



Substitute House Bill No. 7222

Public Act No. 17-146

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

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

Section 1. Subsection (a) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) No person acting individually or jointly with any other person shall establish, conduct, operate or maintain an institution in this state without a license as required by this chapter, except for persons issued a license by the Commissioner of Children and Families pursuant to section 17a-145 for the operation of (1) a substance abuse treatment facility, or (2) a facility for the purpose of caring for women during pregnancies and for women and their infants following such pregnancies. Application for such license shall (A) be made to the Department of Public Health upon forms provided by it, [and shall] (B) be accompanied by the fee required under subsection (c), (d) or (e) of this section, and (C) contain such information as the department requires, which may include affirmative evidence of ability to comply with reasonable standards and regulations prescribed under the provisions of this chapter. The commissioner may require as a condition of licensure that an applicant sign a consent order providing

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reasonable assurances of compliance with the Public Health Code. The commissioner may issue more than one chronic disease hospital license to a single institution until such time as the state offers a rehabilitation hospital license.

Sec. 2. Section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

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

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, health care facility for the handicapped, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability;

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

(c) "Residential care home" or "rest home" means a community

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residence that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter and laundry and may qualify as a setting that allows residents to receive home and community-based services funded by state and federal programs;

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

(e) "Homemaker-home health aide agency" means a public or private organization, except a home health care agency, which provides in the patient's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract;

(f) "Homemaker-home health aide services" as defined in this section shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or

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condition that is chronic and stable as determined by a physician licensed in the state of Connecticut;

(g) "Behavioral health facility" means any facility that provides mental health services to persons eighteen years of age or older or substance use disorder services to persons of any age in an outpatient treatment or residential setting to ameliorate mental, emotional, behavioral or substance use disorder issues;

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

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

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

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

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

(m) "Outpatient clinic" means an organization operated by a municipality or a corporation, other than a hospital, that provides (1) ambulatory medical care, including preventive and health promotion services, (2) dental care, or (3) mental health services in conjunction with medical or dental care for the purpose of diagnosing or treating a health condition that does not require the patient's overnight care;

(n) "Multicare institution" means a hospital, psychiatric outpatient clinic for adults, free-standing facility for the care or treatment of

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substance abusive or dependent persons, hospital for psychiatric disabilities, as defined in section 17a-495, or a general acute care hospital that provides outpatient behavioral health services that (1) is licensed in accordance with this chapter, (2) has more than one facility or one or more satellite units owned and operated by a single licensee, and (3) offers complex patient health care services at each facility or satellite unit; [and]

(o) "Nursing home" or "nursing home facility" means (1) any chronic and convalescent nursing home or any rest home with nursing supervision that provides nursing supervision under a medical director twenty-four hours per day, or (2) any chronic and convalescent nursing home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries; [.] and

(p) "Outpatient dialysis unit" means (1) an out-of-hospital outpatient dialysis unit that is licensed by the department to provide (A) services on an out-patient basis to persons requiring dialysis on a short-term basis or for a chronic condition, or (B) training for home dialysis, or (2) an in-hospital dialysis unit that is a special unit of a licensed hospital designed, equipped and staffed to (A) offer dialysis therapy on an out-patient basis, (B) provide training for home dialysis, and (C) perform renal transplantations.

Sec. 3. Subsection (a) of section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) As used in this section:

(1) "General supervision of a licensed dentist" means supervision that authorizes dental hygiene procedures to be performed with the

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knowledge of said licensed dentist, whether or not the dentist is on the premises when such procedures are being performed;

(2) "Public health facility" means an institution, as defined in section 19a-490, as amended by this act, a community health center, a group home, a school, a preschool operated by a local or regional board of education or a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children; [and]

(3) The "practice of dental hygiene" means the performance of educational, preventive and therapeutic services including: Complete prophylaxis; the removal of calcerous deposits, accretions and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planing and polishing; the application of pit and fissure sealants and topical solutions to exposed portions of the teeth; dental hygiene examinations and the charting of oral conditions; dental hygiene assessment, treatment planning and evaluation; the administration of local anesthesia in accordance with the provisions of subsection (d) of this section; and collaboration in the implementation of the oral health care regimen; [.] and

(4) "Contact hour" means a minimum of fifty minutes of continuing education activity.

Sec. 4. Subsection (g) of section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(g) Each licensed dental hygienist applying for license renewal shall earn a minimum of sixteen contact hours of continuing education within the preceding twenty-four-month period, including, for registration periods beginning on and after October 1, 2016, at least one contact hour of training or education in infection control in a

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dental setting and, for registration periods beginning on and after October 1, 2017, at least one contact hour of training or education in cultural competency. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Continuing education activities shall provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, that are offered or approved by dental schools and other institutions of higher education that are accredited or recognized by the Council on Dental Accreditation, a regional accrediting organization, the American Dental Association, a state, district or local dental association or society affiliated with the American Dental Association, the National Dental Association, the American Dental Hygienists Association or a state, district or local dental hygiene association or society affiliated with the American Dental Hygienists Association, the Academy of General Dentistry, the Academy of Dental Hygiene, the American Red Cross or the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support, the United States Department of Veterans Affairs and armed forces of the United States when conducting programs at United States governmental facilities, a hospital or other health care institution, agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation, local, state or national medical associations, or a state or local health department. Eight hours of volunteer dental practice at a public health facility, as defined in subsection (a) of this section, may be substituted for one contact hour of continuing education, up to a maximum of five contact hours in one two-year period. Activities that do not qualify toward meeting these requirements include professional organizational business meetings, speeches delivered at luncheons or banquets, and the reading of books, articles, or professional journals. Not more than four contact hours of continuing education may be

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earned through an on-line or other distance learning program.

Sec. 5. Subsection (f) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(f) On and after [February 1, 2004] October 1, 2017, each local or regional board of education shall report to the local health department and the Department of Public Health, on an [annual] triennial basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, 2004, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of section 11-4a and shall include, but not be limited to, trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located.

Sec. 6. Section 19a-580d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) For purposes of this section, "do not resuscitate order" or "DNR order" means an order written by a physician licensed under chapter 370 or advanced practice registered nurse licensed under chapter 378 for a particular patient to withhold cardiopulmonary resuscitation of

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such patient, including chest compressions, defibrillation or breathing, or ventilation of such patient by any assistive or mechanical means, including, but not limited to, mouth-to-mouth, bag-valve mask, endotracheal tube or ventilator.

(b) The Department of Public Health shall adopt regulations, in accordance with chapter 54, to provide for a system governing the recognition and transfer of ["] do not resuscitate ["] or DNR orders between health care institutions licensed pursuant to chapter 368v and upon intervention by emergency medical services providers certified or licensed pursuant to chapter 368d. The regulations shall include, but not be limited to, procedures concerning the use of ["] do not resuscitate ["] bracelets. The regulations shall specify that, upon request of the patient or his or her authorized representative, the physician or advanced practice registered nurse who issued the ["] do not resuscitate ["] order shall assist the patient or his or her authorized representative in utilizing the system. The regulations shall not limit the authority of the Commissioner of Developmental Services under subsection (g) of section 17a-238 concerning orders applied to persons receiving services under the direction of the Commissioner of Developmental Services.

Sec. 7. Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

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

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

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

(3) Censure a practitioner or permittee;

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

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

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

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

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

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

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

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

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

(B) Subject to disciplinary action similar to that specified in this

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

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

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

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

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

(f) Such board or commission or the department may take

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disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action similar to an action specified in subsection (a) of this section by a duly authorized professional disciplinary agency of any state, [a federal governmental agency] the federal government, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Such board or commission or the department may rely upon the findings and conclusions made by a duly authorized professional disciplinary agency of any state, [a federal governmental agency] the federal government, the District of Columbia, a United States possession or territory or foreign jurisdiction in taking such disciplinary action.

