



House of Representatives

General Assembly

File No. 594

January Session, 2017

Substitute House Bill No. 7222

House of Representatives, April 13, 2017

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***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:

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2 repealed and the following is substituted in lieu thereof (*Effective*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

4 (a) No person acting individually or jointly with any other person
5 shall establish, conduct, operate or maintain an institution in this state
6 without a license as required by this chapter, except for persons issued
7 a license by the Commissioner of Children and Families pursuant to
8 section 17a-145 for the operation of (1) a substance abuse treatment
9 facility, or (2) a facility for the purpose of caring for women during
10 pregnancies and for women and their infants following such
11 pregnancies. Application for such license shall (A) be made to the
12 Department of Public Health upon forms provided by it, [and shall] (B)
13 be accompanied by the fee required under subsection (c), (d) or (e) of
14 this section, and (C) contain such information as the department
15 requires, which may include affirmative evidence of ability to comply

16 with reasonable standards and regulations prescribed under the
17 provisions of this chapter. The commissioner may require as a
18 condition of licensure that an applicant sign a consent order providing
19 reasonable assurances of compliance with the Public Health Code. The
20 commissioner may issue more than one chronic disease hospital
21 license to a single institution until such time as the state offers a
22 rehabilitation hospital license.

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 Section 19a-490 of the general statutes is repealed and the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

25 As used in this chapter and sections 17b-261e, 38a-498b and 38a-
26 525b:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

104 (n) "Multicare institution" means a hospital, psychiatric outpatient
105 clinic for adults, free-standing facility for the care or treatment of
106 substance abusive or dependent persons, hospital for psychiatric
107 disabilities, as defined in section 17a-495, or a general acute care
108 hospital that provides outpatient behavioral health services that (1) is
109 licensed in accordance with this chapter, (2) has more than one facility
110 or one or more satellite units owned and operated by a single licensee,
111 and (3) offers complex patient health care services at each facility or

112 satellite unit; [and]

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

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

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

132 (a) As used in this section:

133 (1) "General supervision of a licensed dentist" means supervision
134 that authorizes dental hygiene procedures to be performed with the
135 knowledge of said licensed dentist, whether or not the dentist is on the
136 premises when such procedures are being performed;

137 (2) "Public health facility" means an institution, as defined in section
138 19a-490, a community health center, a group home, a school, a
139 preschool operated by a local or regional board of education or a head
140 start program or a program offered or sponsored by the federal Special
141 Supplemental Food Program for Women, Infants and Children; [and]

142 (3) The "practice of dental hygiene" means the performance of

143 educational, preventive and therapeutic services including: Complete
144 prophylaxis; the removal of calcerous deposits, accretions and stains
145 from the supragingival and subgingival surfaces of the teeth by
146 scaling, root planing and polishing; the application of pit and fissure
147 sealants and topical solutions to exposed portions of the teeth; dental
148 hygiene examinations and the charting of oral conditions; dental
149 hygiene assessment, treatment planning and evaluation; the
150 administration of local anesthesia in accordance with the provisions of
151 subsection (d) of this section; and collaboration in the implementation
152 of the oral health care regimen; and

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

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

158 (g) Each licensed dental hygienist applying for license renewal shall
159 earn a minimum of sixteen contact hours of continuing education
160 within the preceding twenty-four-month period, including, for
161 registration periods beginning on and after October 1, 2016, at least
162 one contact hour of training or education in infection control in a
163 dental setting and, for registration periods beginning on and after
164 October 1, 2017, at least one contact hour of training or education in
165 cultural competency. The subject matter for continuing education shall
166 reflect the professional needs of the licensee in order to meet the health
167 care needs of the public. Continuing education activities shall provide
168 significant theoretical or practical content directly related to clinical or
169 scientific aspects of dental hygiene. Qualifying continuing education
170 activities include, but are not limited to, courses, including on-line
171 courses, that are offered or approved by dental schools and other
172 institutions of higher education that are accredited or recognized by
173 the Council on Dental Accreditation, a regional accrediting
174 organization, the American Dental Association, a state, district or local
175 dental association or society affiliated with the American Dental

