



General Assembly

February Session, 2014

Raised Bill No. 5537

LCO No. 2292



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE
PUBLIC HEALTH STATUTES.***

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

1 Section 1. Section 19a-493b of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2014*):

3 (a) As used in this section and subsection (a) of section 19a-490,
4 "outpatient surgical facility" means any entity, individual, firm,
5 partnership, corporation, limited liability company or association,
6 other than a hospital, engaged in providing surgical services or
7 diagnostic procedures for human health conditions that include the
8 use of moderate or deep sedation, moderate or deep analgesia or
9 general anesthesia, as such levels of anesthesia are defined from time
10 to time by the American Society of Anesthesiologists, or by such other
11 professional or accrediting entity recognized by the Department of
12 Public Health. An outpatient surgical facility shall not include a
13 medical office owned and operated exclusively by a person or persons
14 licensed pursuant to section 20-13, provided such medical office: (1)

15 Has no operating room or designated surgical area; (2) bills no facility
16 fees to third party payers; (3) administers no deep sedation or general
17 anesthesia; (4) performs only minor surgical procedures incidental to
18 the work performed in said medical office of the physician or
19 physicians that own and operate such medical office; and (5) uses only
20 light or moderate sedation or analgesia in connection with such
21 incidental minor surgical procedures. [Nothing in this subsection shall
22 be construed to affect any obligation to comply with the provisions of
23 section 19a-691.]

24 (b) No entity, individual, firm, partnership, corporation, limited
25 liability company or association, other than a hospital, shall
26 individually or jointly establish or operate an outpatient surgical
27 facility in this state without complying with chapter 368z, except as
28 otherwise provided by this section, and obtaining a license within the
29 time specified in this subsection from the Department of Public Health
30 for such facility pursuant to the provisions of this chapter, unless such
31 entity, individual, firm, partnership, corporation, limited liability
32 company or association: (1) Provides to the Office of Health Care
33 Access division of the Department of Public Health satisfactory
34 evidence that it was in operation on or before July 1, 2003, or (2)
35 obtained, on or before July 1, 2003, from the Office of Health Care
36 Access, a determination that a certificate of need is not required. An
37 entity, individual, firm, partnership, corporation, limited liability
38 company or association otherwise in compliance with this section may
39 operate an outpatient surgical facility without a license through March
40 30, 2007, and shall have until March 30, 2007, to obtain a license from
41 the Department of Public Health.

42 (c) Notwithstanding the provisions of this section, no outpatient
43 surgical facility shall be required to comply with section 19a-631, 19a-
44 632, 19a-644, 19a-645, 19a-646, 19a-649, [19a-654 to 19a-660, inclusive,]
45 19a-664 to 19a-666, inclusive, 19a-673 to 19a-676, inclusive, 19a-678,
46 19a-681 or 19a-683. Each outpatient surgical facility shall continue to be
47 subject to the obligations and requirements applicable to such facility,

48 including, but not limited to, any applicable provision of this chapter
49 and those provisions of chapter 368z not specified in this subsection,
50 except that a request for permission to undertake a transfer or change
51 of ownership or control shall not be required pursuant to subsection
52 (a) of section 19a-638 if the Office of Health Care Access division of the
53 Department of Public Health determines that the following conditions
54 are satisfied: (1) Prior to any such transfer or change of ownership or
55 control, the outpatient surgical facility shall be owned and controlled
56 exclusively by persons licensed pursuant to section 20-13 or chapter
57 375, either directly or through a limited liability company, formed
58 pursuant to chapter 613, a corporation, formed pursuant to chapters
59 601 and 602, or a limited liability partnership, formed pursuant to
60 chapter 614, that is exclusively owned by persons licensed pursuant to
61 section 20-13 or chapter 375, or is under the interim control of an estate
62 executor or conservator pending transfer of an ownership interest or
63 control to a person licensed under section 20-13 or chapter 375, and (2)
64 after any such transfer or change of ownership or control, persons
65 licensed pursuant to section 20-13 or chapter 375, a limited liability
66 company, formed pursuant to chapter 613, a corporation, formed
67 pursuant to chapters 601 and 602, or a limited liability partnership,
68 formed pursuant to chapter 614, that is exclusively owned by persons
69 licensed pursuant to section 20-13 or chapter 375, shall own and
70 control no less than a sixty per cent interest in the outpatient surgical
71 facility.

72 (d) The provisions of this section shall not apply to persons licensed
73 to practice dentistry or dental medicine pursuant to chapter 379 or to
74 outpatient clinics licensed pursuant to this chapter.

75 [(e) Any outpatient surgical facility that is accredited as provided in
76 section 19a-691 shall continue to be subject to the requirements of
77 section 19a-691.]

78 [(f)] (e) The Commissioner of Public Health may provide a waiver
79 for outpatient surgical facilities from the physical plant and staffing

80 requirements of the licensing regulations adopted pursuant to this
81 chapter, provided no waiver may be granted unless the health, safety
82 and welfare of patients is ensured.

83 Sec. 2. Subsection (d) of section 19a-42 of the general statutes is
84 repealed and the following is substituted in lieu thereof (*Effective*
85 *October 1, 2014*):

86 (d) (1) Upon receipt of (A) an acknowledgment of paternity
87 executed in accordance with the provisions of subsection (a) of section
88 46b-172, as amended by this act, by both parents of a child born out of
89 wedlock, or (B) a certified copy of an order of a court of competent
90 jurisdiction establishing the paternity of a child born out of wedlock,
91 the commissioner shall include on or amend, as appropriate, such
92 child's birth certificate to show such paternity if paternity is not
93 already shown on such birth certificate and to change the name of the
94 child under eighteen years of age if so indicated on the
95 acknowledgment of paternity form or within the certified court order
96 as part of the paternity action. If a person who is the subject of a
97 voluntary acknowledgment of paternity, as described in this
98 subdivision, is eighteen years of age or older, the commissioner shall
99 obtain a notarized affidavit from such person affirming that he or she
100 agrees to the commissioner's amendment of such person's birth
101 certificate as such amendment relates to the acknowledgment of
102 paternity. The commissioner shall amend the birth certificate for an
103 adult child to change his or her name only pursuant to a court order.

104 (2) If another father is listed on the birth certificate, the
105 commissioner shall not remove or replace the father's information
106 unless presented with a certified court order that meets the
107 requirements specified in section 7-50, or upon the proper filing of a
108 rescission, in accordance with the provisions of section 46b-172, as
109 amended by this act. The commissioner shall thereafter amend such
110 child's birth certificate to remove or change the father's name and to
111 change the name of the child, as requested at the time of the filing of a

112 rescission, in accordance with the provisions of section 46b-172, as
113 amended by this act. Birth certificates amended under this subsection
114 shall not be marked "Amended".

115 Sec. 3. Subsection (a) of section 46b-172 of the general statutes is
116 repealed and the following is substituted in lieu thereof (*Effective*
117 *October 1, 2014*):

118 (a) (1) In lieu of or in conclusion of proceedings under section
119 46b-160, a written acknowledgment of paternity executed and sworn
120 to by the putative father of the child when accompanied by (A) an
121 attested waiver of the right to a blood test, the right to a trial and the
122 right to an attorney, [and] (B) a written affirmation of paternity
123 executed and sworn to by the mother of the child, and (C) if the person
124 subject to the acknowledgment of paternity is eighteen years of age or
125 older, a notarized affidavit affirming consent to the voluntary
126 acknowledgment of paternity, shall have the same force and effect as a
127 judgment of the Superior Court. It shall be considered a legal finding
128 of paternity without requiring or permitting judicial ratification, and
129 shall be binding on the person executing the same whether such
130 person is an adult or a minor, subject to subdivision (2) of this
131 subsection. Such acknowledgment shall not be binding unless, prior to
132 the signing of any affirmation or acknowledgment of paternity, the
133 mother and the putative father are given oral and written notice of the
134 alternatives to, the legal consequences of, and the rights and
135 responsibilities that arise from signing such affirmation or
136 acknowledgment. The notice to the mother shall include, but shall not
137 be limited to, notice that the affirmation of paternity may result in
138 rights of custody and visitation, as well as a duty of support, in the
139 person named as father. The notice to the putative father shall include,
140 but not be limited to, notice that such father has the right to contest
141 paternity, including the right to appointment of counsel, a genetic test
142 to determine paternity and a trial by the Superior Court or a family
143 support magistrate and that acknowledgment of paternity will make
144 such father liable for the financial support of the child until the child's

145 eighteenth birthday. In addition, the notice shall inform the mother
146 and the father that DNA testing may be able to establish paternity with
147 a high degree of accuracy and may, under certain circumstances, be
148 available at state expense. The notices shall also explain the right to
149 rescind the acknowledgment, as set forth in subdivision (2) of this
150 subsection, including the address where such notice of rescission
151 should be sent, and shall explain that the acknowledgment cannot be
152 challenged after sixty days, except in court upon a showing of fraud,
153 duress or material mistake of fact.

154 (2) The mother and the acknowledged father shall have the right to
155 rescind such affirmation or acknowledgment in writing within the
156 earlier of (A) sixty days, or (B) the date of an agreement to support
157 such child approved in accordance with subsection (b) of this section
158 or an order of support for such child entered in a proceeding under
159 subsection (c) of this section. An acknowledgment executed in
160 accordance with subdivision (1) of this subsection may be challenged
161 in court or before a family support magistrate after the rescission
162 period only on the basis of fraud, duress or material mistake of fact
163 which may include evidence that he is not the father, with the burden
164 of proof upon the challenger. During the pendency of any such
165 challenge, any responsibilities arising from such acknowledgment
166 shall continue except for good cause shown.

167 (3) All written notices, waivers, affirmations and acknowledgments
168 required under subdivision (1) of this subsection, and rescissions
169 authorized under subdivision (2) of this subsection, shall be on forms
170 prescribed by the Department of Public Health, provided such
171 acknowledgment form includes the minimum requirements specified
172 by the Secretary of the United States Department of Health and
173 Human Services. All acknowledgments and rescissions executed in
174 accordance with this subsection shall be filed in the paternity registry
175 established and maintained by the Department of Public Health under
176 section 19a-42a.

177 (4) An acknowledgment of paternity signed in any other state
178 according to its procedures shall be given full faith and credit by this
179 state.

180 Sec. 4. Subsections (b) and (c) of section 19a-7h of the general
181 statutes are repealed and the following is substituted in lieu thereof
182 (*Effective October 1, 2014*):

183 (b) For purposes of this section, "health care provider" means a
184 person who has direct or supervisory responsibility for the delivery of
185 immunization including licensed physicians, nurse practitioners, nurse
186 midwives, physician assistants and nurses. Each health care provider
187 who has provided health care to a child listed in the registry shall
188 report to the commissioner, or [his] the commissioner's designee,
189 sufficient information to identify the child and the name and date of
190 each vaccine dose given to that child or when appropriate,
191 contraindications or exemptions to administration of each vaccine
192 dose. Reports shall be made by such means determined by the
193 commissioner to result in timely reporting. Each health care provider
194 intending to administer vaccines to any child listed on the registry and
195 each parent or guardian of such child shall be provided current
196 information as contained in the registry on the immunization status of
197 the child for the purposes of determining whether additional doses of
198 recommended routine childhood immunizations are needed, or to
199 officially document immunization status to meet state day care or
200 school immunization entry requirements pursuant to sections 10-204a,
201 19a-79 and 19a-87b and regulations adopted thereunder. Each director
202 of health of any town, city or health district and each school nurse who
203 is required to verify the immunization status for children enrolled in
204 prekindergarten to grade twelve, inclusive, at a public or private
205 school in any town, city or school district pursuant to section 10-204a
206 shall be provided with sufficient information on the children who live
207 in [his] such jurisdiction and who are listed on the registry to enable
208 determination of which children are overdue for scheduled
209 immunizations and to enable provision of outreach to assist in getting

210 each such child vaccinated.

211 (c) Except as specified in subsections (a) and (b) of this section, all
212 personal information including vaccination status and dates of
213 vaccination of individuals shall be confidential pursuant to section 19a-
214 25 and shall not be further disclosed without the authorization of the
215 child or the child's legal guardian. The commissioner shall adopt
216 regulations, pursuant to chapter 54, to specify how information on
217 vaccinations or exemptions from vaccination [will be] is reported in a
218 timely manner to the registry, how information on the registry [will
219 be] is made available to health care providers, parents or guardians,
220 [and] directors of health [,] and school nurses, how parents or
221 guardians may decline their child's enrollment in the registry, and to
222 otherwise implement the provisions of this section.

223 Sec. 5. Section 19a-4j of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective October 1, 2014*):

225 (a) There is established, within the Department of Public Health, an
226 Office of [Multicultural Health] Health Equity. The responsibility of
227 the office is to improve the health of all Connecticut residents by
228 [eliminating] working to eliminate differences in disease, disability and
229 death rates among ethnic, racial and [cultural populations] other
230 population groups that are known to have adverse health status or
231 outcomes. Such population groups may be based on race, ethnicity,
232 age, gender, socioeconomic position, immigrant status, sexual minority
233 status, language, disability, homelessness, mental illness or geographic
234 area of residence.

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

238 (c) The office shall assist the department in its efforts in the
239 following areas:

240 (1) [With regard to health status: (A)] Monitor the health status of
241 [African Americans; Latinos/Hispanics; Native Americans/Alaskan
242 Natives; and Asians, Native Hawaiians and other Pacific Islanders]
243 persons reporting membership in one of the following racial or ethnic
244 groups: Hispanic or Latino, American Indian or Alaska Native, Asian,
245 black or African American, Native Hawaiian or other Pacific Islander
246 and persons reporting more than one race; [(B)] (2) compare the results
247 of the health status monitoring with the health status of persons
248 reporting membership as non-Hispanic [Caucasians/whites; and (C)]
249 Caucasian/white; (3) assess the effectiveness of state programs in
250 eliminating differences in health status; [(2) Assess] (4) access the
251 health education and health resource needs of ethnic, racial and
252 [cultural populations] other population groups listed in [subdivision
253 (1)] subdivisions (1) to (3), inclusive, of this subsection; and [(3)
254 Maintain] (5) maintain a directory of [,] and [assist in development and
255 promotion of, multicultural and multiethnic] promote, culturally and
256 linguistically appropriate health resources in Connecticut.

257 (d) The office may:

258 (1) Provide grants for culturally and linguistically appropriate
259 health [education] demonstration projects and may apply for, accept
260 and expend public and private funding for such projects; and

261 (2) Recommend policies, procedures, activities and resource
262 allocations to improve health among racial, ethnic and [cultural] other
263 health disparity populations in Connecticut.

264 Sec. 6. (NEW) (*Effective October 1, 2014*) (a) No person shall bury the
265 body of any deceased person less than three hundred fifty feet from
266 any residential dwelling unless a public highway intervenes between
267 such place of burial and such dwelling, or unless such body is encased
268 in a burial vault made of concrete or other impermeable material,
269 except (1) in a cemetery established on or before November 1, 1911, (2)
270 in a cemetery that, when established, was more than three hundred

271 fifty feet from any dwelling house, or (3) with the written approval of
272 the Commissioner of Public Health, in a plot of land adjacent to a
273 cemetery, as described in subdivision (1) or (2) of this subsection that
274 has been made a part of either cemetery. Such written approval shall
275 contain a detailed description of the land adjacent to the cemetery and
276 shall be recorded in the land records of the town in which the cemetery
277 is located.

278 (b) No person shall bury the body of any deceased person in such a
279 manner that the top of the outside container within which such body is
280 placed is less than two and one-half feet below the surface of the
281 ground, except if such container is made of concrete or other
282 impermeable material, the top of such container shall not be less than
283 one and one-half feet below the surface.

284 (c) Any person who violates the provisions of this section shall be
285 fined not more than one hundred dollars per day.