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

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

Sec. 8. Section 20-74a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

As used in this chapter:

(1) "Occupational therapy" means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his daily pursuits. The practice

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of "occupational therapy" includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental [~~deficits~~] disabilities, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated [~~disfunction~~] dysfunction, using (A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional [~~deficits~~] disabilities or to minimize the disabling effect of these [~~deficits~~] disabilities in the life of the individual, (B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for [~~the handicapped~~] persons with disabilities, (C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups or through social systems. Occupational therapy also includes the establishment and modification of peer review.

(2) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this chapter and whose license is in good standing.

(3) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy, under the supervision of or with the consultation of a licensed occupational therapist, and whose license is in good standing.

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(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(5) "Department" means the Department of Public Health.

(6) "Supervision" means the overseeing of or participation in the work of an occupational therapist assistant by a licensed occupational therapist, including, but not limited to: (A) Continuous availability of direct communication between the occupational therapist assistant and the licensed occupational therapist; (B) availability of the licensed occupational therapist on a regularly scheduled basis to (i) review the practice of the occupational therapist assistant, and (ii) support the occupational therapist assistant in the performance of the occupational therapist assistant's services; and (C) a predetermined plan for emergency situations, including the designation of an alternate licensed occupational therapist to oversee or participate in the work of the occupational therapist assistant in the absence of the regular licensed occupational therapist.

Sec. 9. Subsection (a) of section 20-195 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) Nothing in this chapter shall be construed to limit the activities and services of a graduate student, intern or resident in psychology, pursuing a course of study in an educational institution under the provisions of section 20-189, if such activities constitute a part of a supervised course of study. No license as a psychologist shall be required of a person holding a doctoral degree based on a program of studies whose content was primarily psychological from an educational institution approved under the provisions of section 20-189, provided (1) such activities and services are necessary to satisfy the work experience as required by section 20-188, and (2) the exemption from the licensure requirement shall cease upon

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notification that the person did not successfully complete the licensing examination, as required under section 20-188, or one year after completion of such work experience, whichever occurs first. The provisions of this chapter shall not apply to any person in the salaried employ of any person, firm, corporation, educational institution or governmental agency when acting within the person's own organization. Nothing in this chapter shall be construed to prevent the giving of accurate information concerning education and experience by any person in any application for employment. Nothing in this chapter shall be construed to prevent physicians, optometrists, chiropractors, members of the clergy, attorneys-at-law or social workers from doing work of a psychological nature consistent with accepted standards in their respective professions.

Sec. 10. Subsection (c) of section 20-195bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(c) No license as a professional counselor shall be required of the following: (1) A person who furnishes uncompensated assistance in an emergency; (2) a clergyman, priest, minister, rabbi or practitioner of any religious denomination accredited by the religious body to which the person belongs and settled in the work of the ministry, provided the activities that would otherwise require a license as a professional counselor are within the scope of ministerial duties; (3) a sexual assault counselor, as defined in section 52-146k; (4) a person participating in uncompensated group or individual counseling; (5) a person with a master's degree in a health-related or human services-related field employed by a hospital, as defined in subsection (b) of section 19a-490, as amended by this act, performing services in accordance with section 20-195aa under the supervision of a person licensed by the state in one of the professions identified in subparagraphs (A) to (F), inclusive, of subdivision (2) of subsection (a) of section 20-195dd; (6) a person

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licensed or certified by any agency of this state and performing services within the scope of practice for which licensed or certified; (7) a student, intern or trainee pursuing a course of study in counseling in a regionally accredited institution of higher education, provided the activities that would otherwise require a license as a professional counselor are performed under supervision and constitute a part of a supervised course of study; (8) a person employed by an institution of higher education to provide academic counseling in conjunction with the institution's programs and services; [or] (9) a vocational rehabilitation counselor, job counselor, credit counselor, consumer counselor or any other counselor or psychoanalyst who does not purport to be a counselor whose primary service is the application of established principles of psycho-social development and behavioral science to the evaluation, assessment, analysis and treatment of emotional, behavioral or interpersonal dysfunction or difficulties that interfere with mental health and human development; or (10) a person who earned a degree in accordance with the requirements of subdivision (2) of subsection (a) of section 20-195dd, provided (A) the activities performed and services provided by such person constitute part of the supervised experience required for licensure under subdivision (3) of subsection (a) of said section, and (B) the exemption to the licensure requirement shall cease upon notification that the person did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said section, or one year after completion of such supervised experience, whichever occurs first.

Sec. 11. Subsection (a) of section 20-195f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) No license as a marital and family therapist shall be required of:
(1) A student pursuing a course of study in an educational institution

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meeting the requirements of section 20-195c if such activities constitute a part of his supervised course of study; (2) a faculty member within an institution of higher learning performing duties consistent with his position; (3) a person holding a graduate degree in marriage and family therapy; [or a certificate of completion of a postdegree program for marriage and family therapy education, provided such activities and services constitute a part of his supervised work experience required for licensure] provided (A) the activities performed or services provided by the person constitute part of the supervised work experience required for licensure under subdivision (3) of subsection (a) of section 20-195c, and (B) the exemption to the licensure requirement shall cease for a person who has completed the work experience required for licensure and received notification that he or she did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said section, one year after completion of such work experience; or (4) a person licensed or certified in this state in a field other than marital and family therapy practicing within the scope of such license or certification.

Sec. 12. Section 19a-52 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

Notwithstanding any other provision of the general statutes, the Department of Public Health and the department's contractors, in carrying out its powers and duties under section 19a-50, may, within [the limits of appropriations, purchase wheelchairs and placement equipment directly and without the issuance of a purchase order, provided such purchases shall not be in excess of six thousand five hundred dollars per unit purchased. All such purchases shall be made in the open market, but shall, when possible, be based on at least three competitive bids. Such bids shall be solicited by sending notice to prospective suppliers and by posting notice on a public bulletin board within said Department of Public Health. Each bid shall be opened

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publicly at the time stated in the notice soliciting such bid. Acceptance of a bid by said Department of Public Health shall be based on standard specifications as may be adopted by said department] available appropriations, purchase medically necessary and appropriate durable medical equipment and other goods and services approved by the department. Such goods and services shall be identical to the goods and services that are covered under the state Medicaid and HUSKY health programs administered by the Department of Social Services. The payment for such goods and services shall not exceed the state Medicaid rate for the same goods and services.

Sec. 13. Section 19a-53 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) [Each person licensed to practice medicine, surgery, midwifery, chiropractic, naturopathy, podiatry or nursing or to use any other means or agencies to treat, prescribe for, heal or otherwise alleviate deformity, ailment, disease or any other form of human ills, who has professional knowledge that any child under five years of age has any physical defect shall, within forty-eight hours from the time of acquiring such knowledge, mail to the Department of Public Health a report, stating the name and address of the child, the name and address of the child's parents or guardians,] As used in this section:

(1) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee;

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

(3) "Licensed health care professional" means a physician licensed pursuant to chapter 370, a physician assistant licensed pursuant to chapter 370, an advanced practice registered nurse or a registered nurse licensed pursuant to chapter 378 or a nurse midwife licensed

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pursuant to chapter 377; and

(4) "Newborn screening system" means the department's tracking system for the screening of newborns pursuant to section 19a-55, as amended by this act.

(b) The department may, within available appropriations, establish a birth defects surveillance program. Such program shall monitor the frequency, distribution and types of birth defects occurring in the state.