176 Association, the National Dental Association, the American Dental
177 Hygienists Association or a state, district or local dental hygiene
178 association or society affiliated with the American Dental Hygienists
179 Association, the Academy of General Dentistry, the Academy of
180 Dental Hygiene, the American Red Cross or the American Heart
181 Association when sponsoring programs in cardiopulmonary
182 resuscitation or cardiac life support, the United States Department of
183 Veterans Affairs and armed forces of the United States when
184 conducting programs at United States governmental facilities, a
185 hospital or other health care institution, agencies or businesses whose
186 programs are accredited or recognized by the Council on Dental
187 Accreditation, local, state or national medical associations, or a state or
188 local health department. Eight hours of volunteer dental practice at a
189 public health facility, as defined in subsection (a) of this section, may
190 be substituted for one contact hour of continuing education, up to a
191 maximum of five contact hours in one two-year period. Activities that
192 do not qualify toward meeting these requirements include professional
193 organizational business meetings, speeches delivered at luncheons or
194 banquets, and the reading of books, articles, or professional journals.
195 Not more than four contact hours of continuing education may be
196 earned through an on-line or other distance learning program.

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

200 (f) On and after [February 1, 2004] October 1, 2017, each local or
201 regional board of education shall report to the local health department
202 and the Department of Public Health, on an [annual] triennial basis,
203 the total number of pupils per school and per school district having a
204 diagnosis of asthma (1) at the time of public school enrollment, (2) in
205 grade six or seven, and (3) in grade ten or eleven. The report shall
206 contain the asthma information collected as required under
207 subsections (b) and (c) of this section and shall include pupil age,
208 gender, race, ethnicity and school. Beginning on October 1, 2004, and
209 every three years thereafter, the Department of Public Health shall

210 review the asthma screening information reported pursuant to this
211 section and shall submit a report to the joint standing committees of
212 the General Assembly having cognizance of matters relating to public
213 health and education concerning asthma trends and distributions
214 among pupils enrolled in the public schools. The report shall be
215 submitted in accordance with the provisions of section 11-4a and shall
216 include, but not be limited to, trends and findings based on pupil age,
217 gender, race, ethnicity, school and the education reference group, as
218 determined by the Department of Education for the town or regional
219 school district in which such school is located.

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

222 (a) For purposes of this section, "do not resuscitate order" or "DNR
223 order" means an order written by a physician licensed under chapter
224 370 or advanced practice registered nurse licensed under chapter 378
225 for a particular patient to withhold cardiopulmonary resuscitation of
226 such patient, including chest compressions, defibrillation or breathing,
227 or ventilation of such patient by any assistive or mechanical means,
228 including, but not limited to, mouth-to-mouth, bag-valve mask,
229 endotracheal tube or ventilator.

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

243 subsection (g) of section 17a-238 concerning orders applied to persons
244 receiving services under the direction of the Commissioner of
245 Developmental Services.

246 Sec. 7. (NEW) (*Effective October 1, 2017*) Each health care institution,
247 as defined in section 19a-490 of the general statutes, as amended by
248 this act, shall report to the Department of Public Health any major
249 systems failure, including, but not limited to, loss of water, heat or
250 electricity, or any incident that causes an activation of the institution's
251 emergency preparedness plan. Failure to report such failure or
252 incident, not later than four hours after discovering such failure or
253 incident, may result in the imposition of a fine not to exceed one
254 hundred dollars per day commencing with the date of such failure or
255 incident until compliance with the reporting requirement has been
256 achieved.

257 Sec. 8. Section 19a-17 of the general statutes is repealed and the
258 following is substituted in lieu thereof (*Effective October 1, 2017*):

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

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

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

268 (3) Censure a practitioner or permittee;

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

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

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

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

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

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

280 (7) In those cases involving persons or entities licensed or certified
281 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and
282 20-476, require that restitution be made to an injured property owner;
283 or

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

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

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

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

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

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

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

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

333 (g) As used in this section, the term "license" shall be deemed to
334 include the following authorizations relative to the practice of any

335 profession listed in subsection (a) of this section: (1) Licensure by the
336 Department of Public Health; (2) certification by the Department of
337 Public Health; and (3) certification by a national certification body.