286 Sec. 7. Section 19a-561 of the general statutes is repealed and the
287 following is substituted in lieu thereof (*Effective October 1, 2014*):

288 (a) As used in this section, "nursing facility management services"
289 means services provided in a nursing facility to manage the operations
290 of such facility, including the provision of care and services and
291 "nursing facility management services certificate holder" means a
292 person or entity certified by the Department of Public Health to
293 provide nursing facility management services.

294 (b) No person or entity shall provide nursing facility management
295 services in this state without obtaining a certificate from the
296 Department of Public Health.

297 (c) Any person or entity seeking a certificate to provide nursing
298 facility management services shall apply to the department, in writing,
299 on a form prescribed by the department. Such application shall include
300 the following:

301 (1) (A) The name and business address of the applicant and whether
302 the applicant is an individual, partnership, corporation or other legal
303 entity; (B) if the applicant is a partnership, corporation or other legal
304 entity, the names of the officers, directors, trustees, managing and
305 general partners of the applicant, the names of the persons who have a
306 ten per cent or greater beneficial ownership interest in the partnership,
307 corporation or other legal entity, and a description of each such
308 person's relationship to the applicant; (C) if the applicant is a
309 corporation incorporated in another state, a certificate of good
310 standing from the state agency with jurisdiction over corporations in
311 such state; and (D) if the applicant currently provides nursing facility
312 management services in another state, a certificate of good standing
313 from the licensing agency with jurisdiction over public health for each
314 state in which such services are provided;

315 (2) A description of the applicant's nursing facility management
316 experience;

317 (3) An affidavit signed by the applicant and any of the persons
318 described in subparagraph (B) of subdivision (1) of this subsection
319 disclosing any matter in which the applicant or such person (A) has
320 been convicted of an offense classified as a felony under section 53a-25
321 or pleaded nolo contendere to a felony charge, or (B) has been held
322 liable or enjoined in a civil action by final judgment, if the felony or
323 civil action involved fraud, embezzlement, fraudulent conversion or
324 misappropriation of property, or (C) is subject to a currently effective
325 injunction or restrictive or remedial order of a court of record at the
326 time of application, or (D) within the past five years has had any state
327 or federal license or permit suspended or revoked as a result of an
328 action brought by a governmental agency or department, arising out of
329 or relating to business activity or health care, including, but not limited
330 to, actions affecting the operation of a nursing facility, residential care
331 home or any facility subject to sections 17b-520 to 17b-535, inclusive, or
332 a similar statute in another state or country; and

333 (4) The location and description of any nursing facility in this state
334 or another state in which the applicant currently provides
335 management services or has provided such services within the past
336 five years.

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

342 (e) Each application for a certificate to provide nursing facility
343 management services shall be accompanied by an application fee of
344 three hundred dollars. The certificate shall list each location at which
345 nursing facility management services may be provided by the holder
346 of the certificate.

347 (f) The department shall base its decision on whether to issue or
348 renew a certificate on the information presented to the department and
349 on the compliance status of the managed entities. The department may
350 deny certification to any applicant for the provision of nursing facility
351 management services (1) at any specific facility or facilities where there
352 has been a substantial failure to comply with the Public Health Code,
353 or (2) if the applicant fails to provide the information required under
354 subdivision (1) of subsection (c) of this section.

355 (g) Renewal applications shall be made biennially after (1)
356 submission of the information required by subsection (c) of this section
357 and any other information required by the department pursuant to
358 subsection (d) of this section, and (2) submission of evidence
359 satisfactory to the department that any nursing facility at which the
360 applicant provides nursing facility management services is in
361 substantial compliance with the provisions of this chapter, the Public
362 Health Code and licensing regulations, and (3) payment of a three-
363 hundred-dollar fee.

364 (h) In any case in which the Commissioner of Public Health finds
365 that there has been a substantial failure to comply with the
366 requirements established under this section, the commissioner may
367 initiate disciplinary action against a nursing facility management
368 services certificate holder pursuant to section 19a-494.

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

373 (j) The department, in implementing the provisions of this section,
374 may conduct any inquiry or investigation, in accordance with the
375 provisions of section 19a-498, regarding an applicant or certificate
376 holder.

377 (k) Each nursing facility management service certificate holder shall
378 work to maintain the five-star quality rating of any nursing facility
379 given by the federal Department of Health and Human Services under
380 the Medicare program. Not later than thirty days after a decline in
381 such rating by two stars or more, the nursing facility management
382 service certificate holder shall submit to the commissioner a written
383 plan to improve such rating. Such plan shall include, but need not be
384 limited to: (1) An assessment of patient acuity; (2) a description of the
385 nursing facility management service certificate holder's plan to
386 increase the staffing hours of registered nurses at the nursing facility;
387 (3) a description of staff retraining; and (4) a description of
388 interventions to improve quality measures that are below the state
389 average.

390 [(k)] (l) Any person or entity providing nursing facility management
391 services without the certificate required under this section shall be
392 subject to a civil penalty of not more than one thousand dollars for
393 each day that the services are provided without such certificate.

394 Sec. 8. Subsection (d) of section 19a-110 of the general statutes is

395 repealed and the following is substituted in lieu thereof (*Effective*
396 *October 1, 2014*):

397 (d) The director of health of the town, city or borough shall provide
398 or cause to be provided, to the parent or guardian of a child [reported,]
399 who is known to have a confirmed venous blood lead level of five
400 micrograms per deciliter or more or who is reported, by an institution
401 or clinical laboratory pursuant to subsection (a) of this section, with
402 information describing the dangers of lead poisoning, precautions to
403 reduce the risk of lead poisoning, information about potential
404 eligibility for services for children from birth to three years of age
405 pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and
406 regulations concerning lead abatement after receiving an initial report
407 of an abnormal body burden of lead in the blood of such child as
408 described in this subsection. Said information shall be developed by
409 the Department of Public Health and provided to each local and
410 district director of health. With respect to the child reported, the
411 director shall conduct an on-site inspection to identify the source of the
412 lead causing a confirmed venous blood lead level equal to or greater
413 than fifteen micrograms per deciliter but less than twenty micrograms
414 per deciliter in two tests taken at least three months apart and order
415 remediation of such sources by the appropriate persons responsible for
416 the conditions at such source. [On and after January 1, 2012, if] If one
417 per cent or more of children in this state under the age of six report
418 blood lead levels equal to or greater than ten micrograms per deciliter,
419 the director shall conduct such on-site inspection and order such
420 remediation for any child having a confirmed venous blood lead level
421 equal to or greater than ten micrograms per deciliter in two tests taken
422 at least three months apart.

423 Sec. 9. Section 19a-111 of the general statutes is repealed and the
424 following is substituted in lieu thereof (*Effective October 1, 2014*):

425 Upon receipt of each report of confirmed venous blood lead level
426 equal to or greater than twenty micrograms per deciliter of blood, the

427 local director of health shall make or cause to be made an
428 epidemiological investigation of the source of the lead causing the
429 increased lead level or abnormal body burden and shall order action to
430 be taken by the appropriate person [or persons] responsible for the
431 condition [or conditions which] that brought about such lead
432 poisoning as may be necessary to prevent further exposure of persons
433 to such poisoning. In the case of any residential unit where such action
434 will not result in removal of the hazard within a reasonable time, the
435 local director of health shall utilize such community resources as are
436 available to effect relocation of any family occupying such unit. The
437 local director of health may permit occupancy in said residential unit
438 during abatement if, in [his] such director's judgment, occupancy
439 would not threaten the health and well-being of the occupants. The
440 local director of health shall, [within thirty days of] not later than thirty
441 days after the conclusion of [his] such director's investigation, report to
442 the Commissioner of Public Health the result of such investigation and
443 the action taken to [insure] ensure against further lead poisoning from
444 the same source, including any measures taken to effect relocation of
445 families. Such report shall include information relevant to the
446 identification and location of the source of lead poisoning and such
447 other information as the commissioner may require pursuant to
448 regulations adopted in accordance with the provisions of chapter 54.
449 The commissioner shall maintain comprehensive records of all reports
450 submitted pursuant to this section and section 19a-110, as amended by
451 this act. Such records shall be geographically indexed in order to
452 determine the location of areas of relatively high incidence of lead
453 poisoning. [The commissioner shall prepare a quarterly summary of
454 such records which he shall keep on file and release upon request.] The
455 commissioner shall establish, in conjunction with recognized
456 professional medical groups, guidelines consistent with the National
457 Centers for Disease Control for assessment of the risk of lead
458 poisoning, screening for lead poisoning and treatment and follow-up
459 care of individuals including children with lead poisoning, women
460 who are pregnant and women who are planning pregnancy. Nothing

461 in this section shall be construed to prohibit a local building official
462 from requiring abatement of sources of lead.

463 Sec. 10. Section 19a-111g of the general statutes is repealed and the
464 following is substituted in lieu thereof (*Effective October 1, 2014*):

465 (a) Each primary care provider giving pediatric care in this state,
466 excluding a hospital emergency department and its staff: (1) Shall
467 conduct lead [screening] testing at least annually for each child nine to
468 thirty-five months of age, inclusive, in accordance with the Childhood
469 Lead Poisoning Prevention Screening Advisory Committee
470 recommendations for childhood lead screening in Connecticut; (2)
471 shall conduct lead [screening] testing for any child thirty-six to
472 seventy-two months of age, inclusive, who has not been previously
473 [screened] tested or for any child under seventy-two months of age, if
474 clinically indicated as determined by the primary care provider in
475 accordance with the Childhood Lead Poisoning Prevention Screening
476 Advisory Committee recommendations for childhood lead screening
477 in Connecticut; (3) shall provide, at the time such lead testing occurs,
478 educational materials or anticipatory guidance information concerning
479 lead poisoning prevention to such child's parent or guardian in
480 accordance with the Childhood Lead Poisoning Prevention Screening
481 Advisory Committee recommendations for childhood lead screening
482 in Connecticut; (4) shall conduct a medical risk assessment at least
483 annually for each child thirty-six to [seventy-one] seventy-two months
484 of age, inclusive, in accordance with the Childhood Lead Poisoning
485 Prevention Screening Advisory Committee recommendations for
486 childhood lead screening in Connecticut; and [(4)] (5) may conduct a
487 medical risk assessment at any time for any child thirty-six months of
488 age or younger who is determined by the primary care provider to be
489 in need of such risk assessment in accordance with the Childhood
490 Lead Poisoning Prevention Screening Advisory Committee
491 recommendations for childhood lead screening in Connecticut.

492 (b) The requirements of this section do not apply to any child whose

493 parents or guardians object to blood testing as being in conflict with
494 their religious tenets and practice.

495 Sec. 11. Section 19a-522b of the general statutes is repealed and the
496 following is substituted in lieu thereof (*Effective October 1, 2014*):

497 (a) A chronic and convalescent nursing home or a rest home with
498 nursing supervision shall preserve all patient medical records,
499 irrespective of whether such records are in a printed or electronic
500 format, for not less than seven years following the date of the patient's
501 discharge from such facility or, in the case of a patient who dies at the
502 facility, for not less than seven years following the date of death. A
503 chronic and convalescent nursing home or rest home with nursing
504 supervision may maintain all or any portion of a patient's medical
505 record in an electronic format that complies with accepted professional
506 standards for such medical records. [In accordance with section 19a-36,
507 the] The Commissioner of Public Health shall [amend the Public
508 Health Code in conformity] adopt regulations, in accordance with the
509 provisions of chapter 54, that conform with the provisions of this
510 [section] subsection.

511 (b) A chronic or convalescent nursing home or a rest home with
512 nursing supervision may use electronic signatures for patient medical
513 records, provided such chronic or convalescent nursing home or rest
514 home with nursing supervision has written policies in place to
515 maintain the privacy and security of such electronic signatures.

516 Sec. 12. Section 19a-181 of the general statutes is repealed and the
517 following is substituted in lieu thereof (*Effective October 1, 2014*):

518 (a) Each ambulance, [or rescue vehicle used by an ambulance or
519 rescue service] invalid coach and intermediate or paramedic intercept
520 vehicle used by an emergency medical service organization shall be
521 registered with the Department of Motor Vehicles pursuant to chapter
522 246. [Said] The Department of Motor Vehicles shall not issue a
523 certificate of registration for any such ambulance, [or rescue vehicle]

524 invalid coach and intermediate or paramedic intercept vehicle unless
525 the applicant for such certificate of registration presents to said
526 department a safety certificate from the Commissioner of Public
527 Health certifying that said ambulance, [or rescue vehicle] invalid coach
528 and intermediate or paramedic intercept vehicle has been inspected
529 and has met the minimum standards prescribed by the [commissioner]
530 Commissioner of Public Health. Each vehicle so registered with the
531 Department of Motor Vehicles shall be inspected once every two years
532 thereafter [by the Commissioner of Public Health] on or before the
533 anniversary date of the issuance of the certificate of registration. [Each]
534 Such inspection shall be conducted (1) in accordance with 49 CFR
535 396.17, as amended from time to time, and (2) by a person qualified to
536 perform such inspection in accordance with 49 CFR 396.19 and 49 CFR
537 396.25, as amended from time to time, and employed by the state or a
538 municipality of the state or licensed in accordance with section 14-52.
539 A record of each inspection shall be made in accordance with section
540 49 CFR 396.21, as amended from time to time. Each such inspector,
541 upon determining that such ambulance, [or rescue vehicle] invalid
542 coach and intermediate or paramedic intercept vehicle meets the
543 standards of safety and equipment prescribed by the Commissioner of
544 Public Health, shall affix a safety certificate to such vehicle in such
545 manner and form as [the] said commissioner designates, and such
546 sticker shall be so placed as to be readily visible to any person in the
547 rear compartment of such vehicle.

548 (b) The Department of Motor Vehicles shall suspend or revoke the
549 certificate of registration of any vehicle inspected under the provisions
550 of this section upon certification from the Commissioner of Public
551 Health that such ambulance or rescue vehicle has failed to meet the
552 minimum standards prescribed by said commissioner.

553 Sec. 13. Subsection (e) of section 25-32 of the 2014 supplement to the
554 general statutes is repealed and the following is substituted in lieu
555 thereof (*Effective October 1, 2014*):

556 (e) The commissioner shall not grant a permit for the sale, lease,
557 assignment or change in use of any land in class II unless (1) [the land
558 in class II is being sold, leased or assigned as part of a larger parcel of
559 land also containing land in class III and] use restrictions applicable to
560 [the] such land [in class II] will prevent the land [in class II] from being
561 developed, (2) the applicant demonstrates that the proposed sale,
562 lease, assignment or change in use will not have a significant adverse
563 impact upon the purity and adequacy of the public drinking water
564 supply and that any use restrictions which the commissioner requires
565 as a condition of granting a permit can be enforced against subsequent
566 owners, lessees and assignees, (3) the commissioner determines, after
567 giving effect to any use restrictions which may be required as a
568 condition of granting the permit, that such proposed sale, lease,
569 assignment or change in use will not have a significant adverse effect
570 on the public drinking water supply, whether or not similar permits
571 have been granted, and (4) on or after January 1, 2003, as a condition to
572 the sale, lease or assignment of any class II lands, a permanent
573 conservation easement on the land is entered into to preserve the land
574 in perpetuity predominantly in its natural scenic and open condition
575 for the protection of natural resources and public water supplies while
576 allowing for recreation consistent with such protection and
577 improvements necessary for the protection or provision of safe and
578 adequate potable water, except in cases where the class II land is
579 deemed necessary to provide access or egress to a parcel of class III
580 land, as defined in section 25-37c, that is approved for sale.
581 Preservation in perpetuity shall not include permission for the land to
582 be developed for any commercial, residential or industrial uses, nor
583 shall it include permission for recreational purposes requiring intense
584 development, including, but not limited to, golf courses, driving
585 ranges, tennis courts, ballfields, swimming pools and uses by
586 motorized vehicles other than vehicles needed by water companies to
587 carry out their purposes, provided trails or pathways for pedestrians,
588 motorized wheelchairs or nonmotorized vehicles shall not be
589 considered intense development.