(c) Each child that is born in the state shall have a birth defects screening completed by a licensed health care professional prior to discharge from the hospital. The administrative officer or other person in charge of each hospital shall enter the results of each birth defects screening into the birth defects registry located in the department's newborn screening system in a form and manner prescribed by the commissioner.

(d) Any licensed health care professional who provides care or treatment to a child that is under the age of one and was born in the state and who observes or acquires knowledge that the child has a birth defect shall, not later than forty-eight hours after observing or acquiring knowledge of such defect, notify the department of such defect in a form and manner prescribed by the commissioner. Such notification shall contain information, including, but not limited to, the nature of the [physical] birth defect and such other information as may reasonably be required by the department. The department shall [prepare and furnish suitable blanks in duplicate for such reports, shall] post the notification form on the department's Internet web site and keep each [report] notification made under this section on file for at least six years from the date of its receipt. [thereof and shall furnish a copy thereof to the State Board of Education within ten days.]

(e) The commissioner shall have access to identifying information in

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the hospital discharge records of newborn infants born in the state upon request. Such identifying information shall be used solely for purposes of the birth defects surveillance program. A hospital, as defined in section 19a-490, as amended by this act, shall make available to the department upon request the medical records of a patient diagnosed with a birth defect or other adverse reproductive outcomes for purposes of research and verification of data.

(f) The commissioner shall use the information collected under this section and information available from other sources to conduct routine analyses to determine whether there were any preventable causes of the birth defects about which the department was notified under this section.

(g) All information, including, but not limited to, personally identifiable information collected from a health care professional or hospital under this section shall be confidential. Such personally identifiable information shall be used solely for purposes of the birth defects surveillance program. Access to such information shall be limited to the department and persons with a valid scientific interest and qualification as determined by the commissioner, provided the department and such persons are engaged in demographic, epidemiologic or other similar studies related to health and agree, in writing, to maintain the confidentiality of such information as prescribed in this section and section 19a-25.

(h) The commissioner shall maintain an accurate record of all persons who are given access to the information in the newborn screening system. The record shall include (1) the name, title and organizational affiliation of persons given access to the system, (2) dates of access, and (3) the specific purpose for which the information is used. The record shall be open to public inspection during the department's normal operating hours.

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(i) All research proposed to be conducted using personally identifiable information in the newborn screening system or requiring contact with affected individuals shall be reviewed and approved in advance by the commissioner.

(j) The commissioner may publish statistical compilations relating to birth defects or other adverse reproductive outcomes that do not in any way identify individual cases or individual sources of information.

Sec. 14. Subsection (b) of section 19a-55 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(b) In addition to the testing requirements prescribed in subsection (a) of this section, the administrative officer or other person in charge of each institution caring for newborn infants shall cause to have administered to (1) every such infant in its care a screening test for (A) cystic fibrosis, and (B) critical congenital heart disease, and (2) any newborn infant who fails a newborn hearing screening, as described in section 19a-59, a screening test for cytomegalovirus, provided such screening test shall be administered within available appropriations on and after January 1, 2016. On and after January 1, 2018, the administrative officer or other person in charge of each institution caring for newborn infants who performs the testing for critical congenital heart disease shall enter the results of such test into the newborn screening system pursuant to section 19a-53, as amended by this act. Such screening tests shall be administered as soon after birth as is medically appropriate.

Sec. 15. Section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) As used in this section:

(1) "Laboratory or firm" means an environmental laboratory

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registered by the Department of Public Health pursuant to section 19a-29a;

(2) "Private well" means a water supply well that meets all of the following criteria: (A) Is not a public well; (B) supplies a population of less than twenty-five persons per day; and (C) is owned or controlled through an easement or by the same entity that owns or controls the building or parcel that is served by the water supply;

(3) "Public well" means a water supply well that supplies a public water system;

(4) "Well for semipublic use" means a water supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; and

(5) "Water supply well" means an artificial excavation constructed by any method for the purpose of getting water for drinking or other domestic use.

[(a)] (b) The Commissioner of Public Health may adopt regulations in the Public Health Code for the preservation of the public health pertaining to (1) protection and location of new water supply wells or springs for residential construction or for public or semipublic use, and (2) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

[(b)] (c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, for the testing of water quality in private residential wells and wells for semipublic use. Any laboratory or firm which conducts a water quality test on a private well serving a residential property or well for semipublic use shall, not later than thirty days after the completion of such test, report the results of such test to (1) the public health authority of the municipality where the property is located, and (2) the Department of Public Health in a

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format specified by the department, provided such report shall [not] only be required if the party for whom the laboratory or firm conducted such test informs the laboratory or firm identified on the chain of custody documentation submitted with the test samples that the test was [not conducted within six months of] conducted in connection with the sale of such property. No regulation may require such a test to be conducted as a consequence or a condition of the sale, exchange, transfer, purchase or rental of the real property on which the private residential well or well for semipublic use is located. [For purposes of this section, "laboratory or firm" means an environmental laboratory registered by the Department of Public Health pursuant to section 19a-29a.]

[(c)] (d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a residential well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. Failure to provide such notice shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the buyer or tenant that the subject real property is located in an area for which there are reasonable grounds for testing under subsection [(f)] (g) or [(i)] (j) of this section.

[(d)] (e) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception and to describe the terms and conditions that shall be imposed when a well is allowed at a premises (1) that is connected to a public water supply system, or (2) whose boundary is located within two hundred feet of an approved community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the

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permit to the public water supplier, (B) address the quality of the water supplied from the well, the means and extent to which the well shall not be interconnected with the public water supply, the need for a physical separation, and the installation of a reduced pressure device for backflow prevention, the inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

[(e)] (f) No regulation may require that a certificate of occupancy for a dwelling unit on such residential property be withheld or revoked on the basis of a water quality test performed on a private residential well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply systems for any contaminant listed in the public health code has been exceeded. No administrative agency, health district or municipal health officer may withhold or cause to be withheld such a certificate of occupancy except as provided in this section.

[(f)] (g) The local director of health may require a private residential well or well for semipublic use to be tested for arsenic, radium, uranium, radon or gross alpha emitters, when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the existence of a geological area known to have naturally occurring arsenic, radium, uranium, radon or gross alpha emitter deposits in the bedrock; or (2) the well is located in an area in which it is known that arsenic, radium, uranium, radon or gross alpha emitters are present in the groundwater.

[(g)] (h) Except as provided in subsection [(h)] (i) of this section, the collection of samples for determining the water quality of private residential wells and wells for semipublic use may be made only by (1) employees of a laboratory or firm certified or approved by the Department of Public Health to test drinking water, if such employees

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have been trained in sample collection techniques, (2) certified water operators, (3) local health departments and state employees trained in sample collection techniques, or (4) individuals with training and experience that the Department of Public Health deems sufficient.

[(h)] (i) Any owner of a residential construction, including, but not limited to, a homeowner, on which a private residential well is located or any general contractor of a new residential construction on which a private residential well is located may collect samples of well water for submission to a laboratory or firm for the purposes of testing water quality pursuant to this section, provided (1) such laboratory or firm has provided instructions to said owner or general contractor on how to collect such samples, and (2) such owner or general contractor is identified to the subsequent owner on a form to be prescribed by the Department of Public Health. No regulation may prohibit or impede such collection or analysis.

[(i)] (j) The local director of health may require private residential wells and wells for semipublic use to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or (2) that the private residential well or well for semipublic use is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as identified in any public record.