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

343 Sec. 9. Section 20-110 of the general statutes is repealed and the
344 following is substituted in lieu thereof (*Effective October 1, 2017*):

345 [The Department of Public Health may without examination, issue a
346 license to any dentist who is licensed in some other state or territory, if
347 such other state or territory has requirements for admission
348 determined by the department to be similar to or higher than the
349 requirements of this state, upon certification from the board of
350 examiners or like board of the state or territory in which such dentist
351 was a practitioner certifying to his competency and upon payment of a
352 fee of five hundred sixty-five dollars to said department.] The
353 Department of Public Health may, upon receipt of an application and a
354 fee of five hundred sixty-five dollars, issue a license without
355 examination to a currently practicing, competent dentist in another
356 state or territory who (1) holds a current valid license in good
357 professional standing issued after examination by another state or
358 territory that maintains licensing standards which, except for the
359 practical examination, are commensurate with this state's standards,
360 and (2) has worked continuously as a licensed dentist in an academic
361 or clinical setting in another state or territory for a period of not less
362 than five years immediately preceding the application for licensure
363 without examination. No license shall be issued under this section to
364 any applicant against whom professional disciplinary action is
365 pending or who is the subject of an unresolved complaint. The
366 department shall inform the Dental Commission annually of the
367 number of applications it receives for licensure under this section.

368 Sec. 10. Section 20-74a of the general statutes is repealed and the
369 following is substituted in lieu thereof (*Effective October 1, 2017*):

370 As used in this chapter:

371 (1) "Occupational therapy" means the evaluation, planning and
372 implementation of a program of purposeful activities to develop or
373 maintain adaptive skills necessary to achieve the maximal physical and
374 mental functioning of the individual in his daily pursuits. The practice
375 of "occupational therapy" includes, but is not limited to, evaluation
376 and treatment of individuals whose abilities to cope with the tasks of
377 living are threatened or impaired by developmental [deficits]
378 disabilities, the aging process, learning disabilities, poverty and
379 cultural differences, physical injury or disease, psychological and
380 social disabilities, or anticipated [dysfunction] dysfunction, using (A)
381 such treatment techniques as task-oriented activities to prevent or
382 correct physical or emotional [deficits] disabilities or to minimize the
383 disabling effect of these [deficits] disabilities in the life of the
384 individual, (B) such evaluation techniques as assessment of sensory
385 motor abilities, assessment of the development of self-care activities
386 and capacity for independence, assessment of the physical capacity for
387 prevocational and work tasks, assessment of play and leisure
388 performance, and appraisal of living areas for [the handicapped]
389 persons with disabilities, (C) specific occupational therapy techniques
390 such as activities of daily living skills, the fabrication and application
391 of splinting devices, sensory motor activities, the use of specifically
392 designed manual and creative activities, guidance in the selection and
393 use of adaptive equipment, specific exercises to enhance functional
394 performance and treatment techniques for physical capabilities for
395 work activities. Such techniques are applied in the treatment of
396 individual patients or clients, in groups or through social systems.
397 Occupational therapy also includes the establishment and modification
398 of peer review.

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

401 good standing.

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

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

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

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

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

425 (a) Nothing in this chapter shall be construed to limit the activities
426 and services of a graduate student, intern or resident in psychology,
427 pursuing a course of study in an educational institution under the
428 provisions of section 20-189, if such activities constitute a part of a
429 supervised course of study. No license as a psychologist shall be
430 required of a person holding a doctoral degree based on a program of
431 studies whose content was primarily psychological from an

432 educational institution approved under the provisions of section 20-
433 189, provided (1) such activities and services are necessary to satisfy
434 the work experience as required by section 20-188, and (2) the
435 exemption from the licensure requirement shall cease upon
436 notification that the person did not successfully complete the licensing
437 examination, as required under section 20-188, or six months after
438 completion of such work experience, whichever occurs first. The
439 provisions of this chapter shall not apply to any person in the salaried
440 employ of any person, firm, corporation, educational institution or
441 governmental agency when acting within the person's own
442 organization. Nothing in this chapter shall be construed to prevent the
443 giving of accurate information concerning education and experience
444 by any person in any application for employment. Nothing in this
445 chapter shall be construed to prevent physicians, optometrists,
446 chiropractors, members of the clergy, attorneys-at-law or social
447 workers from doing work of a psychological nature consistent with
448 accepted standards in their respective professions.