590 Sec. 14. (NEW) (*Effective October 1, 2014*) Each chronic and
591 convalescent nursing home or rest home with nursing supervision
592 shall complete a comprehensive medical history and medical
593 examination for each patient upon the patient's admission. The
594 Commissioner of Public Health shall prescribe the medical
595 examination requirements, including tests and procedures to be
596 performed, in regulations adopted in accordance with the provisions
597 of chapter 54 of the general statutes. A urinalysis, including protein
598 and glucose qualitative determination and microscopic examination,
599 shall not be required as part of such facility's post-admission tests.

600 Sec. 15. Subsection (c) of section 19a-535a of the general statutes is
601 repealed and the following is substituted in lieu thereof (*Effective*
602 *October 1, 2014*):

603 (c) (1) The facility shall be responsible for assisting the resident in
604 finding appropriate placement. Such assistance shall include: (A)
605 Providing the resident with a list of facilities within the geographic
606 area that the resident desires to reside that are appropriate for the
607 resident's placement; and (B) assisting the resident in completing
608 applications for potential placement facilities, including completing
609 medical forms and obtaining necessary medical information.

610 [A] (2) A written discharge plan, prepared by the facility [which]
611 and signed by the person who prepared the discharge plan on behalf
612 of the facility or the facility administrator, that indicates the resident's
613 individual needs shall accompany the [patient.] resident. The
614 discharge plan shall include, but not be limited to: (A) The name and
615 address of the facility and the resident; (B) a description of the
616 resident's current medical conditions; (C) a complete list of
617 medications prescribed to the resident at the time the discharge plan is
618 prepared; (D) a complete list of the resident's health care providers; (E)
619 a detailed description of the resident's social or emotional conditions
620 that may impact the facility level in which the resident is placed; and
621 (F) a description of the type of facility that is most appropriate for the

622 resident's placement. The discharge plan shall be marked
623 "confidential" and a copy shall be provided to the resident or the
624 resident's legally liable relative, guardian or conservator. A
625 representative of the facility shall be available for consultation with the
626 resident or the resident's legally liable relative, guardian or
627 conservator, concerning the contents of the discharge plan at the time
628 such person is provided with a copy of the discharge plan. The
629 facility's representative shall make an effort to obtain the signature of
630 the resident, or the resident's legally liable relative, guardian or
631 conservator on the discharge plan to acknowledge receipt of the
632 discharge plan and an opportunity for consultation with a
633 representative of the facility concerning the discharge plan.

634 Sec. 16. Subsection (a) of section 19a-494a of the general statutes is
635 repealed and the following is substituted in lieu thereof (*Effective*
636 *October 1, 2014*):

637 (a) If the Commissioner of Public Health finds that the health, safety
638 or welfare of any patient or patients served by an institution, as
639 defined in [subsections (d) and (e) of] section 19a-490, imperatively
640 requires emergency action and [he] the commissioner incorporates a
641 finding to that effect in [his] an order, [he] the commissioner may issue
642 a summary order to the holder of a license issued pursuant to section
643 19a-493 pending completion of any proceedings conducted pursuant
644 to section 19a-494. These proceedings shall be promptly instituted and
645 determined. The orders [which] that the commissioner may issue shall
646 include, but not be limited to: (1) Revoking or suspending the license;
647 (2) prohibiting such institution from contracting with new patients or
648 terminating its relationship with current patients; (3) limiting the
649 license of such institution in any respect, including reducing the
650 patient capacity or services which may be provided by such
651 institution; and (4) compelling compliance with the applicable statutes
652 or regulations of the department.

653 Sec. 17. Subsection (c) of section 19a-495 of the general statutes is

654 repealed and the following is substituted in lieu thereof (*Effective*
655 *October 1, 2014*):

656 (c) The commissioner may waive any provisions of the regulations
657 affecting the physical plant requirements of [residential care homes] an
658 institution, as defined in section 19a-490, if the commissioner
659 determines that such waiver would not endanger the health, safety or
660 welfare of any resident. The commissioner may impose conditions,
661 upon granting the waiver, that assure the health, safety and welfare of
662 residents, and may revoke the waiver upon a finding that the health,
663 safety or welfare of any resident has been jeopardized. The
664 commissioner shall not grant a waiver that would result in a violation
665 of the Fire Safety Code or State Building Code. The commissioner may
666 adopt regulations, in accordance with chapter 54, establishing
667 procedures for an application for a waiver pursuant to this subsection.

668 Sec. 18. Section 19a-175 of the general statutes is repealed and the
669 following is substituted in lieu thereof (*Effective October 1, 2014*):

670 As used in this chapter, unless the context otherwise requires:

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

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

677 (3) "Ambulance" means a motor vehicle specifically designed to
678 carry patients;

679 (4) "Ambulance service" means an organization which transports
680 patients;

681 (5) "Emergency medical technician" means [an individual] a person
682 who [has successfully completed the training requirements established

683 by the commissioner and has been certified by the Department of
684 Public Health] is certified pursuant to chapter 368d;

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

687 (7) "Emergency medical services instructor" means a person who is
688 certified [by the Department of Public Health to teach courses, the
689 completion of which is required in order to become an emergency
690 medical technician] pursuant to chapter 368d;

691 (8) "Communications facility" means any facility housing the
692 personnel and equipment for handling the emergency communications
693 needs of a particular geographic area;

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

696 (10) "Emergency medical service organization" means any
697 organization whether public, private or voluntary [which] that offers
698 transportation or treatment services to patients primarily under
699 emergency conditions;

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

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

709 (13) "Provider" means any person, corporation or organization,
710 whether profit or nonprofit, whose primary purpose is to deliver
711 medical care or services, including such related medical care services

712 as ambulance transportation;

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

714 (15) "Paramedic" means a person licensed pursuant to section 20-
715 206ll;

716 (16) "Commercial ambulance service" means an ambulance service
717 which primarily operates for profit;

718 (17) "Licensed ambulance service" means a commercial ambulance
719 service or a volunteer or municipal ambulance service issued a license
720 by the commissioner;

721 (18) "Certified ambulance service" means a municipal, [or] volunteer
722 or nonprofit ambulance service issued a certificate by the
723 commissioner;

724 [(19) "Management service" means an employment organization
725 that does not own or lease ambulances or other emergency medical
726 vehicles and that provides emergency medical technicians or
727 paramedics to an emergency medical service organization;]

728 [(20)] (19) "Automatic external defibrillator" means a device that: (A)
729 Is used to administer an electric shock through the chest wall to the
730 heart; (B) contains internal decision-making electronics,
731 microcomputers or special software that allows it to interpret
732 physiologic signals, make medical diagnosis and, if necessary, apply
733 therapy; (C) guides the user through the process of using the device by
734 audible or visual prompts; and (D) does not require the user to employ
735 any discretion or judgment in its use;

736 [(21)] (20) "Mutual aid call" means a call for emergency medical
737 services that, pursuant to the terms of a written agreement, is
738 responded to by a secondary or alternate emergency medical services
739 provider if the primary or designated emergency medical services
740 provider is unable to respond because such primary or designated

741 provider is responding to another call for emergency medical services
742 or the ambulance or nontransport emergency vehicle operated by such
743 primary or designated provider is out of service. For purposes of this
744 subdivision, "nontransport emergency vehicle" means a vehicle used
745 by emergency medical technicians or paramedics in responding to
746 emergency calls that is not used to carry patients;

747 [(22)] (21) "Municipality" means the legislative body of a
748 municipality or the board of selectmen in the case of a municipality in
749 which the legislative body is a town meeting;

750 [(23)] (22) "Primary service area" means a specific geographic area to
751 which one designated emergency medical services provider is
752 assigned for each category of emergency medical response services;

753 [(24)] (23) "Primary service area responder" means an emergency
754 medical services provider who is designated to respond to a victim of
755 sudden illness or injury in a primary service area;

756 [(25)] (24) "Interfacility critical care transport" means the interfacility
757 transport of a patient between licensed [hospitals] health care
758 institutions;

759 [(26)] (25) "Advanced emergency medical technician" means an
760 individual who is certified as an advanced emergency medical
761 technician by the Department of Public Health;

762 [(27)] (26) "Emergency medical responder" means an individual who
763 is [certified as an emergency medical responder by the Department of
764 Public Health] certified pursuant to chapter 368d;

765 [(28)] (27) "Medical oversight" means the active surveillance by
766 physicians of [mobile intensive care] emergency medical service
767 sufficient for the assessment of overall emergency medical service
768 practice levels, as defined by state-wide protocols;

769 [(29)] "Mobile intensive care" means prehospital care involving

770 invasive or definitive skills, equipment, procedures and other
771 therapies;]

772 [(30)] (28) "Office of Emergency Medical Services" means the office
773 established within the Department of Public Health [Services]
774 pursuant to section 19a-178; [and]

775 [(31)] (29) "Sponsor hospital" means a hospital that has agreed to
776 maintain staff for the provision of medical oversight, supervision and
777 direction to an emergency medical service organization and its
778 personnel and has been approved for such activity by the [Office of
779 Emergency Medical Services.] Department of Public Health; and

780 (30) "Paramedic intercept service" means paramedic treatment
781 services provided by an entity that does not provide the ground
782 ambulance transport.

783 Sec. 19. Subparagraph (A) of subdivision (9) of section 19a-177 of the
784 general statutes is repealed and the following is substituted in lieu
785 thereof (*Effective October 1, 2014*):

786 (9) (A) Establish rates for the conveyance and treatment of patients
787 by licensed ambulance services and invalid coaches and establish
788 emergency service rates for certified ambulance services and
789 paramedic intercept services, provided (i) the present rates established
790 for such services and vehicles shall remain in effect until such time as
791 the commissioner establishes a new rate schedule as provided in this
792 subdivision, and (ii) any rate increase not in excess of the Medical Care
793 Services Consumer Price Index, as published by the Bureau of Labor
794 Statistics of the United States Department of Labor, for the prior year,
795 filed in accordance with subparagraph (B)(iii) of this subdivision shall
796 be deemed approved by the commissioner. For purposes of this
797 subdivision, licensed ambulance service shall not include emergency
798 air transport services.

799 Sec. 20. Section 19a-180 of the general statutes is repealed and the

800 following is substituted in lieu thereof (*Effective October 1, 2014*):

801 (a) No person shall operate any ambulance service, paramedic
802 intercept service or rescue service [or management service] without
803 either a license or a certificate issued by the commissioner. No person
804 shall operate a commercial ambulance service or commercial rescue
805 service [or a management service] without a license issued by the
806 commissioner. A certificate shall be issued to any volunteer or
807 municipal ambulance service [which] or any ambulance service or
808 paramedic intercept service that is operated and maintained by a state
809 agency that shows proof satisfactory to the commissioner that it meets
810 the minimum standards of the commissioner in the areas of training,
811 equipment and personnel. No license or certificate shall be issued to
812 any volunteer, municipal or commercial ambulance service, paramedic
813 intercept service or rescue service or [management service, as defined
814 in subdivision (19) of section 19a-175] any ambulance service or
815 paramedic intercept service that is operated and maintained by a state
816 agency, unless it meets the requirements of subsection (e) of section 14-
817 100a. Applicants for a license shall use the forms prescribed by the
818 commissioner and shall submit such application to the commissioner
819 accompanied by an annual fee of two hundred dollars. In considering
820 requests for approval of permits for new or expanded emergency
821 medical services in any region, the commissioner shall consult with the
822 Office of Emergency Medical Services and the emergency medical
823 services council of such region and shall hold a public hearing to
824 determine the necessity for such services. Written notice of such
825 hearing shall be given to current providers in the geographic region
826 where such new or expanded services would be implemented,
827 provided, any volunteer ambulance service which elects not to levy
828 charges for services rendered under this chapter shall be exempt from
829 the provisions concerning requests for approval of permits for new or
830 expanded emergency medical services set forth in this subsection. A
831 primary service area responder that operates in the service area
832 identified in the application shall, upon request, be granted intervenor

833 status with opportunity for cross-examination. Each applicant for
834 licensure shall furnish proof of financial responsibility which the
835 commissioner deems sufficient to satisfy any claim. The commissioner
836 may adopt regulations, in accordance with the provisions of chapter
837 54, to establish satisfactory kinds of coverage and limits of insurance
838 for each applicant for either licensure or certification. Until such
839 regulations are adopted, the following shall be the required limits for
840 licensure: (1) For damages by reason of personal injury to, or the death
841 of, one person on account of any accident, at least five hundred
842 thousand dollars, and more than one person on account of any
843 accident, at least one million dollars, (2) for damage to property at least
844 fifty thousand dollars, and (3) for malpractice in the care of one
845 passenger at least two hundred fifty thousand dollars, and for more
846 than one passenger at least five hundred thousand dollars. In lieu of
847 the limits set forth in subdivisions (1) to (3), inclusive, of this
848 subsection, a single limit of liability shall be allowed as follows: (A) For
849 damages by reason of personal injury to, or death of, one or more
850 persons and damage to property, at least one million dollars; and (B)
851 for malpractice in the care of one or more passengers, at least five
852 hundred thousand dollars. A certificate of such proof shall be filed
853 with the commissioner. Upon determination by the commissioner that
854 an applicant is financially responsible, properly certified and otherwise
855 qualified to operate a commercial ambulance service, paramedic
856 intercept service or rescue service, [or management service,] the
857 commissioner shall issue the appropriate license effective for one year
858 to such applicant. If the commissioner determines that an applicant for
859 either a certificate or license is not so qualified, the commissioner shall
860 notify such applicant of the denial of the application with a statement
861 of the reasons for such denial. Such applicant shall have thirty days to
862 request a hearing on the denial of the application.

863 (b) Any person [, management service organization] or emergency
864 medical service organization [which] that does not maintain standards
865 or violates regulations adopted under any section of this chapter

866 applicable to such person or organization may have such person's or
867 organization's license or certification suspended or revoked or may be
868 subject to any other disciplinary action specified in section 19a-17 after
869 notice by certified mail to such person or organization of the facts or
870 conduct [which] that warrant the intended action. Such person or
871 emergency medical service organization shall have an opportunity to
872 show compliance with all requirements for the retention of such
873 certificate or license. In the conduct of any investigation by the
874 commissioner of alleged violations of the standards or regulations
875 adopted under the provisions of this chapter, the commissioner may
876 issue subpoenas requiring the attendance of witnesses and the
877 production by any medical service organization or person of reports,
878 records, tapes or other documents [which] that concern the allegations
879 under investigation. All records obtained by the commissioner in
880 connection with any such investigation shall not be subject to the
881 provisions of section 1-210 for a period of six months from the date of
882 the petition or other event initiating such investigation, or until such
883 time as the investigation is terminated pursuant to a withdrawal or
884 other informal disposition or until a hearing is convened pursuant to
885 chapter 54, whichever is earlier. A complaint, as defined in subdivision
886 (6) of section 19a-13, shall be subject to the provisions of section 1-210
887 from the time that it is served or mailed to the respondent. Records
888 [which] that are otherwise public records shall not be deemed
889 confidential merely because they have been obtained in connection
890 with an investigation under this chapter.

891 (c) Any person [, management service organization] or emergency
892 medical service organization aggrieved by an act or decision of the
893 commissioner regarding certification or licensure may appeal in the
894 manner provided by chapter 54.