(k) Any water transported in bulk by any means to a premises currently supplied by a private well or well for semipublic use where the water is to be used for purposes of drinking or domestic use shall be provided by a bulk water hauler licensed pursuant to section 20-278h. No bulk water hauler shall deliver water without first notifying

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the owner of the premises of such delivery. Bulk water hauling to a premises currently supplied by a private well or well for semipublic use shall be permitted only as a temporary measure to alleviate a water supply shortage.

Sec. 16. Subsection (a) of section 19a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

(a) Any resident of this state, or any corporation formed under the law of this state, may erect, maintain and conduct a crematory in this state and provide the necessary appliances and facilities for the disposal by incineration of the bodies of the dead, in accordance with the provisions of this section. The location of such crematory shall be within the confines of an established cemetery containing not less than twenty acres, which cemetery shall have been in existence and operation for at least five years immediately preceding the time of the erection of such crematory, or shall be within the confines of a plot of land approved for the location of a crematory by the selectmen of any town, the mayor and council or board of aldermen of any city and the warden and burgesses of any borough; provided, in any town, city or borough having a zoning commission, such commission shall have the authority to grant such approval. [This section shall not apply to any resident of this state or any corporation formed under the law of this state that was issued an air quality permit by the Department of Energy and Environmental Protection prior to October 1, 1998.] On and after July 1, 2017, no new crematory shall be located within five hundred feet of any residential structure or land for residential purposes not owned by the owner of the crematory.

Sec. 17. Subdivision (1) of subsection (c) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

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(c) (1) There is established a Quality of Care Advisory Committee which shall advise the Department of Public Health on the issues set forth in subdivisions (1) to (12), inclusive, of subsection (b) of this section. The advisory committee [shall] may meet at [least semiannually] the discretion of the Commissioner of Public Health.

Sec. 18. Section 19a-131g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

The Commissioner of Public Health shall establish a Public Health Preparedness Advisory Committee for purposes of advising the Department of Public Health on matters concerning emergency responses to a public health emergency. The advisory committee shall consist of the Commissioner of Public Health, the Commissioner of Emergency Services and Public Protection, the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, public safety and the judiciary, and representatives of town, city, borough and district directors of health, as appointed by the commissioner, and any other organization or persons that the commissioner deems relevant to the issues of public health preparedness. [The] Upon the request of the commissioner, the Public Health Preparedness Advisory Committee [shall develop] may meet to review the plan for emergency responses to a public health emergency [. Such plan may include an emergency notification service. Not later than January 1, 2004, and annually thereafter, the committee shall submit a report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety, on the status of a public health emergency plan and the resources needed for implementation of such plan] and other matters as deemed

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necessary by the commissioner.

Sec. 19. Subsection (f) of section 19a-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(f) (1) Except as provided in subdivision (2) of this subsection, a long-term care facility shall not employ, enter into a contract with or allow to volunteer any individual required to submit to a background search until the long-term care facility receives notice from the Department of Public Health pursuant to subdivision (4) of subsection (d) of this section.

(2) A long-term care facility may employ, enter into a contract with or allow to volunteer an individual required to submit to a background search on a conditional basis before the long-term care facility receives notice from the department that such individual does not have a disqualifying offense, provided: (A) The employment or contractual or volunteer period on a conditional basis shall last not more than sixty days, except the sixty-day time period may be extended by the department to allow for the filing and consideration of written request for a waiver of a disqualifying offense filed by an individual pursuant to subsection (d) of this section, (B) the long-term care facility has begun the review required under subsection (c) of this section and the individual has submitted to checks pursuant to subsection (c) of this section, (C) the individual is subject to direct, on-site supervision during the course of such conditional employment or contractual or volunteer period, and (D) the individual, in a signed statement (i) affirms that the individual has not committed a disqualifying offense, and (ii) acknowledges that a disqualifying offense reported in the background search required by subsection (c) of this section shall constitute good cause for termination and a long-term care facility may terminate the individual if a disqualifying offense is reported in said background search.

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Sec. 20. Section 19a-31a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) For purposes of this section: [, (1) a "biolevel-three laboratory" or "laboratory"]

(1) "Microbiological and biomedical biosafety laboratory" means a laboratory that (A) utilizes any living agent capable of causing a human infection or reportable human disease, or (B) is used to secure evidence of the presence or absence of a living agent capable of causing a human infection or reportable human disease, for the purposes of teaching, research or quality control of the infection or disease;

(2) "Biolevel-two microbiological and biomedical biosafety laboratory" means a microbiological and biomedical biosafety laboratory that presents a moderate hazard to personnel of exposure to an infection or disease and utilizes agents that are associated with human infection or disease;

(3) "Biolevel-three microbiological and biomedical biosafety laboratory" means a microbiological and biomedical biosafety laboratory [which is] operated by an institution of higher education, or any other research entity, that (A) handles agents that (i) have a known potential for aerosol transmission, (ii) may cause serious and potentially lethal human infections or diseases, and (iii) are either indigenous or exotic in origin, and (B) is designed and equipped under guidelines issued by the National Institutes of Health and the National Centers for Disease Control as a biolevel-three laboratory; [, and (2) "biolevel-three agent"] and

(4) "Biolevel-three agent" means an agent classified as a biolevel-three agent by the National Institutes of Health and the National Centers for Disease Control.

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(b) No biolevel-two microbiological and biomedical biosafety laboratory or biolevel-three microbiological and biomedical biosafety laboratory shall operate unless such laboratory has registered with the Department of Public Health and paid the registration fee required under subsection (c) of this section.

(c) The biennial registration fee for a biolevel-two microbiological and biomedical biosafety laboratory and a biolevel-three microbiological and biomedical biosafety laboratory shall be four hundred dollars.

(d) Microbiological and biomedical biosafety laboratories that are state or federally operated entities shall be exempt from the registration fee requirements set forth in subsection (c) of this section.

[(b)] (e) If an institution [which] that operates a biolevel-three microbiological and biomedical biosafety laboratory establishes a biosafety committee pursuant to the National Institutes of Health or the National Centers for Disease Control guidelines, such committee shall (1) forward the minutes of its meetings to the Department of Public Health and (2) meet at least annually with a representative of the Department of Public Health to review safety procedures and discuss health issues relating to the operation of the laboratory.

[(c)] (f) Each such institution shall report to the Department of Public Health any infection or injury relating to work at the laboratory with biolevel-three agents and any incidents relating to such work which result in a recommendation by the institution that employees or members of the public be tested or monitored for potential health problems because of the possibility of infection or injury or incidents which pose a threat to public health.

[(d)] (g) Each such institution shall report to the Department of Public Health any sanctions imposed on the laboratory or on the

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institution for incidents occurring at the laboratory by the National Institutes of Health, the National Centers for Disease Control, the United States Department of Defense or any other government agency.

Sec. 21. Section 19a-59c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

[(a)] The Department of Public Health is authorized to administer the federal Special Supplemental Food Program for Women, Infants and Children in the state, in accordance with federal law and regulations. The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, necessary to administer the program.

[(b)] There is established a Women, Infants and Children Advisory Council consisting of the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health; the Commissioner of Public Health or a designee; the executive director of the Commission on Women, Children and Seniors or a designee; a nutrition educator, appointed by the Governor; two local directors of the Women, Infants and Children program, one each appointed by the president pro tempore of the Senate and the speaker of the House of Representatives; two recipients of assistance under the Women, Infants and Children program, one each appointed by the majority leaders of the Senate and the House of Representatives; and two representatives of an anti-hunger organization, one each appointed by the minority leaders of the Senate and the House of Representatives. Council members shall serve for a term of two years. The chairperson and the vice-chairperson of the council shall be elected by the full membership of the council. Vacancies shall be filled by the appointing authority. The council shall meet at least twice a year. Council members shall serve without compensation. The council shall advise the Department of Public Health on issues pertaining to increased participation and access to services under the federal Special

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Supplemental Food Program for Women, Infants and Children.]