449 Sec. 12. Subsection (c) of section 20-195bb of the general statutes is
450 repealed and the following is substituted in lieu thereof (*Effective*
451 *October 1, 2017*):

452 (c) No license as a professional counselor shall be required of the
453 following: (1) A person who furnishes uncompensated assistance in an
454 emergency; (2) a clergyman, priest, minister, rabbi or practitioner of
455 any religious denomination accredited by the religious body to which
456 the person belongs and settled in the work of the ministry, provided
457 the activities that would otherwise require a license as a professional
458 counselor are within the scope of ministerial duties; (3) a sexual assault
459 counselor, as defined in section 52-146k; (4) a person participating in
460 uncompensated group or individual counseling; (5) a person with a
461 master's degree in a health-related or human services-related field
462 employed by a hospital, as defined in subsection (b) of section 19a-490,
463 as amended by this act, performing services in accordance with section
464 20-195aa under the supervision of a person licensed by the state in one
465 of the professions identified in subparagraphs (A) to (F), inclusive, of

466 subdivision (2) of subsection (a) of section 20-195dd; (6) a person
467 licensed or certified by any agency of this state and performing
468 services within the scope of practice for which licensed or certified; (7)
469 a student, intern or trainee pursuing a course of study in counseling in
470 a regionally accredited institution of higher education, provided the
471 activities that would otherwise require a license as a professional
472 counselor are performed under supervision and constitute a part of a
473 supervised course of study; (8) a person employed by an institution of
474 higher education to provide academic counseling in conjunction with
475 the institution's programs and services; [or] (9) a vocational
476 rehabilitation counselor, job counselor, credit counselor, consumer
477 counselor or any other counselor or psychoanalyst who does not
478 purport to be a counselor whose primary service is the application of
479 established principles of psycho-social development and behavioral
480 science to the evaluation, assessment, analysis and treatment of
481 emotional, behavioral or interpersonal dysfunction or difficulties that
482 interfere with mental health and human development; or (10) a person
483 who earned a degree in accordance with the requirements of
484 subdivision (2) of subsection (a) of section 20-195dd, provided (A) the
485 activities performed and services provided by such person constitute
486 part of the supervised experience required for licensure under
487 subdivision (3) of subsection (a) of said section, and (B) the exemption
488 to the licensure requirement shall cease upon notification that the
489 person did not successfully complete the licensing examination, as
490 required under subdivision (4) of subsection (a) of said section, or six
491 months after completion of such supervised experience, whichever
492 occurs first.

493 Sec. 13. Subsection (a) of section 20-195f of the general statutes is
494 repealed and the following is substituted in lieu thereof (*Effective*
495 *October 1, 2017*):

496 (a) No license as a marital and family therapist shall be required of:
497 (1) A student pursuing a course of study in an educational institution
498 meeting the requirements of section 20-195c if such activities constitute
499 a part of his supervised course of study; (2) a faculty member within

500 an institution of higher learning performing duties consistent with his
501 position; (3) a person holding a graduate degree in marriage and
502 family therapy; [or a certificate of completion of a postdegree program
503 for marriage and family therapy education, provided such activities
504 and services constitute a part of his supervised work experience
505 required for licensure;] provided (A) the activities performed or
506 services provided by the person constitute part of the supervised work
507 experience required for licensure under subdivision (3) of subsection
508 (a) of section 20-195c, and (B) the exemption to the licensure
509 requirement shall cease upon notification that the person did not
510 successfully complete the licensing examination, as required under
511 subdivision (4) of subsection (a) of said section, or six months after
512 completion of such work experience, whichever occurs first; or (4) a
513 person licensed or certified in this state in a field other than marital
514 and family therapy practicing within the scope of such license or
515 certification.