895 (d) Any person who commits any of the following acts shall be
896 guilty of a class C misdemeanor: (1) In any application to the
897 commissioner or in any proceeding before or investigation made by
898 the commissioner, knowingly making any false statement or

899 representation, or, with knowledge of its falsity, filing or causing to be
900 filed any false statement or representation in a required application or
901 statement; (2) issuing, circulating or publishing or causing to be issued,
902 circulated or published any form of advertisement or circular for the
903 purpose of soliciting business which contains any statement that is
904 false or misleading, or otherwise likely to deceive a reader thereof,
905 with knowledge that it contains such false, misleading or deceptive
906 statement; (3) giving or offering to give anything of value to any
907 person for the purpose of promoting or securing ambulance or rescue
908 service business or obtaining favors relating thereto; (4) administering
909 or causing to be administered, while serving in the capacity of an
910 employee of any licensed ambulance or rescue service, any alcoholic
911 liquor to any patient in such employee's care, except under the
912 supervision and direction of a licensed physician; (5) in any respect
913 wilfully violating or failing to comply with any provision of this
914 chapter or wilfully violating, failing, omitting or neglecting to obey or
915 comply with any regulation, order, decision or license, or any part or
916 provisions thereof; and (6) with one or more other persons, conspiring
917 to violate any license or order issued by the commissioner or any
918 provision of this chapter.

919 (e) No person shall place any advertisement or produce any printed
920 matter that holds that person out to be an ambulance service unless
921 such person is licensed or certified pursuant to this section. Any such
922 advertisement or printed matter shall include the license or certificate
923 number issued by the commissioner.

924 (f) Each licensed or certified [ambulance service shall] emergency
925 medical service organization shall (1) ensure its emergency medical
926 personnel, whether such personnel are employees or contracted
927 through an employment agency or personnel pool, are appropriately
928 licensed or certified by the Department of Public Health to perform
929 their job duties and that such licenses or certifications remain valid; (2)
930 ensure any employment agency or personnel pool, from which the
931 emergency medical service organization obtains personnel meets the

932 required general liability and professional liability insurance limits
933 described in subsection (a) of this section and that all persons
934 performing work or volunteering for the medical service organization
935 are covered by such insurance; and (3) secure and maintain medical
936 oversight, as defined in section 19a-175, as amended by this act, by a
937 sponsor hospital, as defined in section 19a-175, as amended by this act.
938 [for all its emergency medical personnel, whether such personnel are
939 employed by the ambulance service or a management service.]

940 (g) Each applicant whose request for new or expanded emergency
941 medical services is approved shall, not later than six months after the
942 date of such approval, acquire the necessary resources, equipment and
943 other material necessary to comply with the terms of the approval and
944 operate in the service area identified in the application. If the applicant
945 fails to do so, the approval for new or expanded medical services shall
946 be void and the commissioner shall rescind the approval.

947 (h) Notwithstanding the provisions of subsection (a) of this section,
948 any volunteer, hospital-based or municipal ambulance service or any
949 ambulance service or paramedic intercept service operated and
950 maintained by a state agency that is licensed or certified and is a
951 primary service area responder may apply to the commissioner to add
952 one emergency vehicle to its existing fleet every three years, on a short
953 form application prescribed by the commissioner. No such volunteer,
954 hospital-based or municipal ambulance service may add more than
955 one emergency vehicle to its existing fleet pursuant to this subsection
956 regardless of the number of municipalities served by such volunteer,
957 hospital-based or municipal ambulance service. Upon making such
958 application, the applicant shall notify in writing all other primary
959 service area responders in any municipality or abutting municipality
960 in which the applicant proposes to add the additional emergency
961 vehicle. Except in the case where a primary service area responder
962 entitled to receive notification of such application objects, in writing, to
963 the commissioner not later than fifteen calendar days after receiving
964 such notice, the application shall be deemed approved thirty calendar

965 days after filing. If any such primary service area responder files an
966 objection with the commissioner within the fifteen-calendar-day time
967 period and requests a hearing, the applicant shall be required to
968 demonstrate need at a public hearing as required under subsection (a)
969 of this section.

970 (i) The commissioner shall develop a short form application for
971 primary service area responders seeking to add an emergency vehicle
972 to their existing fleets pursuant to subsection (h) of this section. The
973 application shall require an applicant to provide such information as
974 the commissioner deems necessary, including, but not limited to, (1)
975 the applicant's name and address, (2) the primary service area where
976 the additional vehicle is proposed to be used, (3) an explanation as to
977 why the additional vehicle is necessary and its proposed use, (4) proof
978 of insurance, (5) a list of the providers to whom notice was sent
979 pursuant to subsection (h) of this section and proof of such
980 notification, and (6) total call volume, response time and calls passed
981 within the primary service area for the one-year period preceding the
982 date of the application.

983 (j) Any ambulance service or paramedic intercept service operated
984 and maintained by a state agency on or before October 1, 2014, that
985 notifies the Department of Public Health's Office of Emergency
986 Medical Services, in writing, of such operation and attests to the
987 ambulance service or paramedic intercept service being in compliance
988 with all statutes and regulations concerning such operation (1) shall be
989 deemed certified by the Commissioner of Public Health, or (2) shall be
990 deemed licensed by the Commissioner of Public Health if such
991 ambulance service or paramedic intercept service levies charges for
992 emergency and nonemergency services.

993 Sec. 21. Section 19a-179 of the general statutes is repealed and the
994 following is substituted in lieu thereof (*Effective October 1, 2014*):

995 [(a)] The commissioner shall adopt regulations, in accordance with

996 chapter 54, concerning [(1) the methods and conditions for the
997 issuance, renewal and reinstatement of licensure and certification or
998 recertification of emergency medical service personnel, (2)] (1) the
999 methods and conditions for licensure and certification of the
1000 operations, facilities and equipment enumerated in section 19a-177, as
1001 amended by this act, and [(3)] (2) complaint procedures for the public
1002 and any emergency medical service organization. Such regulations
1003 shall be in conformity with the policies and standards established by
1004 the commissioner. Such regulations shall require that, as an express
1005 condition of the purchase of any business holding a primary service
1006 area, the purchaser shall agree to abide by any performance standards
1007 to which the purchased business was obligated pursuant to its
1008 agreement with the municipality.

1009 [(b) The commissioner may issue an emergency medical technician
1010 certificate to an applicant who presents evidence satisfactory to the
1011 commissioner that the applicant (1) is currently certified as an
1012 emergency medical technician in good standing in any New England
1013 state, New York or New Jersey, (2) has completed an initial training
1014 program consistent with the United States Department of
1015 Transportation, National Highway Traffic Safety Administration
1016 emergency medical technician curriculum, and (3) has no pending
1017 disciplinary action or unresolved complaint against him or her.

1018 (c) The commissioner may issue a temporary emergency medical
1019 technician certificate to an applicant who presents evidence
1020 satisfactory to the commissioner that (1) the applicant was certified by
1021 the department as an emergency medical technician prior to becoming
1022 licensed as a paramedic pursuant to section 20-206*ll*, and (2) the
1023 applicant's certification as an emergency medical technician has
1024 expired and the applicant's license as a paramedic has become void
1025 pursuant to section 19a-88. Such temporary certificate shall be valid for
1026 a period not to exceed one year and shall not be renewable.

1027 (d) An applicant who is issued a temporary emergency medical

1028 technician certificate pursuant to subsection (c) of this section may,
1029 prior to the expiration of such temporary certificate, apply to the
1030 department for:

1031 (1) Renewal of such person's paramedic license, giving such
1032 person's name in full, such person's residence and business address
1033 and such other information as the department requests, provided the
1034 application for license renewal is accompanied by evidence satisfactory
1035 to the commissioner that the applicant was under the medical
1036 oversight of a sponsor hospital on the date the applicant's paramedic
1037 license became void for nonrenewal; or

1038 (2) Recertification as an emergency medical technician, provided the
1039 application for recertification is accompanied by evidence satisfactory
1040 to the commissioner that the applicant completed emergency medical
1041 technician refresher training approved by the commissioner not later
1042 than one year after issuance of the temporary emergency medical
1043 technician certificate. The department shall recertify such person as an
1044 emergency medical technician without the examination required for
1045 initial certification specified in regulations adopted by the
1046 commissioner pursuant to this section.

1047 (e) For purposes of subsection (d) of this section, "medical oversight"
1048 means the active surveillance by physicians of mobile intensive care
1049 sufficient for the assessment of overall practice levels, as defined by
1050 state-wide protocols, and "sponsor hospital" means a hospital that has
1051 agreed to maintain staff for the provision of medical oversight,
1052 supervision and direction to an emergency medical service
1053 organization, as defined in section 19a-175, and its personnel and has
1054 been approved for such activity by the Office of Emergency Medical
1055 Services.]

1056 Sec. 22. Section 20-206mm of the general statutes is repealed and the
1057 following is substituted in lieu thereof (*Effective October 1, 2014*):

1058 (a) Except as provided in subsections (b) and (c) of this section, an

1059 applicant for a license as a paramedic shall submit evidence
1060 satisfactory to the commissioner, as defined in section 19a-175, as
1061 amended by this act, that the applicant has successfully (1) completed
1062 a [mobile intensive care] paramedic training program approved by the
1063 commissioner, and (2) passed an examination prescribed by the
1064 commissioner.

1065 (b) An applicant for licensure by endorsement shall present
1066 evidence satisfactory to the commissioner that the applicant (1) is
1067 licensed or certified as a paramedic in another state or jurisdiction
1068 whose requirements for practicing in such capacity are substantially
1069 similar to or higher than those of this state and that the applicant has
1070 no pending disciplinary action or unresolved complaint against him or
1071 her, or (2) (A) is currently licensed or certified as a paramedic in good
1072 standing in any New England state, New York or New Jersey, (B) has
1073 completed an initial training program consistent with the [United
1074 States Department of Transportation, National Highway Traffic Safety
1075 Administration paramedic curriculum] National Emergency Medical
1076 Services Education Standards, as promulgated by the National
1077 Highway Traffic Safety Administration for the paramedic scope of
1078 practice model conducted by a program recognized by the national
1079 emergency medical services program accrediting organization, and (C)
1080 has no pending disciplinary action or unresolved complaint against
1081 him or her.

1082 (c) Any person who is certified as an emergency medical technician-
1083 paramedic by the Department of Public Health on October 1, 1997,
1084 shall be deemed a licensed paramedic. Any person so deemed shall
1085 renew his license pursuant to section 19a-88 for a fee of one hundred
1086 fifty dollars.

1087 (d) The commissioner may issue an emergency medical technician
1088 certificate or emergency medical responder certificate to an applicant
1089 who presents evidence satisfactory to the commissioner that the
1090 applicant (1) is currently certified as an emergency medical technician,

1091 or emergency medical responder in good standing in any New
1092 England state, New York or New Jersey, (2) has completed an initial
1093 training program consistent with the National Emergency Medical
1094 Services Education Standards, as promulgated by the National
1095 Highway Traffic Safety Administration for the emergency medical
1096 technician or emergency medical responder curriculum, and (3) has no
1097 pending disciplinary action or unresolved complaint against him or
1098 her.

1099 (e) The commissioner may issue a temporary emergency medical
1100 technician certificate to an applicant who presents evidence
1101 satisfactory to the commissioner that (1) the applicant was certified by
1102 the department as an emergency medical technician prior to becoming
1103 licensed as a paramedic pursuant to section 20-206ll, and (2) the
1104 applicant's certification as an emergency medical technician has
1105 expired and the applicant's license as a paramedic has become void
1106 pursuant to section 19a-88. Such temporary certificate shall be valid for
1107 a period not to exceed one year and shall not be renewable.

1108 (f) An applicant who is issued a temporary emergency medical
1109 technician certificate pursuant to subsection (d) of this section may,
1110 prior to the expiration of such temporary certificate, apply to the
1111 department for: (1) Renewal of such person's paramedic license, giving
1112 such person's name in full, such person's residence and business
1113 address and such other information as the department requests,
1114 provided the application for license renewal is accompanied by
1115 evidence satisfactory to the commissioner that the applicant was under
1116 the medical oversight of a sponsor hospital on the date the applicant's
1117 paramedic license became void for nonrenewal; or (2) recertification as
1118 an emergency medical technician, provided the application for
1119 recertification is accompanied by evidence satisfactory to the
1120 commissioner that the applicant completed emergency medical
1121 technician refresher training approved by the commissioner not later
1122 than one year after issuance of the temporary emergency medical
1123 technician certificate. The department shall recertify such person as an

1124 emergency medical technician without the examination required for
1125 initial certification specified in regulations adopted by the
1126 commissioner pursuant to section 20-20600, as amended by this act.

1127 (g) The commissioner may issue an emergency medical responder
1128 certificate to an applicant who presents evidence satisfactory to the
1129 commissioner that the applicant (1) is currently certified as an
1130 emergency medical responder in good standing by a state that
1131 maintains licensing requirements that the commissioner determines
1132 are equal to, or greater than, those in in this state, (2) has completed an
1133 initial department-approved emergency medical responder training
1134 program that includes written and practical examinations at the
1135 completion of the course or a program outside the state that adheres to
1136 national education standards for the emergency medical responder
1137 scope of practice and that includes an examination, and (3) has no
1138 pending disciplinary action or unresolved complaint against him or
1139 her.

1140 (h) The commissioner may issue an emergency medical services
1141 instructor certificate to an applicant who presents (1) evidence
1142 satisfactory to the commissioner that the applicant is currently certified
1143 as an emergency medical technician in good standing, (2)
1144 documentation satisfactory to the commissioner, with reference to
1145 national education standards, regarding qualifications as an
1146 emergency medical service instructor, (3) a letter of endorsement
1147 signed by two instructors holding current emergency medical service
1148 instructor certification, (4) documentation of having completed written
1149 and practical examinations as prescribed by the commissioner, and (5)
1150 evidence satisfactory to the commissioner that the applicant has no
1151 pending disciplinary action or unresolved complaints against him or
1152 her.

1153 Sec. 23. Section 20-20600 of the general statutes is repealed and the
1154 following is substituted in lieu thereof (*Effective October 1, 2014*):

1155 The Commissioner of Public Health may adopt regulations in
1156 accordance with the provisions of chapter 54 to carry out the
1157 provisions of subdivision [(18)] (24) of subsection (c) of section 19a-14,
1158 subsection (e) of section 19a-88, subdivision (15) of section 19a-175, as
1159 amended by this act, subsection (b) of section 20-9, as amended by this
1160 act, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff,
1161 inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by
1162 this act.

1163 Sec. 24. Section 19a-179a of the general statutes is repealed and the
1164 following is substituted in lieu thereof (*Effective October 1, 2014*):

1165 (a) Notwithstanding any provision of the general statutes or any
1166 regulation adopted pursuant to this chapter, the scope of practice of
1167 any person certified or licensed as an emergency medical responder,
1168 emergency medical technician, advanced emergency medical
1169 technician, emergency medical services instructor or a paramedic
1170 under regulations adopted pursuant to this section [19a-179] may
1171 include treatment modalities not specified in the regulations of
1172 Connecticut state agencies, provided such treatment modalities are (1)
1173 approved by the Connecticut Emergency Medical Services Medical
1174 Advisory Committee established pursuant to section 19a-178a and the
1175 Commissioner of Public Health, and (2) administered at the medical
1176 oversight and direction of a sponsor hospital, as defined in section 28-
1177 8b.

1178 (b) The Commissioner of Public Health shall adopt regulations, in
1179 accordance with chapter 54, concerning the methods and conditions
1180 for the issuance, renewal and reinstatement of licensure and
1181 certification or recertification of emergency medical responders,
1182 emergency medical technicians and emergency medical service
1183 instructors.

