a master social worker or clinical
1108 social worker in good standing in another state or jurisdiction whose
1109 requirements for practicing in such capacity are substantially similar to

1110 or higher than those of this state, and (2) has successfully completed
1111 the [master] masters level examination of the Association of Social
1112 Work Boards, or its successor organization, or any other examination
1113 prescribed by the commissioner. No license shall be issued under this
1114 subsection to any applicant against whom professional disciplinary
1115 action is pending or who is the subject of an unresolved complaint.

1116 Sec. 42. Subsection (b) of section 20-195o of the general statutes is
1117 repealed and the following is substituted in lieu thereof (*Effective from*
1118 *passage*):

1119 (b) Notwithstanding the provisions of section 20-195n, as amended
1120 by this act, concerning examinations, on or before October 1, 2012, the
1121 commissioner may issue a license without examination [,] to any
1122 master social worker applicant who demonstrates to the satisfaction of
1123 the commissioner that, on or before October 1, 2010, he or she held a
1124 master's degree from a social work program accredited by the Council
1125 on Social Work Education or, if educated outside the United States or
1126 its territories, completed an educational program deemed equivalent
1127 by the council.

1128 Sec. 43. Subsection (c) of section 20-195q of the general statutes is
1129 repealed and the following is substituted in lieu thereof (*Effective from*
1130 *passage*):

1131 (c) Nothing in this section shall prohibit: (1) A student enrolled in a
1132 doctoral or master's degree program accredited by the Council on
1133 Social Work Education from performing such work as is incidental to
1134 his course of study, provided such person is designated by a title
1135 which clearly indicates his status as a student; (2) a person holding a
1136 doctoral or master's degree from a program accredited by the Council
1137 on Social Work Education from gaining social work experience under
1138 professional supervision, provided such activities are necessary to
1139 satisfy the work experience required by section 20-195n, as amended
1140 by this act, and such person is designated as "social work intern",
1141 "social work trainee" or other title clearly indicating the status
1142 appropriate to his level of training; (3) a person licensed or certified in

1143 this state in a field other than clinical social work from practicing
1144 within the scope of such license or certification; (4) a person enrolled in
1145 an educational program or fulfilling other state requirements leading
1146 to licensure or certification in a field other than social work from
1147 engaging in work in such other field; (5) a person who is employed or
1148 retained as a social work designee, social worker, or social work
1149 consultant by a nursing home or rest home licensed [under section 19a-
1150 490] pursuant to chapter 368v and who meets the qualifications
1151 prescribed by the department in its regulations from performing the
1152 duties required of them in accordance with state and federal laws
1153 governing those duties; (6) for the period from October 1, 2010, to
1154 October 1, 2013, inclusive, a master social worker from engaging in
1155 independent practice; (7) a social worker from practicing community
1156 organization, policy and planning, research or administration that
1157 does not include engaging in clinical social work or supervising a
1158 social worker engaged in clinical treatment with clients; and (8)
1159 individuals with a baccalaureate degree in social work from a Council
1160 on Social Work Education accredited program from performing
1161 nonclinical social work functions.

1162 Sec. 44. Section 20-195v of the general statutes is repealed and the
1163 following is substituted in lieu thereof (*Effective from passage*):

1164 The Department of Public Health shall only be required to
1165 implement the provisions of this chapter as relate to the licensure of
1166 master social workers [] if appropriations are available for such
1167 implementation.

1168 Sec. 45. Subsection (a) of section 20-230d of the general statutes is
1169 repealed and the following is substituted in lieu thereof (*Effective from*
1170 *passage*):

1171 (a) If the cremated remains are not accepted by a person in
1172 accordance with the requested disposition of the cremated remains on
1173 the form required by section 20-230c or by the person designated to
1174 take custody and control of the cremated remains, the funeral director
1175 may dispose of such cremated remains by: (1) Burial in a cemetery, (2)

1176 storage in a crypt of a mausoleum or columbarium, (3) scattering, (4)
1177 burial in a memorial garden, (5) storage at the funeral home, or (6)
1178 such other method identified in the signed form required by section
1179 20-230c, provided the funeral director has complied with the notice
1180 requirements of subsection (b) of this section. Upon such disposal of
1181 the cremated remains, the funeral director shall notify, in writing, the
1182 registrar of vital [records] statistics of the town where the death
1183 occurred, of the manner in which the cremated remains were disposed.
1184 Such written notice shall be attached to the cremation permit.