Sec. 22. Section 20-74s of the general statutes is amended by adding subsection (z) as follows (*Effective from passage*):

(NEW) (z) Nothing in this section shall be construed to prohibit or limit the ability of a licensed alcohol and drug counselor, who in the practice of alcohol and drug counseling, provides counseling services to an individual diagnosed with a co-occurring mental health condition other than alcohol and drug dependency, provided such counseling services are within the scope of practice of a licensed alcohol and drug counselor as described in this section.

Sec. 23. Section 35 of public act 15-242 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a task force to study rare diseases. The task force shall (1) examine research, diagnoses, treatment and education relating to rare diseases, and (2) make recommendations for the establishment of a permanent group of experts to advise the Department of Public Health on rare diseases. For purposes of this section, "rare disease" has the same meaning as provided in 21 USC 360bb, as amended from time to time.

(b) The task force shall consist of the following members:

(1) Four appointed by the speaker of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of neurology or neurological surgery, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of pediatrics, one of whom shall be an administrator of a hospital in the state, and one of whom shall be a medical researcher with experience conducting research concerning

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rare diseases;

(2) Four appointed by the president pro tempore of the Senate, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of cardiology or cardiovascular surgery, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of pulmonology, one of whom shall be a representative of a hospital in the state, and one of whom shall be a registered nurse or advanced practice registered nurse licensed and practicing in the state with experience treating rare diseases;

(3) Two appointed by the majority leader of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of orthopedics or orthopedic surgery, and one of whom shall be a rare disease survivor over the age of eighteen;

(4) Two appointed by the majority leader of the Senate, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of internal medicine, and one of whom shall be a caregiver of a pediatric rare disease survivor;

(5) Two appointed by the minority leader of the House of Representatives, one of whom shall be a physician licensed and practicing in the state with experience researching, diagnosing or treating rare diseases and representing the specialty of emergency medicine, and one of whom shall be a representative of the National Organization for Rare Disorders; [and]

(6) Two appointed by the minority leader of the Senate, one of

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whom shall be a representative of the biopharmaceutical industry in the state with experience in research and development relating to rare diseases, and one of whom shall be a representative of a hospital in the state with experience in research and development relating to rare diseases; [.] and

(7) The chairpersons of the General Assembly having cognizance of matters relating to public health, or such chairpersons' designee.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5), [or] (6) or (7) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) Not later than January 1, [2016] 2018, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, [2016] 2018, whichever is later.

Sec. 24. (NEW) (*Effective October 1, 2017*) Notwithstanding the provisions of sections 20-213, 20-217 and 20-227 of the general statutes, the Connecticut Board of Examiners of Embalmers and Funeral Directors and the Department of Public Health shall not take any disciplinary action pursuant to section 20-227 of the general statutes

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against a licensed embalmer or funeral director who received notification on or before October 1, 2017, that the licensee's score on the national board examination was invalidated as a result of the invalidation of such score if the licensee retakes and successfully completes the prescribed examination not later than October 1, 2018. Any affected licensee who fails to successfully complete the examination on or before October 1, 2018, shall have his or her license to practice as an embalmer or funeral director annulled, subject to the provisions of section 4-182 of the general statutes.

Sec. 25. Section 46a-28 of the general statutes, as amended by section 2 of public act 17-30, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Advisory Board for Persons Who are Deaf or Hard of Hearing shall consist of the following [~~fifteen~~] sixteen members appointed by the Governor: (1) The consultant appointed by the State Board of Education in accordance with section 10-316a, or the consultant's designee; (2) the president of the Connecticut Council of Organizations Serving the Deaf, or the president's designee; (3) the president of the Connecticut Association of the Deaf, or the president's designee; (4) the president of the Connecticut Registry of Interpreters for the Deaf, or the president's designee; (5) the Commissioner of Rehabilitation Services, or the commissioner's designee; (6) the executive director of the American School for the Deaf, or the executive director's designee; (7) a parent of a student in a predominantly oral education program; (8) a parent of a student at the American School for the Deaf; (9) a person who is deaf; (10) a person who is hard of hearing; (11) a person who is deaf and blind; (12) an interpreting professional who serves deaf or hard of hearing persons; (13) a health-care professional who works with persons who are deaf or hard of hearing; (14) the Governor's liaison to the disability community; [and] (15) an educator who works with children who are deaf or hard of

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hearing; and (16) the director of the Connecticut Chapter of We the Deaf People. The Commissioner of Rehabilitation Services, the Governor's liaison to the disability community and a member chosen by the majority of the board shall be the chairpersons of the advisory board.

(b) The advisory board shall meet at least quarterly or more often at the call of the chairpersons or a majority of the members. A majority of members in office but not less than [eight] nine voting members shall constitute a quorum.

(c) Any appointed member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned. Vacancies occurring otherwise than by expiration of term in the membership of the advisory board shall be filled by the Governor.

Sec. 26. Subsection (g) of section 2c-2h of the general statutes, as amended by section 4 of public act 17-30, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) Not later than July 1, 2020, and not later than every ten years thereafter, the joint standing committee of the General Assembly having cognizance of any of the following governmental entities or programs shall conduct a review of the applicable entity or program in accordance with the provisions of section 2c-3:

(1) Office of Long Term Care Ombudsman, established under section 17a-405;

(2) Regulation of nursing home administrators pursuant to chapter 368v;

(3) Regulation of hearing aid dealers pursuant to chapter 398; [and]

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(4) Plumbing and Piping Work Board, established under section 20-331; and

(5) Advisory Board for Persons Who are Deaf or Hard of Hearing, established under section 46a-27.

Sec. 27. Subsection (b) of section 46a-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Commissioner of Education shall assign one vocational rehabilitation consultant to act as a liaison staff member of the [commission] Advisory Board for Persons Who are Deaf or Hard of Hearing.

Sec. 28. Subsection (a) of section 19a-111i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) On or before [January 1, 2009] October 1, 2017, and annually thereafter, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the status of lead poisoning prevention efforts in the state. Such report shall include, but not be limited to, (1) the number of children screened for lead poisoning during the preceding calendar year, (2) the number of children diagnosed with elevated blood levels during the preceding calendar year, and (3) the amount of testing, remediation, abatement and management of materials containing toxic levels of lead in all premises during the preceding calendar year.

Sec. 29. Subsection (a) of section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, [and] (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r, and (3) other topics of relevance to the school-based health centers and expanded school sites, as requested by the commissioner.

Sec. 30. Subsection (g) of section 22a-430 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

(g) The commissioner shall, by regulation adopted prior to October 1, 1977, establish and define categories of discharges which constitute household and small commercial subsurface sewage disposal systems for which he shall delegate to the Commissioner of Public Health the authority to issue permits or approvals and to hold public hearings in accordance with this section, on and after said date. The Commissioner of Public Health shall, pursuant to section 19a-36, establish minimum requirements for household and small commercial subsurface sewage disposal systems and procedures for the issuance of such permits or approvals by the local director of health or a sanitarian registered pursuant to chapter 395. As used in this subsection, household and small commercial disposal systems shall include those subsurface sewage disposal systems with a capacity of [five] seven thousand five hundred gallons per day or less. Notwithstanding any provision of the general statutes or regulations of Connecticut state agencies, the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2017, shall apply to household and small

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commercial subsurface sewage disposal systems with a capacity of seven thousand five hundred gallons per day or less. Any permit denied by the Commissioner of Public Health, or a director of health or registered sanitarian shall be subject to hearing and appeal in the manner provided in section 19a-229. Any permit granted by said Commissioner of Public Health, or a director of health or registered sanitarian on or after October 1, 1977, shall be deemed equivalent to a permit issued under subsection (b) of this section.