1184 Sec. 25. Section 19a-195a of the 2014 supplement to the general
1185 statutes is repealed and the following is substituted in lieu thereof

1186 (Effective October 1, 2014):

1187 (a) The Commissioner of Public Health shall adopt regulations in
1188 accordance with the provisions of chapter 54 to provide that
1189 emergency medical technicians shall be recertified every three years.
1190 For the purpose of maintaining an acceptable level of proficiency, each
1191 emergency medical technician who is recertified for a three-year
1192 period shall complete thirty hours of refresher training approved by
1193 the commissioner, or meet such other requirements as may be
1194 prescribed by the commissioner.

1195 (b) The commissioner shall adopt regulations, in accordance with
1196 the provisions of chapter 54, to (1) provide for state-wide
1197 standardization of certification for each class of emergency medical
1198 services personnel, including, but not limited to, (A) emergency
1199 medical technicians, [including, but not limited to, paramedics,] (B)
1200 emergency medical services instructors, and (C) emergency medical
1201 responders, (2) allow course work for such certification to be taken
1202 state-wide, and (3) allow persons so certified to perform within their
1203 scope of certification state-wide.

1204 Sec. 26. Section 19a-179c of the general statutes is repealed and the
1205 following is substituted in lieu thereof (Effective October 1, 2014):

1206 (a) Any ambulance used for interfacility critical care transport shall
1207 meet the requirements for a basic level ambulance, as prescribed in
1208 regulations adopted pursuant to section 19a-179, as amended by this
1209 act, including requirements concerning medically necessary supplies
1210 and services, and may be supplemented by a licensed registered nurse,
1211 advanced practice registered nurse, physician assistant or respiratory
1212 care practitioner, provided such licensed professionals shall have
1213 current training and certification in pediatric or adult advanced life
1214 support, or from the Neonatal Resuscitation Program of the American
1215 Academy of Pediatrics, as appropriate, based on the patient's
1216 condition.

1217 (b) A general hospital or children's general hospital licensed in
1218 accordance with section 19a-490 may utilize a ground or air ambulance
1219 service other than the primary service area responder for emergency
1220 interfacility transports of patients when (1) the primary service area
1221 responder is not authorized to the level of care required for the patient,
1222 (2) the primary service area responder does not have the equipment
1223 necessary to transport the patient safely, or (3) the transport takes the
1224 primary service area responder out of its service area for more than
1225 two hours and there is another ambulance service with the appropriate
1226 level of medical authorization and proper equipment available. The
1227 patient's attending physician shall determine when it is necessary to
1228 utilize the primary service area responder or other ambulance service
1229 for an expeditious and medically-appropriate transport.

1230 Sec. 27. (NEW) (*Effective October 1, 2014*) (a) Each emergency medical
1231 service organization licensed or certified by the Commissioner of
1232 Public Health shall, upon receipt of a notice of intention to strike by a
1233 labor organization representing the employees of such emergency
1234 medical service organization file a strike contingency plan, in
1235 accordance with the provisions of the National Labor Relations Act, 29
1236 USC 158, with the commissioner not later than five days before the
1237 date indicated for commencement of the strike.

1238 (b) The commissioner may issue a summary order to any emergency
1239 medical service organization, as defined in section 19a-175 of the
1240 general statutes, as amended by this act, that fails to file a strike
1241 contingency plan that complies with the provisions of this section and
1242 the regulations adopted by the commissioner pursuant to this section
1243 within the specified time period. Such order shall require the
1244 emergency medical service organization to immediately file a strike
1245 contingency plan that complies with the provisions of this section and
1246 the regulations adopted by the commissioner pursuant to this section.

1247 (c) Any emergency medical service organization that fails to comply
1248 with this section shall be subject to a civil penalty of not more than ten

1249 thousand dollars for each day of noncompliance.

1250 (d) (1) If the commissioner determines that an emergency medical
1251 service organization has failed to comply with the provisions of this
1252 section or the regulations adopted pursuant to this section, for which a
1253 civil penalty is authorized by subsection (c) of this section, the
1254 commissioner may send to an authorized officer or agent of the
1255 emergency medical service organization, by certified mail, return
1256 receipt requested, or personally serve upon such officer or agent, a
1257 notice that includes: (A) A reference to this section or the section or
1258 sections of the regulations with which the emergency medical service
1259 organization has failed to comply; (B) a short and plain statement of
1260 the matters asserted or charged; (C) a statement of the maximum civil
1261 penalty that may be imposed for such noncompliance; and (D) a
1262 statement of the party's right to request a hearing to contest the
1263 imposition of the civil penalty.

1264 (2) An emergency medical service organization may make written
1265 application for a hearing to contest the imposition of a civil penalty
1266 pursuant to this section not later than twenty days after the date such
1267 notice is mailed or served. All hearings under this section shall be
1268 conducted in accordance with the provisions of chapter 54 of the
1269 general statutes. If an emergency medical service organization fails to
1270 request a hearing or fails to appear at the hearing or if, after the
1271 hearing, the commissioner finds that the emergency medical services
1272 organization is in noncompliance, the commissioner may, in the
1273 commissioner's discretion, order a civil penalty to be imposed that is
1274 not greater than the penalty stated in the notice. The commissioner
1275 shall send a copy of any order issued pursuant to this subsection by
1276 certified mail, return receipt requested, to the emergency medical
1277 service organization named in such order.

1278 (e) The commissioner shall adopt regulations, in accordance with
1279 the provisions of chapter 54 of the general statutes: (1) Establishing
1280 requirements for a strike contingency plan, that shall include, but need

1281 not be limited to, a requirement that the plan contain documentation
1282 that the institution has arranged for adequate staffing and security,
1283 fuel, pharmaceuticals and other essential supplies and services
1284 necessary to meet the needs of the patient population served by the
1285 emergency medical service organization in the event of a strike; and (2)
1286 for purposes of the imposition of a civil penalty upon an emergency
1287 medical service organization pursuant to subsections (c) and (d) of this
1288 section.

1289 (f) Such plan shall be deemed a statement of strategy or negotiations
1290 with respect to collective bargaining for the purpose of subdivision (9)
1291 of subsection (b) of section 1-210 of the general statutes.

1292 Sec. 28. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of
1293 Public Health shall develop and implement a plan in circumstances
1294 where the Governor declares a state of emergency to mobilize state
1295 emergency medical service assets to aid areas where local emergency
1296 medical services and ordinary mutual aid resources are overwhelmed.
1297 Such plan shall be known as the Forward Movement of Patients Plan.
1298 Such plan shall include, but not be limited to, a procedure for the
1299 request of resources, authority for plan activation, the typing of
1300 resources, resource command and control and logistical
1301 considerations.

1302 (b) Emergency rates established by the commissioner for certified
1303 emergency medical service, paramedic intercept service, invalid coach
1304 and temporary transportation needs for a specified event or incident
1305 shall apply when the emergency medical service organization is
1306 authorized by the commissioner to function as part of the Forward
1307 Movement of Patients Plan.

1308 Sec. 29. Subsection (a) of section 19a-562a of the general statutes is
1309 repealed and the following is substituted in lieu thereof (*Effective*
1310 *October 1, 2014*):

1311 (a) Each nursing home facility that is not a residential care home or

1312 an Alzheimer's special care unit or program shall annually provide (1)
1313 a minimum of two hours of training in pain recognition and
1314 administration of pain management techniques, and (2) a minimum of
1315 one hour of oral health and oral hygiene techniques to all licensed and
1316 registered direct care staff and nurse's aides who provide direct patient
1317 care to residents.

1318 Sec. 30. Section 19a-14b of the general statutes is repealed and the
1319 following is substituted in lieu thereof (*Effective October 1, 2014*):

1320 (a) For the purposes of this section and sections 20-420 and 20-432,
1321 the following terms shall have the following meanings unless the
1322 context clearly denotes otherwise:

1323 (1) "Radon diagnosis" means evaluating buildings found to have
1324 levels of radon gas that are higher than the guidelines promulgated by
1325 this state or the United States Environmental Protection Agency and
1326 recommending appropriate remedies to eliminate radon.

1327 (2) "Radon mitigation" means taking steps including, but not limited
1328 to, installing ventilation systems, sealing entry routes for radon gas
1329 and installing subslab depressurization systems to reduce radon levels
1330 in buildings.

1331 (3) "Analytical measurement service providers" means companies or
1332 individuals that have their own analysis capability for radon
1333 measurement but may or may not offer measurement services directly
1334 to the public.

1335 (4) "Residential measurement service providers" means individuals
1336 that offer services that include, but are not limited to, detector
1337 placement and home inspection and consultation but do not have their
1338 own analysis capability and utilize the services of an analytical
1339 measurement service provider for their detector analysis.

1340 (5) "Residential mitigation service providers" means individuals that

1341 offer services that include, but are not limited to, radon diagnosis or
1342 radon mitigation.

1343 (b) The Department of Public Health shall maintain a list of
1344 companies or individuals that are included in current lists of national
1345 radon proficiency programs and whose businesses are located in the
1346 state that have been approved by the Commissioner of Public Health.
1347 The commissioner shall remove from the list companies and
1348 individuals that do not comply with the provisions of subsections (c)
1349 to (f), inclusive, of this section or do not maintain a current certificate
1350 of registration with the Commissioner of Consumer Protection as
1351 required under section 20-420.

1352 [(c) The Department of Public Health shall adopt regulations, in
1353 accordance with chapter 54, concerning radon in drinking water that
1354 are consistent with the provisions contained in 40 CFR 141 and 142.]

1355 (c) Not later than forty-eight hours after a radon in air test analysis
1356 result is found to be greater than or equal to 4.0 picocuries per liter, an
1357 analytical measurement service provider shall report to the
1358 Commissioner of Public Health the following information pertaining
1359 to the radon test device and result in a format prescribed by the
1360 department: (1) The company name and address for the analytical
1361 measurement service provider that is analyzing and reporting the
1362 radon test data; (2) the residential address of the test location,
1363 including street number, street name, town and zip code; (3) the
1364 building level where the radon test was placed for the testing period
1365 designated as basement, first floor, second floor or other floor number;
1366 (4) the purpose of the radon test, that may include (A) a routine test,
1367 (B) a real estate transaction test, (C) a post-mitigation radon test, or (D)
1368 a diagnostic radon test used by a residential mitigation service
1369 provider for diagnosing the source of existing high radon levels; (5) the
1370 dates and times for deployment and retrieval of the radon test device;
1371 (6) the analytical radon test result reported in picocuries per liter; and
1372 (7) such other information as the commissioner may require.

1373 (d) (1) For all radon in air test results that are below 4.0 picocuries
1374 per liter, each analytical measurement service provider shall submit to
1375 the commissioner a comprehensive report not less than one time per
1376 month that includes the information described in subdivisions (1) to
1377 (7), inclusive, of subsection (c) of this section.

1378 (2) For all radon in water test results analyzed by an environmental
1379 laboratory, as defined in section 19a-29a, as amended by this act, in
1380 accordance with section 19a-37, the environmental laboratory shall
1381 report all radon in water test results to the commissioner not less than
1382 one time per month. The report shall include: (A) The name, address,
1383 city and state of the environmental laboratory that analyzed the
1384 sample; (B) identification of the entity that collected the sample as an
1385 analytical measurement service provider, residential measurement
1386 service provider, licensed home inspector or homeowner; and (C) the
1387 analysis results for the water sample in units of picocuries per liter.

1388 (e) Whenever a residential measurement service provider refers
1389 radon analysis services to an analytical measurement service provider
1390 for analysis, only one service provider need report the test results to
1391 the commissioner. The residential measurement service provider and
1392 analytical measurement service provider shall ensure that the
1393 requisition slip includes all of the information required under
1394 subsections (c) and (d) of this section and that such information is
1395 transmitted with the radon test to the analytical measurement service
1396 provider or environmental laboratory performing the analysis.

1397 (f) Each residential mitigation service provider that conducts radon
1398 mitigation for air or water in the state shall submit to the
1399 Commissioner of Public Health, not less than one time per month, a
1400 comprehensive report that includes: (1) The company name and
1401 address for the residential mitigation service provider that installed
1402 each radon control system; (2) the residential address, including
1403 number, street, town and zip code where the radon mitigation system
1404 was installed; (3) the type of mitigation system installed; (4) the date

1405 the radon in air or radon in water mitigation system was installed; and
1406 (5) such other information as the commissioner may require.

1407 Sec. 31. Subsection (c) section 19a-490k of the general statutes is
1408 repealed and the following is substituted in lieu thereof (*Effective*
1409 *October 1, 2014*):

1410 (c) A hospital may administer influenza and pneumococcal
1411 [polysaccharide] vaccines to patients, after an assessment for
1412 contraindications, without a physician's order, in accordance with a
1413 physician-approved hospital policy. The Commissioner of Public
1414 Health shall adopt regulations, in accordance with the provisions of
1415 chapter 54, to carry out the provisions of this subsection.

1416 Sec. 32. Section 19a-89b of the general statutes is repealed and the
1417 following is substituted in lieu thereof (*Effective October 1, 2014*):

1418 (a) Notwithstanding the provisions of sections 4-166 and 4-168, the
1419 Commissioner of Public Health may establish public swimming pool
1420 design guidelines without adopting such design guidelines as
1421 regulations pursuant to chapter 368a to establish minimum standards
1422 for the proper construction and maintenance of public swimming
1423 pools.

1424 ~~[(a)]~~ (b) The Department of Public Health shall charge a fee of fifteen
1425 dollars for a copy of its pool design guidelines.

1426 ~~[(b)]~~ (c) The department shall charge a fee of fifteen dollars for a
1427 copy of its food compliance guide.

1428 Sec. 33. Section 19a-72 of the 2014 supplement to the general statutes
1429 is repealed and the following is substituted in lieu thereof (*Effective*
1430 *October 1, 2014*):

1431 (a) As used in this section:

1432 (1) "Clinical laboratory" means any facility or other area used for

1433 microbiological, serological, chemical, hematological,
1434 immunohematological, biophysical, cytological, pathological or other
1435 examinations of human body fluids, secretions, excretions or excised
1436 or exfoliated tissues, for the purpose of providing information for the
1437 diagnosis, prevention or treatment of any human disease or
1438 impairment, for the assessment of human health or for the presence of
1439 drugs, poisons or other toxicological substances;

1440 (2) "Hospital" means an establishment for the lodging, care and
1441 treatment of persons suffering from disease or other abnormal physical
1442 or mental conditions and includes inpatient psychiatric services in
1443 general hospitals;

1444 (3) "Health care provider" means any person or organization that
1445 furnishes health care services and is licensed or certified to furnish
1446 such services pursuant to chapters 370, 372, 373, 375, [to 384a,
1447 inclusive, 388, 398 and 399] 378 and 379 or is licensed or certified
1448 pursuant to chapter 368d; [and]

1449 (4) "Occupation" means the usual kind of work performed by an
1450 individual;

1451 (5) "Industry" means the type of business to which an occupation
1452 relates; and

1453 [(4)] (6) "Reportable tumor" means tumors and conditions included
1454 in the Connecticut Tumor Registry reportable list maintained by the
1455 Department of Public Health, as amended from time to time, as
1456 deemed necessary by the department.

1457 (b) The Department of Public Health shall maintain and operate the
1458 Connecticut Tumor Registry. Said registry shall include a report of
1459 every occurrence of a reportable tumor that is diagnosed or treated in
1460 the state. Such reports shall be made to the department by any
1461 hospital, clinical laboratory and health care provider in the state. Such
1462 reports shall include, but not be limited to, pathology reports and

1463 information obtained from records of any person licensed as a health
1464 care provider and may include a collection of actual tissue samples
1465 and such information as the department may prescribe. [Follow-up
1466 information shall also be contained in the report and] Information to
1467 be contained in the report shall include, when available: (1)
1468 Demographic data; (2) occupation and industry; (3) diagnostic,
1469 treatment and pathology reports; [(3)] (4) operative reports,
1470 hematology, medical oncology and radiation therapy consults, or
1471 abstracts of such reports or consults in a format prescribed by the
1472 department; and [(4)] (5) other medical information as the department
1473 may prescribe. Such information shall be reported to the department
1474 not later than six months after diagnosis or the first encounter for
1475 treatment of a reportable tumor, in the form and manner prescribed by
1476 the department and updates of such information shall be reported to
1477 the department, annually, for the duration of the patient's lifetime.
1478 [The Commissioner of Public Health shall promulgate a list of required
1479 data items, which may be amended from time to time.] Such reports
1480 shall include every occurrence of a reportable tumor that is diagnosed
1481 or treated during a calendar year.