1185 Sec. 46. Subdivision (9) of section 22a-475 of the general statutes is
1186 repealed and the following is substituted in lieu thereof (*Effective from*
1187 *passage*):

1188 (9) "Eligible drinking water project" means the planning, design,
1189 development, construction, repair, extension, improvement,
1190 remodeling, alteration, rehabilitation, reconstruction or acquisition of
1191 all or a portion of a public water system approved by the
1192 Commissioner of Public Health [,] under sections 22a-475 to 22a-483,
1193 inclusive, as amended by this act.

1194 Sec. 47. Section 22a-482 of the general statutes is repealed and the
1195 following is substituted in lieu thereof (*Effective from passage*):

1196 The Commissioner of Environmental Protection shall adopt
1197 regulations in accordance with the provisions of chapter 54 to carry out
1198 the purposes of sections 22a-475 to 22a-483, inclusive, as amended by
1199 this act, except that the Commissioner of Public Health shall adopt
1200 regulations in accordance with the provisions of chapter 54 to carry out
1201 the purposes of sections 22a-475 to 22a-483, inclusive, as amended by
1202 this act, pertaining to the drinking water accounts, as defined in
1203 subdivisions (7) and (8) of section 22a-475, and eligible drinking water
1204 projects. Pending the adoption of regulations concerning the drinking
1205 water accounts, as defined in subdivisions (7) and (8) of section 22a-
1206 475, the regulations in effect and applicable to the management and
1207 operation of the Clean Water Fund shall be utilized by the
1208 Commissioner of Public Health in connection with the operation of the

1209 drinking water accounts, as defined in subdivisions (7) and (8) of [said]
 1210 section 22a-475.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	1-84(d)
Sec. 2	<i>from passage</i>	1-84b(c)
Sec. 3	<i>from passage</i>	1-125
Sec. 4	<i>from passage</i>	4-101a(b)
Sec. 5	<i>from passage</i>	7-51(a)
Sec. 6	<i>from passage</i>	7-65(b)
Sec. 7	<i>from passage</i>	10a-109ii(b)
Sec. 8	<i>from passage</i>	14-42(b)
Sec. 9	<i>from passage</i>	17a-22f(a) and (b)
Sec. 10	<i>from passage</i>	17a-22h(a)
Sec. 11	<i>from passage</i>	17a-22j(b)(6)
Sec. 12	<i>from passage</i>	17a-22p(d)
Sec. 13	<i>from passage</i>	17a-219c(a)
Sec. 14	<i>from passage</i>	17a-248e(d)
Sec. 15	<i>from passage</i>	17a-248g(g)
Sec. 16	<i>from passage</i>	17a-451(w)
Sec. 17	<i>from passage</i>	17a-450a(b)
Sec. 18	<i>from passage</i>	19a-7f
Sec. 19	<i>from passage</i>	19a-14(a)(12)
Sec. 20	<i>from passage</i>	19a-44
Sec. 21	<i>from passage</i>	19a-79(a)
Sec. 22	<i>from passage</i>	19a-175(30)
Sec. 23	<i>from passage</i>	19a-200(a)
Sec. 24	<i>from passage</i>	19a-244
Sec. 25	<i>from passage</i>	19a-289q(a)
Sec. 26	<i>from passage</i>	19a-487(a)
Sec. 27	<i>from passage</i>	19a-490
Sec. 28	<i>from passage</i>	19a-490b(e)
Sec. 29	<i>from passage</i>	19a-490n(a)
Sec. 30	<i>from passage</i>	19a-509b(f)
Sec. 31	<i>from passage</i>	19a-528a
Sec. 32	<i>from passage</i>	19a-561(a)
Sec. 33	<i>from passage</i>	19a-575a(a)
Sec. 34	<i>from passage</i>	19a-612(c)
Sec. 35	<i>from passage</i>	19a-630(12)

Sec. 36	<i>from passage</i>	19a-639a(f)
Sec. 37	<i>from passage</i>	19a-644(d)
Sec. 38	<i>from passage</i>	19a-718(c) and (d)
Sec. 39	<i>from passage</i>	19a-754(b)
Sec. 40	<i>from passage</i>	20-101
Sec. 41	<i>from passage</i>	20-195n(d)
Sec. 42	<i>from passage</i>	20-195o(b)
Sec. 43	<i>from passage</i>	20-195q(c)
Sec. 44	<i>from passage</i>	20-195v
Sec. 45	<i>from passage</i>	20-230d(a)
Sec. 46	<i>from passage</i>	22a-475(9)
Sec. 47	<i>from passage</i>	22a-482

PH *Joint Favorable*

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:*** None***Municipal Impact:*** None***Explanation***

The bill does not result in a fiscal impact as it makes technical changes to existing statutes.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis

SB 853

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE PUBLIC HEALTH STATUTES.

SUMMARY:

This bill makes a number of technical changes in various public health-related statutes.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 25 Nay 0 (02/16/2011)