Sec. 31. Subsection (a) of section 19a-492e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section "home health care agency" has the same meaning as provided in section 19a-490, as amended by this act. Notwithstanding the provisions of chapter 378, a registered nurse may delegate the administration of medications that are not administered by injection to homemaker-home health aides who have obtained certification and recertification every three years thereafter for medication administration in accordance with regulations adopted pursuant to subsection (b) of this section, unless the prescribing practitioner specifies that a medication shall only be administered by a licensed nurse. Any homemaker-home health aide who obtained certification in the administration of medications on or before June 30, 2015, shall obtain recertification on or before July 1, 2018.

Sec. 32. Subsection (b) of section 19a-495a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Each residential care home, as defined in section 19a-490, as amended by this act, shall ensure that [, on or before January 1, 2010,] an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the

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administration of medication. Certification and recertification of such personnel shall be in accordance with regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.

Sec. 33. Section 20-476 of the general statutes, as amended by section 2 of public act 17-66, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

On and after October 1, 2017, no person shall hold himself or herself out as a lead training provider, lead inspector, lead inspector risk assessor, lead planner-project designer, lead abatement supervisor or a lead abatement worker as defined in regulations adopted pursuant to section 20-478, in this state without a certificate issued by the Commissioner of Public Health. Applications for such certificate shall be made to the department on forms provided by it and shall be accompanied by a fee of fifty dollars, and shall contain such information regarding the applicant's qualifications as the department may require in regulations adopted pursuant to said section 20-478. No person shall be issued a certificate to act as a lead training provider, lead inspector, lead inspector risk assessor, lead planner-project designer, lead abatement supervisor or lead abatement worker unless such person obtains such approval. The commissioner may issue a certificate under this section to any person who is licensed or certified in another state under a law which provides standards which are equal to or higher than those of Connecticut and is not subject to any unresolved complaints or pending disciplinary actions. Certificates issued pursuant to this section shall be renewed annually in

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accordance with the provisions of section 19a-88 upon payment of a fee of fifty dollars. [The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.]

Sec. 34. Section 20-439 of the general statutes, as amended by section 9 of public act 17-66, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

For purposes of this section, "asbestos training provider" means a person or entity that offers a training program for asbestos abatement or asbestos consultation and certifies asbestos abatement workers, asbestos abatement site supervisors and asbestos consultants. On and after October 1, 2017, each asbestos training provider shall be certified by the department. The department shall issue an initial certification of a provider upon the provider's completion of an application and payment of a fee of fifty dollars. The certification issued pursuant to this section shall be renewed annually in accordance with the provisions of subsection (e) of section 19a-88 upon payment of a fee of fifty dollars. The department shall approve a training program upon determination that such program complies with such requirements as may be established in regulations adopted pursuant to section 20-440. Each application or reapplication for approval of a training program shall be accompanied by a fee of five hundred dollars. Each application for approval or reapproval of a refresher training program as required by section 20-441 shall be accompanied by a fee of two hundred fifty dollars. Each asbestos training provider shall furnish the department with a list of the persons who have successfully completed the course within thirty days of such completion. The department shall conduct periodic reviews of approved training courses and may revoke approval at any time it determines that the course fails to meet the requirements established in such regulations. [The Commissioner of Public Health may adopt regulations, in accordance with the

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provisions of chapter 54, to implement the provisions of this section.]

Sec. 35. Section 19a-342 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) As used in this section, "smoke" or "smoking" means the lighting or carrying of a lighted cigarette, cigar, pipe or similar device.

(b) (1) Notwithstanding the provisions of section 31-40q, as amended by this act, no person shall smoke: (A) In any building or portion of a building owned and operated or leased and operated by the state or any political subdivision thereof; (B) in any area of a health care institution; (C) in any area of a retail food store; (D) in any restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of an establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued after May 1, 2003, and, on and after April 1, 2004, in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c, as amended by this act; (F) within a school building while school is in session or student activities are being conducted; (G) in any passenger elevator, provided no person shall be arrested for violating this subsection unless there is posted in such elevator a sign which indicates that smoking is prohibited by state law; (H) in any dormitory in any public or private institution of higher education; or (I) on and after April 1, 2004, in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public.

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(2) This section shall not apply to (A) correctional facilities; (B) designated smoking areas in psychiatric facilities; (C) public housing projects, as defined in subsection (b) of section 21a-278a; (D) [classrooms] any classroom where demonstration smoking is taking place as part of a medical or scientific experiment or lesson; (E) smoking rooms provided by employers for employees, pursuant to section 31-40q, as amended by this act; (F) notwithstanding the provisions of subparagraph (E) of subdivision (1) of this subsection, the outdoor portion of the premises of any permittee listed in subparagraph (E) of subdivision (1) of this subsection, provided, in the case of any seating area maintained for the service of food, at least seventy-five per cent of the outdoor seating capacity is an area in which smoking is prohibited and which is clearly designated with written signage as a nonsmoking area, except that any temporary seating area established for special events and not used on a regular basis shall not be subject to the smoking prohibition or signage requirements of this subparagraph; [or] (G) any medical research site where smoking is integral to the research being conducted; or (H) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of December 31, 2002. For purposes of this subdivision, "outdoor" means an area which has no roof or other ceiling enclosure, "tobacco bar" means an establishment with a permit for the sale of alcoholic liquor to consumers issued pursuant to chapter 545 that, in the calendar year ending December 31, 2002, generated ten per cent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

(c) The operator of a hotel, motel or similar lodging may allow guests to smoke in not more than twenty-five per cent of the rooms offered as accommodations to guests.

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(d) In each room, elevator, area or building in which smoking is prohibited by this section, the person in control of the premises shall post or cause to be posted in a conspicuous place signs stating that smoking is prohibited by state law. Such signs, except in elevators, restaurants, establishments with permits to sell alcoholic liquor to consumers issued pursuant to chapter 545, hotels, motels or similar lodgings, and health care institutions, shall have letters at least four inches high with the principal strokes of letters not less than one-half inch wide.

(e) Any person found guilty of smoking in violation of this section, failure to post signs as required by this section or the unauthorized removal of such signs shall have committed an infraction. Nothing in this section shall be construed to require the person in control of a building to post such signs in every room of a building, provided such signs are posted in a conspicuous place in such building.

(f) Nothing in this section shall be construed to require any smoking area in any building.

(g) The provisions of this section shall supersede and preempt the provisions of any municipal law or ordinance relative to smoking effective prior to, on or after October 1, 1993.

Sec. 36. Section 19a-342a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(a) As used in this section and section 2 of public act 15-206:

(1) "Child care facility" means a provider of child care services as defined in section 19a-77, or a person or entity required to be licensed under section 17a-145;

(2) "Electronic nicotine delivery system" means an electronic device that may be used to simulate smoking in the delivery of nicotine or

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other substances to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device;

(3) "Liquid nicotine container" means a container that holds a liquid substance containing nicotine that is sold, marketed or intended for use in an electronic nicotine delivery system or vapor product, except "liquid nicotine container" does not include such a container that is prefilled and sealed by the manufacturer and not intended to be opened by the consumer; and

(4) "Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to produce a vapor that may or may not include nicotine, that is inhaled by the user of such product, but shall not include a medicinal or therapeutic product used by a (A) licensed health care provider to treat a patient in a health care setting, or (B) a patient, as prescribed or directed by a licensed health care provider in any setting.