1482 (c) The Department of Public Health shall be provided such access
1483 to records of any health care provider, as the department deems
1484 necessary, to perform case finding or other quality improvement
1485 audits to ensure completeness of reporting and data accuracy
1486 consistent with the purposes of this section.

1487 (d) The Department of Public Health may enter into a contract for
1488 the receipt, storage, holding [and] or maintenance of the data, files or
1489 tissue samples under its control and management.

1490 (e) The Department of Public Health may enter into reciprocal
1491 reporting agreements with the appropriate agencies of other states to
1492 exchange tumor reports.

1493 (f) (1) Failure by a hospital, clinical laboratory or health care

1494 provider to comply with the reporting requirements prescribed in this
1495 section may result in the department electing to perform the registry
1496 services for such hospital, clinical laboratory or provider. In such case,
1497 the hospital, clinical laboratory or provider shall reimburse the
1498 department for actual expenses incurred in performing such services.

1499 (2) Any hospital, clinical laboratory or health care provider that fails
1500 to comply with the provisions of this section shall be liable for a civil
1501 penalty not to exceed five hundred dollars for each failure to disclose a
1502 reportable tumor, as determined by the commissioner.

1503 (3) A hospital, clinical laboratory or health care provider that fails to
1504 report cases of cancer as required in regulations adopted, [pursuant to
1505 section 19a-73 by a date that is not later than nine months after the date
1506 of first contact with such hospital, clinical laboratory or health care
1507 provider for diagnosis or treatment] in accordance with the provisions
1508 of subsection (i) of this section, shall be assessed a civil penalty not to
1509 exceed two hundred fifty dollars per business day, for each day
1510 thereafter that the report is not submitted and ordered to comply with
1511 the terms of this subsection by the Commissioner of Public Health.

1512 (4) The reimbursements, expenses and civil penalties set forth in this
1513 section shall be assessed only after the Department of Public Health
1514 [provides a] has provided a hospital, clinical laboratory or health care
1515 provider with written notice of deficiency and [the provider is
1516 afforded the opportunity to respond to such notice. A provider shall
1517 have not more] such hospital, clinical laboratory or health care
1518 provider has been afforded not less than fourteen business days after
1519 the date of receiving such notice to provide a written response to the
1520 department. Such written response shall include any information
1521 requested by the department.

1522 (g) The Commissioner of Public Health may request that the
1523 Attorney General initiate an action to collect any civil penalties
1524 assessed pursuant to this section and obtain such orders as necessary

1525 to enforce any provision of this section.

1526 (h) The Commissioner of Public Health may adopt regulations, in
1527 accordance with the provisions of chapter 54, to implement the
1528 provisions of this section.

1529 Sec. 34. Section 19a-2a of the general statutes is repealed and the
1530 following is substituted in lieu thereof (*Effective October 1, 2014*):

1531 The Commissioner of Public Health shall employ the most efficient
1532 and practical means for the prevention and suppression of disease and
1533 shall administer all laws under the jurisdiction of the Department of
1534 Public Health and the Public Health Code. The commissioner shall
1535 have responsibility for the overall operation and administration of the
1536 Department of Public Health. The commissioner shall have the power
1537 and duty to: (1) Administer, coordinate and direct the operation of the
1538 department; (2) adopt and enforce regulations, in accordance with
1539 chapter 54, as are necessary to carry out the purposes of the
1540 department as established by statute; (3) establish rules for the internal
1541 operation and administration of the department; (4) establish and
1542 develop programs and administer services to achieve the purposes of
1543 the department as established by statute; (5) [contract] enter into a
1544 contract, including, but not limited to, a contract with another state, for
1545 facilities, services and programs to implement the purposes of the
1546 department as established by statute; (6) designate a deputy
1547 commissioner or other employee of the department to sign any license,
1548 certificate or permit issued by said department; (7) conduct a hearing,
1549 issue subpoenas, administer oaths, compel testimony and render a
1550 final decision in any case when a hearing is required or authorized
1551 under the provisions of any statute dealing with the Department of
1552 Public Health; (8) with the health authorities of this and other states,
1553 secure information and data concerning the prevention and control of
1554 epidemics and conditions affecting or endangering the public health,
1555 and compile such information and statistics and shall disseminate
1556 among health authorities and the people of the state such information

1557 as may be of value to them; (9) annually issue a list of reportable
1558 diseases, emergency illnesses and health conditions and a list of
1559 reportable laboratory findings and amend such lists as the
1560 commissioner deems necessary and distribute such lists as well as any
1561 necessary forms to each licensed physician and clinical laboratory in
1562 this state. The commissioner shall prepare printed forms for reports
1563 and returns, with such instructions as may be necessary, for the use of
1564 directors of health, boards of health and registrars of vital statistics;
1565 and (10) specify uniform methods of keeping statistical information by
1566 public and private agencies, organizations and individuals, including a
1567 client identifier system, and collect and make available relevant
1568 statistical information, including the number of persons treated,
1569 frequency of admission and readmission, and frequency and duration
1570 of treatment. The client identifier system shall be subject to the
1571 confidentiality requirements set forth in section 17a-688 and
1572 regulations adopted thereunder. The commissioner may designate any
1573 person to perform any of the duties listed in subdivision (7) of this
1574 section. The commissioner shall have authority over directors of health
1575 and may, for cause, remove any such director; but any person claiming
1576 to be aggrieved by such removal may appeal to the Superior Court
1577 which may affirm or reverse the action of the commissioner as the
1578 public interest requires. The commissioner shall assist and advise local
1579 directors of health in the performance of their duties, and may require
1580 the enforcement of any law, regulation or ordinance relating to public
1581 health. When requested by local directors of health, the commissioner
1582 shall consult with them and investigate and advise concerning any
1583 condition affecting public health within their jurisdiction. The
1584 commissioner shall investigate nuisances and conditions affecting, or
1585 that he or she has reason to suspect may affect, the security of life and
1586 health in any locality and, for that purpose, the commissioner, or any
1587 person authorized by the commissioner, may enter and examine any
1588 ground, vehicle, apartment, building or place, and any person
1589 designated by the commissioner shall have the authority conferred by
1590 law upon constables. Whenever the commissioner determines that any

1591 provision of the general statutes or regulation of the Public Health
1592 Code is not being enforced effectively by a local health department, he
1593 or she shall forthwith take such measures, including the performance
1594 of any act required of the local health department, to ensure
1595 enforcement of such statute or regulation and shall inform the local
1596 health department of such measures. In September of each year the
1597 commissioner shall certify to the Secretary of the Office of Policy and
1598 Management the population of each municipality. The commissioner
1599 may solicit and accept for use any gift of money or property made by
1600 will or otherwise, and any grant of or contract for money, services or
1601 property from the federal government, the state, [or] any political
1602 subdivision thereof, any other state or any private source, and do all
1603 things necessary to cooperate with the federal government or any of its
1604 agencies in making an application for any grant or contract. The
1605 commissioner may establish state-wide and regional advisory councils.

1606 Sec. 35. Section 19a-32 of the general statutes is repealed and the
1607 following is substituted in lieu thereof (*Effective October 1, 2014*):

1608 The Department of Public Health is authorized to receive, hold and
1609 use real estate and to receive, hold, invest and disburse money,
1610 securities, supplies or equipment offered it for the protection and
1611 preservation of the public health and welfare by the federal
1612 government, another state or by any person, corporation or
1613 association, provided such real estate, money, securities, supplies or
1614 equipment shall be used only for the purposes designated by the
1615 federal government or such state, person, corporation or association.
1616 Said department shall include in its annual report an account of the
1617 property so received, the names of its donors, its location, the use
1618 made thereof and the amount of unexpended balances on hand.

1619 Sec. 36. Subsection (b) of section 20-10b of the 2014 supplement to
1620 the general statutes is repealed and the following is substituted in lieu
1621 thereof (*Effective from passage*):

1622 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1623 this section, a licensee applying for license renewal shall earn a
1624 minimum of fifty contact hours of continuing medical education
1625 within the preceding twenty-four-month period. Such continuing
1626 medical education shall (1) be in an area of the physician's practice; (2)
1627 reflect the professional needs of the licensee in order to meet the health
1628 care needs of the public; and (3) during the first renewal period in
1629 which continuing medical education is required and not less than once
1630 every six years thereafter, include at least one contact hour of training
1631 or education in each of the following topics: (A) Infectious diseases,
1632 including, but not limited to, acquired immune deficiency syndrome
1633 and human immunodeficiency virus, (B) risk management, (C) sexual
1634 assault, (D) domestic violence, (E) cultural competency, and (F)
1635 behavioral health. For purposes of this section, qualifying continuing
1636 medical education activities include, but are not limited to, courses
1637 offered or approved by the American Medical Association, American
1638 Osteopathic Medical Association, Connecticut Hospital Association,
1639 Connecticut State Medical Society, county medical societies or
1640 equivalent organizations in another jurisdiction, educational offerings
1641 sponsored by a hospital or other health care institution or courses
1642 offered by a regionally accredited academic institution or a state or
1643 local health department. The commissioner, or the commissioner's
1644 designee, may grant a waiver for not more than ten contact hours of
1645 continuing medical education for a physician who: (i) Engages in
1646 activities related to the physician's service as a member of the
1647 Connecticut Medical Examining Board, established pursuant to section
1648 20-8a; (ii) engages in activities related to the physician's service as a
1649 member of a medical hearing panel, pursuant to section 20-8a; or (iii)
1650 assists the department with its duties to boards and commissions as
1651 described in section 19a-14.

1652 Sec. 37. Subsection (a) of section 20-146 of the general statutes is
1653 repealed and the following is substituted in lieu thereof (*Effective*
1654 *October 1, 2014*):

1655 (a) Except as provided in section 20-146a, no person shall produce
1656 or reproduce ophthalmic lenses and similar products or mount the
1657 same to supporting materials or fit the same by mechanical
1658 manipulation, molding techniques or other related functions, unless
1659 such person is licensed by the Department of Public Health. Said
1660 department may issue license certificates as licensed optician to all
1661 persons who lawfully apply for the same, upon their submitting to the
1662 commission an acceptable written application, and after they have
1663 passed examinations as hereinafter provided: Any person shall be
1664 admitted to take the examinations for a license to practice as a licensed
1665 optician who has satisfied the department that he or she is a person of
1666 good professional character, has served as a registered apprentice in
1667 this state or any other state for not less than four calendar years' full-
1668 time employment under the supervision of a licensed optician in an
1669 optical establishment, office, department, store, shop or laboratory
1670 where prescriptions for optical glasses from given formulas have been
1671 filled, and has acquired experience in the producing and reproducing
1672 of ophthalmic lenses, mounting the same to supporting materials, of
1673 which one year, at least, shall have been acquired within the five years
1674 last preceding the date of such application and who has acquired
1675 experience in the fitting of ophthalmic lenses to the eyes by mechanical
1676 manipulation, molding technique or other related functions, of which
1677 one year, at least, shall have been acquired within the five years last
1678 preceding the date of such application, under the supervision of a
1679 licensed optician. Any person who is licensed to perform optical
1680 services in any other state or territory with licensure requirements
1681 similar to or higher than those required in this state shall be eligible for
1682 licensure without examination. Successful completion of a two-year
1683 educational program approved by the board with the consent of the
1684 Commissioner of Public Health may be substituted for the four-year
1685 work experience requirement.

1686 Sec. 38. Section 20-188 of the general statutes is repealed and the
1687 following is substituted in lieu thereof (*Effective October 1, 2014*):

1688 Before granting a license to a psychologist, the department shall,
1689 except as provided in section 20-190, require any applicant therefor to
1690 pass an examination in psychology prescribed by the department with
1691 the advice and consent of the board. Each applicant shall pay a fee of
1692 five hundred sixty-five dollars, and shall satisfy the department that
1693 such applicant: (1) [has] Has received the doctoral degree based on a
1694 program of studies whose content was primarily psychological from
1695 an educational institution approved in accordance with section 20-189;
1696 and (2) has had at least one year's experience that meets the
1697 requirements established in regulations adopted by the department, in
1698 consultation with the board, in accordance with the provisions of
1699 chapter 54. The department shall establish a passing score with the
1700 consent of the board. Any certificate granted by the board of examiners
1701 prior to June 24, 1969, shall be deemed a valid license permitting
1702 continuance of profession subject to the provisions of this chapter. An
1703 applicant who is licensed or certified as a psychologist in another state,
1704 territory or commonwealth of the United States may substitute two
1705 years of licensed or certified work experience in the practice of
1706 psychology, as defined in section 20-187a, in lieu of the requirements
1707 of subdivision (2) of this section.

1708 Sec. 39. Section 20-195dd of the general statutes is repealed and the
1709 following is substituted in lieu thereof (*Effective October 1, 2014*):

1710 (a) Except as provided in subsections (b) and (c) of this section, an
1711 applicant for a license as a professional counselor shall submit
1712 evidence satisfactory to the Commissioner of Public Health of having:
1713 (1) Completed sixty graduate semester hours in or related to the
1714 discipline of counseling at a regionally accredited institution of higher
1715 education, which included coursework in each of the following areas:
1716 (A) Human growth and development, (B) social and cultural
1717 foundations, (C) counseling theories and techniques or helping
1718 relationships, (D) group dynamics, (E) processing and counseling, (F)
1719 career and lifestyle development, (G) appraisals or tests and
1720 measurements for individuals and groups, (H) research and

1721 evaluation, and (I) professional orientation to counseling; (2) earned,
1722 from a regionally accredited institution of higher education a master's
1723 or doctoral degree in social work, marriage and family therapy,
1724 counseling, psychology or a related mental health field; (3) acquired
1725 three thousand hours of postgraduate-degree-supervised experience in
1726 the practice of professional counseling, performed over a period of not
1727 less than one year, that included a minimum of one hundred hours of
1728 direct supervision by (A) a physician licensed pursuant to chapter 370
1729 who has obtained certification in psychiatry from the American Board
1730 of Psychiatry and Neurology, (B) a psychologist licensed pursuant to
1731 chapter 383, (C) an advanced practice registered nurse licensed
1732 pursuant to chapter 378 and certified as a clinical specialist in adult
1733 psychiatric and mental health nursing with the American Nurses
1734 Credentialing Center, (D) a marital and family therapist licensed
1735 pursuant to chapter 383a, (E) a clinical social worker licensed pursuant
1736 to chapter 383b, (F) a professional counselor licensed, or prior to
1737 October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or
1738 (G) a physician certified in psychiatry by the American Board of
1739 Psychiatry and Neurology, psychologist, advanced practice registered
1740 nurse certified as a clinical specialist in adult psychiatric and mental
1741 health nursing with the American Nurses Credentialing Center,
1742 marital and family therapist, clinical social worker or professional
1743 counselor licensed or certified as such or as a person entitled to
1744 perform similar services, under a different designation, in another state
1745 or jurisdiction whose requirements for practicing in such capacity are
1746 substantially similar to or higher than those of this state; and (4) passed
1747 an examination prescribed by the commissioner.