516 Sec. 14. Section 19a-52 of the general statutes is repealed and the
517 following is substituted in lieu thereof (*Effective October 1, 2017*):

518 Notwithstanding any other provision of the general statutes, the
519 Department of Public Health and the department's contractors, in
520 carrying out its powers and duties under section 19a-50, may, within
521 [the limits of appropriations, purchase wheelchairs and placement
522 equipment directly and without the issuance of a purchase order,
523 provided such purchases shall not be in excess of six thousand five
524 hundred dollars per unit purchased. All such purchases shall be made
525 in the open market, but shall, when possible, be based on at least three
526 competitive bids. Such bids shall be solicited by sending notice to
527 prospective suppliers and by posting notice on a public bulletin board
528 within said Department of Public Health. Each bid shall be opened
529 publicly at the time stated in the notice soliciting such bid. Acceptance
530 of a bid by said Department of Public Health shall be based on
531 standard specifications as may be adopted by said department]
532 available appropriations, purchase medically necessary and
533 appropriate durable medical equipment and other goods and services

534 approved by the department. Such goods and services shall be
535 identical to the goods and services that are covered under the state
536 Medicaid and HUSKY health programs administered by the
537 Department of Social Services. The payment for such goods and
538 services shall not exceed the state Medicaid rate for the same goods
539 and services.

540 Sec. 15. Section 19a-53 of the general statutes is repealed and the
541 following is substituted in lieu thereof (*Effective October 1, 2017*):

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

551 (a) As used in this section:

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

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

555 (3) "Licensed health care professional" means a physician licensed
556 pursuant to chapter 370, a physician assistant licensed pursuant to
557 chapter 370, an advanced practice registered nurse or a registered
558 nurse licensed pursuant to chapter 378 or a nurse midwife licensed
559 pursuant to chapter 377; and

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

563 (b) The department may, within available appropriations, establish

564 a birth defects surveillance program. Such program shall monitor the
565 frequency, distribution and types of birth defects occurring in the state.

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

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

587 (e) The commissioner shall have access to identifying information in
588 the hospital discharge records of newborn infants born in the state
589 upon request. Such identifying information shall be used solely for
590 purposes of the birth defects surveillance program. A hospital, as
591 defined in section 19a-490, as amended by this act, shall make available
592 to the department upon request the medical records of a patient
593 diagnosed with a birth defect or other adverse reproductive outcomes
594 for purposes of research and verification of data.

595 (f) The commissioner shall use the information collected under this
596 section and information available from other sources to conduct

597 routine analyses to determine whether there were any preventable
598 causes of the birth defects about which the department was notified
599 under this section.

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

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

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

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

625 Sec. 16. Subsection (b) of section 19a-55 of the general statutes is
626 repealed and the following is substituted in lieu thereof (*Effective*
627 *October 1, 2017*):

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

643 Sec. 17. Section 19a-37 of the general statutes is repealed and the
644 following is substituted in lieu thereof (*Effective October 1, 2017*):

645 (a) As used in this section:

646 (1) "Laboratory or firm" means an environmental laboratory
647 registered by the Department of Public Health pursuant to section 19a-
648 29a;

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

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

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

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

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

668 [(b)] (c) The Commissioner of Public Health shall adopt regulations,
669 in accordance with chapter 54, for the testing of water quality in
670 private residential wells and wells for semipublic use. Any laboratory
671 or firm which conducts a water quality test on a private well serving a
672 residential property or well for semipublic use shall, not later than
673 thirty days after the completion of such test, report the results of such
674 test to (1) the public health authority of the municipality where the
675 property is located, and (2) the Department of Public Health in a
676 format specified by the department, provided such report shall [not]
677 only be required if the party for whom the laboratory or firm
678 conducted such test informs the laboratory or firm identified on the
679 chain of custody documentation submitted with the test samples that
680 the test was [not conducted within six months of] conducted in
681 connection with the sale of such property. No regulation may require
682 such a test to be conducted as a consequence or a condition of the sale,
683 exchange, transfer, purchase or rental of the real property on which the
684 private residential well or well for semipublic use is located. [For
685 purposes of this section, "laboratory or firm" means an environmental
686 laboratory registered by the Department of Public Health pursuant to
687 section 19a-29a.]