(b) (1) No person shall use an electronic nicotine delivery system or vapor product: (A) In any building or portion of a building owned and operated or leased and operated by the state or any political subdivision thereof; (B) in any area of a health care institution; (C) in any area of a retail food store; (D) in any restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22a, 30-22c, 30-26, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-23 issued after May 1, 2003, or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c; (F) within a school building while school is in session or student activities are being conducted; (G)

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within a child care facility, except, if the child care facility is a family child care home as defined in section 19a-77, such use is prohibited only when a child enrolled in such home is present; (H) in any passenger elevator, provided no person shall be arrested for violating this subsection unless there is posted in such elevator a sign which indicates that such use is prohibited by state law; (I) in any dormitory in any public or private institution of higher education; or (J) in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public.

(2) This section shall not apply to (A) correctional facilities; (B) designated smoking areas in psychiatric facilities; (C) public housing projects, as defined in subsection (b) of section 21a-278a; (D) [classrooms] any classroom where a demonstration of the use of an electronic nicotine delivery system or vapor product is taking place as part of a medical or scientific experiment or lesson; (E) any medical research site where the use of an electronic nicotine delivery system or vapor product is integral to the research being conducted; (F) establishments without a permit for the sale of alcoholic liquor that sell electronic nicotine delivery systems, vapor products or liquid nicotine containers on-site and allow their customers to use such systems, products or containers on-site; [(F)] (G) smoking rooms provided by employers for employees, pursuant to section 31-40q, as amended by this act; [(G)] (H) notwithstanding the provisions of subparagraph (E) of subdivision (1) of this subsection, the outdoor portion of the premises of any permittee listed in subparagraph (E) of subdivision (1) of this subsection, provided, in the case of any seating area maintained for the service of food, at least seventy-five per cent of the outdoor seating capacity is an area in which smoking is prohibited and which is

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clearly designated with written signage as a nonsmoking area, except that any temporary seating area established for special events and not used on a regular basis shall not be subject to the prohibition on the use of an electronic nicotine delivery system or vapor product or the signage requirements of this subparagraph; or ~~[(H)]~~ (I) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of October 1, 2015. For purposes of this subdivision, "outdoor" means an area which has no roof or other ceiling enclosure, "tobacco bar" means an establishment with a permit for the sale of alcoholic liquor to consumers issued pursuant to chapter 545 that, in the calendar year ending December 31, 2015, generated ten per cent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

(c) The operator of a hotel, motel or similar lodging may allow guests to use an electronic nicotine delivery system or vapor product in not more than twenty-five per cent of the rooms offered as accommodations to guests.

(d) In each room, elevator, area or building in which the use of an electronic nicotine delivery system or vapor product is prohibited by this section, the person in control of the premises shall post or cause to be posted in a conspicuous place signs stating that such use is prohibited by state law. Such signs, except in elevators, restaurants, establishments with permits to sell alcoholic liquor to consumers issued pursuant to chapter 545, hotels, motels or similar lodgings, and health care institutions, shall have letters at least four inches high with the principal strokes of letters not less than one-half inch wide.

(e) Any person found guilty of using an electronic nicotine delivery system or vapor product in violation of this section, failure to post signs as required by this section or the unauthorized removal of such

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signs shall have committed an infraction.

(f) Nothing in this section shall be construed to require the designation of any area for the use of electronic nicotine delivery system or vapor product in any building.

(g) The provisions of this section shall supersede and preempt the provisions of any municipal law or ordinance relative to the use of an electronic nicotine delivery system or vapor product effective prior to, on or after October 1, 2015.

Sec. 37. Subsection (b) of section 53-344 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(b) Any person who sells, gives or delivers to any [minor] person under eighteen years of age tobacco [, unless the minor is delivering or accepting delivery in such person's capacity as an employee, in any form] shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within [an eighteen-month] a twenty-four-month period and not more than five hundred dollars for each subsequent offense within [an eighteen-month] a twenty-four-month period. The provisions of this subsection shall not apply to a person under eighteen years of age who is delivering or accepting delivery of tobacco (1) in such person's capacity as an employee, or (2) as part of a scientific study being conducted by an organization for the purpose of medical research to further efforts in tobacco use prevention and cessation, provided such medical research has been approved by the organization's institutional review board, as defined in section 21a-408.

Sec. 38. Subsection (b) of section 53-344b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

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(b) Any person who sells, gives or delivers to any [minor] person under eighteen years of age an electronic nicotine delivery system or vapor product [, unless the minor is delivering or accepting delivery in such person's capacity as an employee,] in any form shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within [an eighteen-month] a twenty-four-month period and not more than five hundred dollars for each subsequent offense within [an eighteen-month] a twenty-four-month period. The provisions of this subsection shall not apply to a person under eighteen years of age who is delivering or accepting delivery of an electronic nicotine delivery system or vapor product (1) in such person's capacity as an employee, or (2) as part of a scientific study being conducted by an organization for the purpose of medical research to further efforts in tobacco use prevention and cessation, provided such medical research has been approved by the organization's institutional review board, as defined in section 21a-408.

Sec. 39. Subdivision (4) of subsection (a) of section 31-40q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2017*):

(4) "Business facility" means a structurally enclosed location or portion thereof at which employees perform services for their employer. The term "business facility" does not include: (A) Facilities listed in subparagraph (A), (C) or [(G)] (H) of subdivision (2) of subsection (b) of section 19a-342, as amended by this act; (B) any establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued on or before May 1, 2003; (C) for any business that is engaged in the testing or development of tobacco or tobacco products, the areas of such business designated for such testing or development; or (D) during the period from October 1, 2003, to April 1, 2004, establishments with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling

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establishment holding a permit pursuant to subsection (a) of section 30-37c.

Sec. 40. (NEW) (*Effective from passage*) (a) Not later than October 1, 2017, and annually thereafter, any hospital that has been certified as a comprehensive stroke center, a primary stroke center or an acute stroke-ready hospital by the American Heart Association, the Joint Commission or any other nationally recognized certifying organization shall submit an attestation of such certification to the Commissioner of Public Health, in a form and manner prescribed by the commissioner. Not later than October 15, 2017, and annually thereafter, the Department of Public Health shall post a list of certified stroke centers on its Internet web site.

(b) The department may remove a hospital from the list posted pursuant to subsection (a) of this section if (1) the hospital requests such removal, (2) the department is informed by the American Heart Association, the Joint Commission or other nationally recognized certifying organization that a hospital's certification has expired or been suspended or revoked, or (3) the department does not receive attestation of certification from a hospital on or before October first. The department shall report to the nationally recognized certifying organization any complaint it receives related to the certification of a hospital as a comprehensive stroke center, a primary stroke center or an acute stroke-ready hospital. The department shall provide the complainant with the name and contact information of the nationally recognized certifying organization if the complainant seeks to pursue a complaint with such organization.

Sec. 41. (NEW) (*Effective October 1, 2017*) (a) As used in this section, "emergency medical services provider" means a provider licensed or certified under chapter 368d of the general statutes.

(b) Not later than January 1, 2018, and annually thereafter, the

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Department of Public Health shall send a list of each hospital designated under section 40 of this act as a comprehensive stroke center, primary stroke center or acute stroke-ready center to the medical director of each emergency medical services provider in the state. The Department of Public Health shall maintain a copy of the list in the Office of Emergency Medical Services.