1748 [(b) Prior to December 30, 2001, an applicant for a license as a
1749 professional counselor may, in lieu of the requirements set forth in
1750 subsection (a) of this section, submit evidence satisfactory to the
1751 commissioner of having: (A) Earned at least a thirty-hour master's
1752 degree, sixth-year degree or doctoral degree from a regionally
1753 accredited institution of higher education with a major in social work,

1754 marriage and family therapy, counseling, psychology or forensic
1755 psychology; (B) practiced professional counseling for a minimum of
1756 two years within a five-year period immediately preceding
1757 application; and (C) passed an examination prescribed by the
1758 commissioner.]

1759 [(c)] (b) An applicant for licensure by endorsement shall present
1760 evidence satisfactory to the commissioner that the applicant is licensed
1761 or certified as a professional counselor, or as a person entitled to
1762 perform similar services under a different designation, in another state
1763 or jurisdiction whose requirements for practicing in such capacity are
1764 substantially similar to or higher than those of this state and that there
1765 are no disciplinary actions or unresolved complaints pending.

1766 (c) An applicant who is currently licensed or certified as a
1767 professional counselor or its equivalent in another state, territory or
1768 commonwealth of the United States may substitute three years of
1769 licensed or certified work experience in the practice of professional
1770 counseling, as defined in section 20-195aa, in lieu of the requirements
1771 of subdivision (3) of subsection (a) of this section, provided the
1772 commissioner finds that such experience is equal to or greater than the
1773 requirements of this state.

1774 Sec. 40. Section 20-195n of the general statutes is repealed and the
1775 following is substituted in lieu thereof (*Effective October 1, 2014*):

1776 (a) No person shall practice clinical social work unless such person
1777 has obtained a license pursuant to this section.

1778 (b) An applicant for licensure as a master social worker shall: (1)
1779 Hold a master's degree from a social work program accredited by the
1780 Council on Social Work Education or, if educated outside the United
1781 States or its territories, have completed an educational program
1782 deemed equivalent by the council; and (2) pass the masters level
1783 examination of the Association of Social Work Boards or any other
1784 examination prescribed by the commissioner.

1785 (c) An applicant for licensure as a clinical social worker shall: (1)
1786 Hold a doctorate or master's degree from a social work program
1787 accredited by the Council on Social Work Education or, if educated
1788 outside the United States or its territories, have completed an
1789 educational program deemed equivalent by the council; (2) have three
1790 thousand hours post-master's social work experience which shall
1791 include not less than one hundred hours of work under professional
1792 supervision by a licensed clinical or certified independent social
1793 worker, provided on and after October 1, 2011, such hours completed
1794 in this state shall be as a licensed master social worker; and (3) pass the
1795 clinical level examination of the Association of Social Work Boards or
1796 any other examination prescribed by the commissioner. On and after
1797 October 1, 1995, any person certified as an independent social worker
1798 prior to October 1, 1995, shall be deemed licensed as a clinical social
1799 worker pursuant to this section, except a person certified as an
1800 independent social worker on and after October 1, 1990, shall not be
1801 deemed licensed as a clinical social worker pursuant to this chapter
1802 unless such person has satisfied the requirements of subdivision (3) of
1803 this subsection.

1804 (d) Notwithstanding the provisions of subsection (b) of this section,
1805 the commissioner may grant a license by endorsement to an applicant
1806 who presents evidence satisfactory to the commissioner that the
1807 applicant (1) is licensed or certified as a master social worker or clinical
1808 social worker in good standing in another state or jurisdiction whose
1809 requirements for practicing in such capacity are substantially similar to
1810 or ~~[higher]~~ greater than those of this state, and (2) has successfully
1811 completed the master level examination of the Association of Social
1812 Work Boards, or its successor organization, or any other examination
1813 prescribed by the commissioner. No license shall be issued under this
1814 subsection to any applicant against whom professional disciplinary
1815 action is pending or who is the subject of an unresolved complaint.

1816 (e) Notwithstanding the provisions of subsection (c) of this section,
1817 the commissioner may grant a license by endorsement to an applicant

1818 who presents evidence satisfactory to the commissioner that the
1819 applicant (1) is licensed or certified as a clinical social worker in good
1820 standing in another state or jurisdiction whose requirements for
1821 practicing in such capacity are substantially similar to or [higher]
1822 greater than those of this state, and (2) has successfully completed the
1823 clinical level examination of the Association of Social Work Boards, or
1824 its successor organization, or any other examination prescribed by the
1825 commissioner. No license shall be issued under this subsection to any
1826 applicant against whom professional disciplinary action is pending or
1827 who is the subject of an unresolved complaint.

1828 (f) Notwithstanding the provisions of this section, an applicant who
1829 is licensed or certified as a clinical social worker or its equivalent in
1830 another state, territory or commonwealth of the United States may
1831 substitute three years of licensed or certified work experience in the
1832 practice of clinical social work, as defined in section 20-195m, in lieu of
1833 the requirements of subdivision (2) of subsection (c) of this section,
1834 provided the commissioner finds that such experience is equal to or
1835 greater than the requirements of this state.

1836 Sec. 41. Section 20-252 of the general statutes is repealed and the
1837 following is substituted in lieu thereof (*Effective from passage*):

1838 No person shall engage in the occupation of registered hairdresser
1839 and cosmetician without having obtained a license from the
1840 department. Persons desiring such licenses shall apply in writing on
1841 forms furnished by the department. No license shall be issued, except a
1842 renewal of a license, to a registered hairdresser and cosmetician unless
1843 the applicant has shown to the satisfaction of the department that the
1844 applicant has complied with the laws and the regulations administered
1845 or adopted by the department. No applicant shall be licensed as a
1846 registered hairdresser and cosmetician, except by renewal of a license,
1847 until the applicant has made written application to the department,
1848 setting forth by affidavit that the applicant has successfully completed
1849 the [eighth] ninth grade and that the applicant has completed a course

1850 of not less than fifteen hundred hours of study in a school approved in
1851 accordance with the provisions of this chapter, in a school teaching
1852 hairdressing and cosmetology under the supervision of the State Board
1853 of Education, or, if trained outside of Connecticut, in a school teaching
1854 hairdressing and cosmetology whose requirements are equivalent to
1855 those of a Connecticut school and until the applicant has passed a
1856 written examination satisfactory to the department. Examinations
1857 required for licensure under this chapter shall be prescribed by the
1858 department with the advice and assistance of the board. The
1859 department shall establish a passing score for examinations with the
1860 advice and assistance of the board which shall be the same as the
1861 passing score established in section 20-236.

1862 Sec. 42. Section 20-413 of the general statutes is repealed and the
1863 following is substituted in lieu thereof (*Effective from passage*):

1864 Nothing in this chapter shall be construed as prohibiting:

1865 (1) Consulting with or disseminating research findings and scientific
1866 information to accredited academic institutions or governmental
1867 agencies or offering lectures to the public for a fee, monetary or
1868 otherwise;

1869 (2) The activities and services of a graduate student or speech and
1870 language pathology intern in speech and language pathology pursuing
1871 a course of study leading to a graduate degree in speech and language
1872 pathology at an accredited or approved college or university or a
1873 clinical training facility approved by the department, provided these
1874 activities and services constitute a part of his supervised course of
1875 study and that such person is designated as "Speech and Language
1876 Pathology Intern", "Speech and Language Pathology Trainee", or other
1877 such title clearly indicating the training status appropriate to his level
1878 of training;

1879 (3) (A) A person from another state offering speech and language
1880 pathology services in this state, provided such services are performed

1881 for no more than five days in any calendar year and provided such
1882 person meets the qualifications and requirements for licensing in this
1883 state; or (B) a person from another state who is licensed or certified as a
1884 speech and language pathologist by a similar authority of another
1885 state, or territory of the United States, or of a foreign country or
1886 province whose standards are equivalent to or [higher] greater than, at
1887 the date of his certification or licensure, the requirements of this
1888 chapter and regulations adopted hereunder, or a person who meets
1889 such qualifications and requirements and resides in a state or territory
1890 of the United States, or a foreign country or province which does not
1891 grant certification or license to speech and language pathologists, from
1892 offering speech and language pathology services in this state for a total
1893 of not more than thirty days in any calendar year;

1894 (4) The activities and services of a person who meets the
1895 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
1896 411, while such person is engaged in full or part-time employment in
1897 fulfillment of the professional employment requirement of subdivision
1898 (3) of said subsection (a);

1899 (5) The use of supervised support personnel to assist licensed
1900 speech and language pathologists with tasks that are (A) designed by
1901 the licensed speech and language pathologists being assisted, (B)
1902 routine, and (C) related to maintenance of assistive and prosthetic
1903 devices, recording and charting or implementation of evaluation or
1904 intervention plans. For purposes of this subdivision, "supervised"
1905 means (i) not more than three support personnel are assisting one
1906 licensed speech and language pathologist, (ii) in-person
1907 communication between the licensed speech and language pathologist
1908 and support personnel is available at all times, and (iii) the licensed
1909 speech and language pathologist provides the support personnel with
1910 regularly scheduled direct observation, guidance, direction and
1911 conferencing for not less than thirty per cent of client contact time for
1912 the support personnel's first ninety workdays and for not less than
1913 twenty per cent of client contact time thereafter; or

1914 (6) The provision of applied behavior analysis services in
1915 accordance with section 10-76ii.

1916 Sec. 43. Subsection (a) of section 10a-155b of the general statutes is
1917 repealed and the following is substituted in lieu thereof (*Effective*
1918 *October 1, 2014*):

1919 (a) For the [~~2002-2003~~] 2014-2015 school year, and each school year
1920 thereafter, each public or private college or university in this state shall
1921 require that each student who resides in on-campus housing be
1922 vaccinated against meningitis and submit evidence of having received
1923 a meningococcal conjugate vaccine not more than five years before
1924 enrollment as a condition of such residence. The provisions of this
1925 subsection shall not apply to any such student who (1) presents a
1926 certificate from a physician or an advanced practice registered nurse
1927 stating that, in the opinion of such physician or advanced practice
1928 registered nurse, such vaccination is medically contraindicated
1929 because of the physical condition of such student, or (2) presents a
1930 statement that such vaccination would be contrary to the religious
1931 beliefs of such student.

1932 Sec. 44. Subdivision (4) of subsection (a) of section 20-74ee of the
1933 2014 supplement to the general statutes is repealed and the following
1934 is substituted in lieu thereof (*Effective October 1, 2014*):

1935 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
1936 20-74cc, inclusive, and this section shall be construed to: [~~prohibit~~] (A)
1937 Prohibit a nuclear medicine technologist, as defined in section 20-74uu,
1938 who [(A)] (i) has successfully completed the individual certification
1939 exam for computed tomography or magnetic resonance imaging
1940 administered by the American Registry of Radiologic Technologists,
1941 and [(B)] (ii) holds and maintains in good standing, computed
1942 tomography or magnetic resonance imaging certification by the
1943 American Registry of Radiologic Technologists, from fully operating a
1944 computed tomography or magnetic resonance imaging portion of a

1945 hybrid-fusion imaging system, including diagnostic imaging, in
1946 conjunction with a positron emission tomography or single-photon
1947 emission computed tomography imaging system; or (B) require a
1948 technologist who is certified by the International Society for Clinical
1949 Densitometry or the American Registry of Radiologic Technologists
1950 and who operates a bone densitometry system under the supervision
1951 control and responsibility of a physician licensed pursuant to chapter
1952 370 to be licensed as a radiographer.

1953 Sec. 45. Subsection (k) of section 20-126l of the 2014 supplement to
1954 the general statutes is repealed and the following is substituted in lieu
1955 thereof (*Effective October 1, 2014*):

1956 (k) A licensee whose license has become void pursuant to section
1957 19a-88 and who applies to the department for reinstatement of such
1958 license, shall: (1) [For a license that has been void for two years or less,
1959 submit] Submit evidence of completion of a minimum of twenty-four
1960 contact hours of qualifying [continued] continuing education during
1961 the two-year period immediately preceding the application for
1962 reinstatement; or (2) [for a license that has been void] for an applicant
1963 who has not been in the active practice of dental hygiene for more than
1964 two years, submit evidence of successful completion of the National
1965 Board Dental Hygiene Examination, [or] the North East Regional
1966 Board of Dental Examiners Examination in Dental Hygiene or a
1967 refresher course approved by the department during the [year] one-
1968 year period immediately preceding the application for reinstatement.

1969 Sec. 46. Section 19a-29a of the general statutes is repealed and the
1970 following is substituted in lieu thereof (*Effective October 1, 2014*):

1971 (a) As used in this section, "environmental laboratory" means any
1972 facility or other area, including, but not limited to, an outdoor area
1973 where testing occurs, used for [biological, chemical, physical]
1974 microbiological, chemical, radiological or other [examination] analyte
1975 testing of drinking waters, ground waters, sea waters, rivers, streams

1976 and surface waters, recreational waters, fresh water sources,
1977 wastewaters, swimming pools, [air] construction, renovation and
1978 demolition building materials, soil, solid waste, [hazardous waste,
1979 food, food utensils] animal and plant tissues, sewage, sewage effluent,
1980 [or] sewage sludge or any other matrix for the purpose of providing
1981 information on the sanitary quality or the amount of pollution [and] or
1982 any substance prejudicial to health or the environment. For purposes
1983 of this section (1) "analyte" means a microbiological, chemical,
1984 radiological or other component of a matrix being measured by an
1985 analytical test, and (2) "matrix" means the substance or medium in
1986 which an analyte is contained, that may include drinking water or
1987 wastewater.

1988 (b) The Department of Public Health shall [, in its Public Health
1989 Code,] (1) adopt regulations, in accordance with the provisions of
1990 chapter 54, and reasonable standards governing environmental
1991 laboratory operations and facilities, personnel qualifications, [and]
1992 certification for testing, levels of acceptable proficiency in testing
1993 programs approved by the department, the collection, acceptance and
1994 suitability of samples for analysis, [and] such other pertinent
1995 laboratory functions, including the establishment of advisory
1996 committees, as may be necessary to [insure] ensure environmental
1997 quality, public health and safety, and (2) establish one or more
1998 schedules of the amounts of civil penalties that may be imposed under
1999 this section. Each registered environmental laboratory shall comply
2000 with all standards for environmental laboratories [set forth in the
2001 Public Health Code] established by the department and shall be subject
2002 to inspection by said department, including inspection of all records
2003 necessary to carry out the purposes of this section. The Commissioner
2004 of Public Health may revoke or otherwise limit the license of any
2005 environmental laboratory that fails to comply with the provisions of
2006 this section or regulations adopted under this section.

2007 (c) The Commissioner of Public Health shall determine whether it is
2008 necessary for the protection of the public health or the environment for

2009 an environmental laboratory to be registered and to have certification
2010 to conduct a test for an analyte in a matrix. If the commissioner
2011 determines that it is necessary for the environmental laboratory to be
2012 registered, such environmental laboratory shall obtain from the
2013 commissioner a certification to conduct such tests for analytes. No
2014 person shall operate, manage or control an environmental laboratory
2015 that tests for analytes for the purpose of providing information on the
2016 sanitary quality or the amount of pollution of any substance
2017 prejudicial to health or the environment for which the commissioner
2018 has determined registration and certification is required without
2019 having first registered and obtained such certification.

2020 (d) The commissioner shall, annually, publish a list setting forth all
2021 matrices and analytes for which a certification for testing is required.

2022 ~~[(c)]~~ (e) Each application for registration of an environmental
2023 laboratory [or application for approval] and for certification for testing
2024 any analyte shall be made on forms provided by said department, shall
2025 be accompanied by a fee of one thousand two hundred fifty dollars
2026 and shall be executed by the owner or owners or by a responsible
2027 officer [of the] authorized to do so by the agency, firm or corporation
2028 owning the environmental laboratory. Upon receipt of any such
2029 application, the department shall make such inspections and
2030 investigations as are necessary and shall deny registration [or
2031 approval] when operation of the environmental laboratory would be
2032 prejudicial to the health of the public. Registration [or approval] shall
2033 not be in force until notice of its effective date and term has been sent
2034 to the applicant.

2035 ~~[(d)]~~ (f) Each registration or certificate of approval shall be issued for
2036 a period of not less than twenty-four or more than twenty-seven
2037 months from the deadline for applications. Renewal applications shall
2038 be made (1) biennially within the twenty-fourth month of the current
2039 registration; [or certificate of approval;] (2) before any change in
2040 ownership [or change in director] is made; and (3) prior to any major

2041 expansion or alteration in, or moving of, quarters.

2042 ~~[(e)]~~ (g) This section shall not apply to any environmental laboratory
2043 [which] that only provides laboratory services or information for the
2044 agency, person, firm or corporation which owns or operates such
2045 laboratory. [and the fee required under subsection (c) of this section
2046 shall not be required of laboratories operated by a state agency.]

2047 (h) If, upon review, investigation or inspection, the Commissioner of
2048 Public Health determines an environmental laboratory has violated
2049 any provision of this section or regulations adopted under this section,
2050 the commissioner may impose a civil penalty not to exceed five
2051 thousand dollars per violation per day and issue such other orders as
2052 the commissioner determines necessary to protect the public health.
2053 Upon notice of imposition of the civil penalty, the commissioner shall
2054 provide the environmental laboratory with an opportunity for a
2055 hearing. Governmental immunity shall not be a defense against the
2056 imposition of any civil penalty imposed pursuant to this section. In
2057 determining the amount of the civil penalty to be imposed on an
2058 environmental laboratory, the commissioner shall consider the degree
2059 of the threat to public health or the environment, the amount necessary
2060 to achieve compliance, and the history of compliance of the
2061 environmental laboratory. Any order issued under this provision may
2062 be appealed in accordance with the provisions of section 4-183.

2063 (i) The failure of an environmental laboratory to pay a civil penalty
2064 imposed by the commissioner shall be grounds for revocation of the
2065 environmental laboratory's registration and certification for testing.

2066 (j) The commissioner may order an unregistered environmental
2067 laboratory to cease operations.

2068 (k) The commissioner may request the Attorney General to petition
2069 the Superior Court for an order to aid in enforcement of any provision
2070 of this section.

2071 Sec. 47. Section 20-482 of the general statutes is repealed and the
2072 following is substituted in lieu thereof (*Effective October 1, 2014*):

2073 Any person or entity who knowingly violates any provision of
2074 sections 20-474 to 20-481, inclusive, and subsections (e) and (f), of
2075 section 19a-88 or any regulation adopted thereunder, shall be fined not
2076 more than [one] five thousand dollars per violation per day or subject
2077 to disciplinary action pursuant to section 19a-17.

2078 Sec. 48. Subsection (b) of section 20-402 of the general statutes is
2079 repealed and the following is substituted in lieu thereof (*Effective*
2080 *October 1, 2014*):

2081 (b) (1) Except as provided in subsection (c) of this section, for
2082 registration periods beginning on and after October 1, 2014, a licensee
2083 applying for license renewal shall earn not less than sixteen hours of
2084 continuing education within the preceding twenty-four-month period.
2085 Such continuing education shall consist of courses offered or approved
2086 by the [National Board of Certification in Hearing Instrument Sciences]
2087 International Hearing Society, the American Academy of Audiology or
2088 the American Speech-Language Hearing Association or such successor
2089 organizations as may be approved by the Commissioner of Public
2090 Health.

2091 (2) Each licensee applying for license renewal pursuant to section
2092 19a-88, except a licensee applying for a license renewal for the first
2093 time, shall sign a statement attesting that he or she has satisfied the
2094 continuing education requirements described in subdivision (1) of this
2095 subsection on a form prescribed by the department. Each licensee shall
2096 retain records of attendance or certificates of completion that
2097 demonstrate compliance with the continuing education requirements
2098 described in subdivision (1) of this subsection for not less than three
2099 years following the date on which the continuing education was
2100 completed. Each licensee shall submit such records to the department
2101 for inspection not later than forty-five days after a request by the

2102 department for such records.

2103 (3) In individual cases involving medical disability or illness, the
2104 commissioner may grant a waiver of the continuing education
2105 requirements or an extension of time within which to fulfill such
2106 requirements of this subsection to any licensee, provided the licensee
2107 submits to the department an application for waiver or extension of
2108 time on a form prescribed by the commissioner, along with a
2109 certification by a licensed physician of the disability or illness and such
2110 other documentation as may be required by the department. The
2111 commissioner may grant a waiver or extension for a period not to
2112 exceed one registration period, except that the commissioner may
2113 grant additional waivers or extensions if the medical disability or
2114 illness upon which a waiver or extension is granted continues beyond
2115 the period of the waiver or extension and the licensee applies for an
2116 additional waiver or extension.

2117 Sec. 49. Subsection (b) of section 20-9 of the 2014 supplement to the
2118 general statutes, as amended by section 138 of public act 13-234, is
2119 repealed and the following is substituted in lieu thereof (*Effective July*
2120 *1, 2014*):

2121 (b) The provisions of this chapter shall not apply to:

2122 (1) Dentists while practicing dentistry only;

2123 (2) Any person in the employ of the United States government while
2124 acting in the scope of his employment;

2125 (3) Any person who furnishes medical or surgical assistance in cases
2126 of sudden emergency;

2127 (4) Any person residing out of this state who is employed to come
2128 into this state to render temporary assistance to or consult with any
2129 physician or surgeon who has been licensed in conformity with the
2130 provisions of this chapter;

2131 (5) Any physician or surgeon residing out of this state who holds a
2132 current license in good standing in another state and who is employed
2133 to come into this state to treat, operate or prescribe for any injury,
2134 deformity, ailment or disease from which the person who employed
2135 such physician, or the person on behalf of whom such physician is
2136 employed, is suffering at the time when such nonresident physician or
2137 surgeon is so employed, provided such physician or surgeon may
2138 practice in this state without a Connecticut license for a period not to
2139 exceed thirty consecutive days;

2140 (6) Any person rendering service as (A) an advanced practice
2141 registered nurse if such service is rendered in collaboration with a
2142 licensed physician, or (B) an advanced practice registered nurse
2143 maintaining classification from the American Association of Nurse
2144 Anesthetists if such service is under the direction of a licensed
2145 physician;

2146 (7) Any nurse-midwife practicing nurse-midwifery in accordance
2147 with the provisions of chapter 377;

2148 (8) Any podiatrist licensed in accordance with the provisions of
2149 chapter 375;

2150 (9) Any Christian Science practitioner who does not use or prescribe
2151 in his practice any drugs, poisons, medicines, chemicals, nostrums or
2152 surgery;

2153 (10) Any person licensed to practice any of the healing arts named
2154 in section 20-1, who does not use or prescribe in his practice any drugs,
2155 medicines, poisons, chemicals, nostrums or surgery;

2156 (11) Any graduate of any school or institution giving instruction in
2157 the healing arts who has been issued a permit in accordance with
2158 subsection (a) of section 20-11a and who is serving as an intern,
2159 resident or medical officer candidate in a hospital;

2160 (12) Any student participating in a clinical clerkship program who
2161 has the qualifications specified in subsection (b) of section 20-11a;

2162 (13) Any person, otherwise qualified to practice medicine in this
2163 state except that he is a graduate of a medical school located outside of
2164 the United States or the Dominion of Canada which school is
2165 recognized by the American Medical Association or the World Health
2166 Organization, to whom the Connecticut Medical Examining Board,
2167 subject to such regulations as the Commissioner of Public Health, with
2168 advice and assistance from the board, prescribes, has issued a permit
2169 to serve as an intern or resident in a hospital in this state for the
2170 purpose of extending his education;

2171 (14) Any person rendering service as a physician assistant licensed
2172 pursuant to section 20-12b, a registered nurse, a licensed practical
2173 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
2174 as amended by this act, acting within the scope of regulations adopted
2175 pursuant to section 19a-179, as amended by this act, if such service is
2176 rendered under the supervision, control and responsibility of a
2177 licensed physician;

2178 (15) Any student enrolled in an accredited physician assistant
2179 program or paramedic program approved in accordance with
2180 regulations adopted pursuant to section 19a-179, as amended by this
2181 act, who is performing such work as is incidental to his course of
2182 study;

2183 (16) Any person who, on June 1, 1993, has worked continuously in
2184 this state since 1979 performing diagnostic radiology services and who,
2185 as of October 31, 1997, continued to render such services under the
2186 supervision, control and responsibility of a licensed physician solely
2187 within the setting where such person was employed on June 1, 1993;

2188 (17) Any person practicing athletic training, as defined in section 20-
2189 65f;

2190 (18) When deemed by the Connecticut Medical Examining Board to
2191 be in the public's interest, based on such considerations as academic
2192 attainments, specialty board certification and years of experience, to a
2193 foreign physician or surgeon whose professional activities shall be
2194 confined within the confines of a recognized medical school;

2195 (19) Any technician engaging in tattooing in accordance with the
2196 provisions of section 20-266o or 20-266p and any regulations adopted
2197 thereunder;

2198 (20) Any person practicing perfusion, as defined in section 20-162aa;
2199 [or]

2200 (21) Any foreign physician or surgeon (A) participating in
2201 supervised clinical training under the direct supervision and control of
2202 a physician or surgeon licensed in accordance with the provisions of
2203 this chapter, and (B) whose professional activities are confined to a
2204 licensed hospital that has a residency program accredited by the
2205 Accreditation Council for Graduate Medical Education or that is a
2206 primary affiliated teaching hospital of a medical school accredited by
2207 the Liaison Committee on Medical Education. Such hospital shall
2208 verify that the foreign physician or surgeon holds a current valid
2209 license in another country; or

2210 (22) Any person practicing as a nuclear medicine technologist, as
2211 defined in section 20-74uu, while performing under the supervision
2212 and direction of a physician licensed in accordance with the provisions
2213 of this chapter.

2214 Sec. 50. Section 20-13c of the general statutes is repealed and the
2215 following is substituted in lieu thereof (*Effective October 1, 2014*):

2216 The board is authorized to restrict, suspend or revoke the license or
2217 limit the right to practice of a physician or take any other action in
2218 accordance with section 19a-17, for any of the following reasons: (1)
2219 Physical illness or loss of motor skill, including, but not limited to,

2220 deterioration through the aging process; (2) emotional disorder or
2221 mental illness; (3) abuse or excessive use of drugs, including alcohol,
2222 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in
2223 the practice of medicine; (5) possession, use, prescription for use, or
2224 distribution of controlled substances or legend drugs, except for
2225 therapeutic or other medically proper purposes; (6) misrepresentation
2226 or concealment of a material fact in the obtaining or reinstatement of a
2227 license to practice medicine; (7) failure to adequately supervise a
2228 physician assistant; (8) failure to fulfill any obligation resulting from
2229 participation in the National Health Service Corps; (9) failure to
2230 maintain professional liability insurance or other indemnity against
2231 liability for professional malpractice as provided in subsection (a) of
2232 section 20-11b; (10) failure to provide information requested by the
2233 department for purposes of completing a health care provider profile,
2234 as required by section 20-13j; (11) engaging in any activity for which
2235 accreditation is required under section 19a-690 [or 19a-691] without the
2236 appropriate accreditation required by section 19a-690; [or 19a-69;] (12)
2237 failure to provide evidence of accreditation required under section 19a-
2238 690 or 19a-691 as requested by the department pursuant to section 19a-
2239 690; [or 19a-691;] (13) failure to comply with the continuing medical
2240 education requirements set forth in section 20-10b, as amended by this
2241 act; or (14) violation of any provision of this chapter or any regulation
2242 established hereunder. In each case, the board shall consider whether
2243 the physician poses a threat, in the practice of medicine, to the health
2244 and safety of any person. If the board finds that the physician poses
2245 such a threat, the board shall include such finding in its final decision
2246 and act to suspend or revoke the license of said physician.

2247 Sec. 51. Sections 19a-73, 19a-121e to 19a-121g, inclusive, 19a-179d
2248 and 19a-691 of the general statutes are repealed. (*Effective October 1,*
2249 *2014*)

<p>This act shall take effect as follows and shall amend the following sections:</p>
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Section 1	<i>October 1, 2014</i>	19a-493b
Sec. 2	<i>October 1, 2014</i>	19a-42(d)
Sec. 3	<i>October 1, 2014</i>	46b-172(a)
Sec. 4	<i>October 1, 2014</i>	19a-7h(b) and (c)
Sec. 5	<i>October 1, 2014</i>	19a-4j
Sec. 6	<i>October 1, 2014</i>	New section
Sec. 7	<i>October 1, 2014</i>	19a-561
Sec. 8	<i>October 1, 2014</i>	19a-110(d)
Sec. 9	<i>October 1, 2014</i>	19a-111
Sec. 10	<i>October 1, 2014</i>	19a-111g
Sec. 11	<i>October 1, 2014</i>	19a-522b
Sec. 12	<i>October 1, 2014</i>	19a-181
Sec. 13	<i>October 1, 2014</i>	25-32(e)
Sec. 14	<i>October 1, 2014</i>	New section
Sec. 15	<i>October 1, 2014</i>	19a-535a(c)
Sec. 16	<i>October 1, 2014</i>	19a-494a(a)
Sec. 17	<i>October 1, 2014</i>	19a-495(c)
Sec. 18	<i>October 1, 2014</i>	19a-175
Sec. 19	<i>October 1, 2014</i>	19a-177(9)(A)
Sec. 20	<i>October 1, 2014</i>	19a-180
Sec. 21	<i>October 1, 2014</i>	19a-179
Sec. 22	<i>October 1, 2014</i>	20-206mm
Sec. 23	<i>October 1, 2014</i>	20-206oo
Sec. 24	<i>October 1, 2014</i>	19a-179a
Sec. 25	<i>October 1, 2014</i>	19a-195a
Sec. 26	<i>October 1, 2014</i>	19a-179c
Sec. 27	<i>October 1, 2014</i>	New section
Sec. 28	<i>October 1, 2014</i>	New section
Sec. 29	<i>October 1, 2014</i>	19a-562a(a)
Sec. 30	<i>October 1, 2014</i>	19a-14b
Sec. 31	<i>October 1, 2014</i>	(c) 19a-490k
Sec. 32	<i>October 1, 2014</i>	19a-89b
Sec. 33	<i>October 1, 2014</i>	19a-72
Sec. 34	<i>October 1, 2014</i>	19a-2a
Sec. 35	<i>October 1, 2014</i>	19a-32
Sec. 36	<i>from passage</i>	20-10b(b)
Sec. 37	<i>October 1, 2014</i>	20-146(a)
Sec. 38	<i>October 1, 2014</i>	20-188
Sec. 39	<i>October 1, 2014</i>	20-195dd

Sec. 40	<i>October 1, 2014</i>	20-195n
Sec. 41	<i>from passage</i>	20-252
Sec. 42	<i>from passage</i>	20-413
Sec. 43	<i>October 1, 2014</i>	10a-155b(a)
Sec. 44	<i>October 1, 2014</i>	20-74ee(a)(4)
Sec. 45	<i>October 1, 2014</i>	20-1261(k)
Sec. 46	<i>October 1, 2014</i>	19a-29a
Sec. 47	<i>October 1, 2014</i>	20-482
Sec. 48	<i>October 1, 2014</i>	20-402(b)
Sec. 49	<i>July 1, 2014</i>	20-9(b)
Sec. 50	<i>October 1, 2014</i>	20-13c
Sec. 51	<i>October 1, 2014</i>	Repealer section

Statement of Purpose:

To implement the Department of Public Health's recommendations concerning various revisions to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]