(c) Not later than January 1, 2018, the Connecticut Emergency Medical Services Advisory Board Committee, established under section 19a-178a of the general statutes, shall recommend to the Commissioner of Public Health, for adoption, a nationally recognized standardized stroke triage assessment tool and prehospital care protocols related to the assessment, treatment and transport of stroke patients. Not later than thirty days after receiving recommendations regarding the stroke triage assessment tool and prehospital care protocols, the Commissioner of Public Health shall adopt such stroke triage assessment tool and post such assessment tool and protocols on its Internet web site. The commissioner may make any modifications to such assessment tool as the commissioner deems necessary. The department shall distribute a copy of the stroke triage assessment tool and prehospital care protocols to each emergency medical services provider. Upon receipt of such assessment tool and protocols, each emergency medical services provider shall develop plans to implement such assessment tool and protocols for the triage and transport of acute stroke patients.

Sec. 42. Section 19a-90 of the general statutes, as amended by section 1 of public act 17-6, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

(a) A health care provider giving prenatal care to a pregnant woman in this state during gestation shall order a blood sample of such woman for each of the following serological tests: (1) Not later than thirty days after the date of the first prenatal examination, a serological

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test for HIV and syphilis; (2) not later than twenty-eight to thirty-two weeks of gestation, a serological test for syphilis; (3) not later than thirty-two to thirty-six weeks of gestation, a serological test for HIV; and (4) at the time of delivery, a serological test for HIV and syphilis, provided the woman presents to labor and delivery without documentation of the required serological testing prescribed under subdivisions (2) and (3) of this subsection. No pregnant woman shall be subject to serological testing more than once during each of the time frames outlined in subdivisions (1) to (4), inclusive. A pregnant woman's consent to the HIV-related test, as defined in section 19a-581, shall be consistent with the consent given for the HIV-related test prescribed under section 19a-582, as amended by [this act] public act 17-6. The laboratory tests required by this section shall be made on request without charge by the Department of Public Health. For purposes of this subsection, "health care provider" means a physician licensed pursuant to chapter 370, advanced practice registered nurse licensed pursuant to chapter 378, physician assistant licensed pursuant to chapter 370 or nurse midwife licensed pursuant to chapter [372] 377.

(b) The provisions of this section shall not apply to any woman who objects to a blood test as being in conflict with her religious tenets and practices.

Sec. 43. Subdivision (3) of subsection (c) of section 20-112a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(3) On or after [January] July 1, 2018, (A) no licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board's infection control examination, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than nine months of on-the-job training

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by a licensed dentist for purposes of preparing the dental assistant for the Dental Assisting National Board's infection control examination, and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

Sec. 44. Subsection (f) of section 46 of public act 16-66 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(f) Not later than January 1, [2017] 2018, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, [2017] 2018, whichever is later.

Sec. 45. (*Effective from passage*) (a) The Department of Public Health shall, within available appropriations and in consultation with the Department of Social Services and the Insurance Department, convene a working group to implement a mobile integrated health care program. The program shall permit a paramedic, as defined in section 20-206jj of the general statutes, to provide community-based health care within his or her scope of practice and to make recommendations regarding transportation by emergency medical services providers of a patient to a destination other than an emergency department. For purposes of this section, "community-based health care" means health care provided using patient-centered, mobile resources outside of the hospital environment.

(b) The working group shall consist of the following members, who shall be appointed by the Commissioner of Public Health not later than sixty days after the effective date of this section: (1) A representative of the Connecticut Hospital Association, or such representative's designee; (2) a chairperson of the Connecticut Emergency Medical

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Services Medical Advisory Committee, established pursuant to section 19a-178a of the general statutes, or such chairperson's designee; (3) an advanced practice registered nurse licensed under section 20-94a of the general statutes; (4) a licensed behavioral health professional; (5) a representative of the Community Health Center Association of Connecticut; (6) a representative from a primary care provider that self-identifies as an urgent care facility; (7) a representative of the Connecticut commercial health insurance industry; (8) a representative of a fire department-based emergency medical services provider; (9) three representatives of emergency medical services providers, at least one of whom shall be a designee of the Association of Connecticut Ambulance Providers and have a background in providing ambulance services in a rural area of the state, one of whom shall have a background in providing ambulance services in an urban area of the state, and one of whom shall be a designee of the Connecticut Emergency Medical Services Chiefs' Association; (10) a representative of the Connecticut Association for Healthcare at Home; (11) a representative of an agency providing hospice care that is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x, as amended from time to time; (12) a representative of the Connecticut Nurses Association; and (13) a representative of the Connecticut College of Emergency Physicians. The working group shall also consist of the following members, or their designees: (A) The director of the Office of Emergency Medical Services, as defined in section 19a-175 of the general statutes; (B) the chairperson of the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a of the general statutes; (C) the Commissioners of Public Health and Social Services and the Insurance Commissioner; (D) the Secretary of the Office of Policy and Management; and (E) the chairpersons, vice chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health.

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(c) (1) The tasks of the working group shall include, but not be limited to, identifying (A) areas in the state that would benefit from a mobile integrated health care program due to gaps in the availability of health care services in such areas, (B) any patient care interventions that a paramedic may provide within a paramedic's scope of practice, (C) any additional education or training that paramedics may need in order to provide community-based health care, (D) any potential savings or additional costs associated with the provision of health care coverage for community-based health care that an insured, as defined in section 38a-1 of the general statutes, or the Medicaid program administered by the Department of Social Services, may incur, (E) any potential reimbursement issues related to health care coverage for the provision of community-based health care by a paramedic, (F) minimum criteria for the implementation of the mobile integrated health care program, (G) any statute or regulation that may be impacted by the implementation of the mobile integrated health care program, and (H) any successful models for a mobile integrated health care program implemented in other areas of the country.

(2) The working group shall, in collaboration with the Emergency Medical Services Advisory Board and its Medical Advisory Committee, make recommendations regarding (A) the ability of an emergency medical services provider to transport a patient to an alternative destination other than a hospital emergency department for health care services when established protocols dictate that the emergency department is not the most appropriate destination for such patient, and (B) whether an emergency medical services provider requires additional training for purposes of making a determination regarding whether to transport a patient to an alternative destination.

(d) Not later than January 1, 2019, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding the outcome and the

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recommendations of the working group to implement the mobile integrated health care program to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

Sec. 46. (*Effective from passage*) (a) There is established a task force to study the projected shortage in the psychiatry workforce in the state. Such study shall include, but need not be limited to, an examination of the causes of and potential solutions for avoiding or reducing the projected shortage in the psychiatry workforce.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom is a child and adolescent psychiatrist and one of whom is a psychologist;

(2) Two appointed by the president pro tempore of the Senate, one of whom is a psychiatrist and one of whom has expertise in workforce shortages and development;

(3) Two appointed by the majority leader of the House of Representatives, one of whom has expertise in social work and counseling and one of whom is a primary care provider who consults with psychiatrists;

(4) Two appointed by the majority leader of the Senate, one of whom has expertise in recovery support and one of whom is a representative of an institution that employs psychiatrists, including an inpatient psychiatric hospital, outpatient clinic or emergency department in the state;

(5) Two appointed by the minority leader of the House of Representatives, one of whom is a physician assistant for a psychiatrist and one of whom is an emergency medicine physician; and

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(6) Two appointed by the minority leader of the Senate, one of whom is a psychiatric nurse practitioner and one of whom is a faculty member from a department of psychiatry of a school of medicine in the state.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than thirty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as administrative staff of the task force.

(g) Not later than July 1, 2018, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or July 1, 2018, whichever is later.

Sec. 47. Section 10-500 of the general statutes is amended by adding subsection (e) as follows (*Effective from passage*):

(NEW) (e) The Connecticut Head Start State Collaboration Office shall be based in the Office of Early Childhood.

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Sec. 48. Sections 19a-6j to 19a-6l, inclusive, and 19a-6n of the general statutes are repealed. (*Effective October 1, 2017*)

Approved June 30, 2017