688 [(c)] (d) Prior to the sale, exchange, purchase, transfer or rental of
689 real property on which a residential well is located, the owner shall
690 provide the buyer or tenant notice that educational material
691 concerning private well testing is available on the Department of

692 Public Health web site. Failure to provide such notice shall not
693 invalidate any sale, exchange, purchase, transfer or rental of real
694 property. If the seller or landlord provides such notice in writing, the
695 seller or landlord and any real estate licensee shall be deemed to have
696 fully satisfied any duty to notify the buyer or tenant that the subject
697 real property is located in an area for which there are reasonable
698 grounds for testing under subsection ~~[(f)] (g)~~ or ~~[(i)] (j)~~ of this section.

699 ~~[(d)] (e)~~ The Commissioner of Public Health shall adopt regulations,
700 in accordance with chapter 54, to clarify the criteria under which the
701 commissioner may issue a well permit exception and to describe the
702 terms and conditions that shall be imposed when a well is allowed at a
703 premises (1) that is connected to a public water supply system, or (2)
704 whose boundary is located within two hundred feet of an approved
705 community water supply system, measured along a street, alley or
706 easement. Such regulations shall (A) provide for notification of the
707 permit to the public water supplier, (B) address the quality of the
708 water supplied from the well, the means and extent to which the well
709 shall not be interconnected with the public water supply, the need for
710 a physical separation, and the installation of a reduced pressure device
711 for backflow prevention, the inspection and testing requirements of
712 any such reduced pressure device, and (C) identify the extent and
713 frequency of water quality testing required for the well supply.

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

723 ~~[(f)] (g)~~ The local director of health may require a private residential
724 well or well for semipublic use to be tested for arsenic, radium,

725 uranium, radon or gross alpha emitters, when there are reasonable
726 grounds to suspect that such contaminants are present in the
727 groundwater. For purposes of this subsection, "reasonable grounds"
728 means (1) the existence of a geological area known to have naturally
729 occurring arsenic, radium, uranium, radon or gross alpha emitter
730 deposits in the bedrock; or (2) the well is located in an area in which it
731 is known that arsenic, radium, uranium, radon or gross alpha emitters
732 are present in the groundwater.

733 [(g)] (h) Except as provided in subsection [(h)] (i) of this section, the
734 collection of samples for determining the water quality of private
735 residential wells and wells for semipublic use may be made only by (1)
736 employees of a laboratory or firm certified or approved by the
737 Department of Public Health to test drinking water, if such employees
738 have been trained in sample collection techniques, (2) certified water
739 operators, (3) local health departments and state employees trained in
740 sample collection techniques, or (4) individuals with training and
741 experience that the Department of Public Health deems sufficient.

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

753 [(i)] (j) The local director of health may require private residential
754 wells and wells for semipublic use to be tested for pesticides,
755 herbicides or organic chemicals when there are reasonable grounds to
756 suspect that any such contaminants might be present in the
757 groundwater. For purposes of this subsection, "reasonable grounds"

758 means (1) the presence of nitrate-nitrogen in the groundwater at a
759 concentration greater than ten milligrams per liter, or (2) that the
760 private residential well or well for semipublic use is located on land, or
761 in proximity to land, associated with the past or present production,
762 storage, use or disposal of organic chemicals as identified in any public
763 record.

764 (k) Any water transported in bulk by any means to a premises
765 currently supplied by a private well or well for semipublic use where
766 the water is to be used for purposes of drinking or domestic use shall
767 be provided by a bulk water hauler licensed pursuant to section 20-
768 278h. No bulk water hauler shall deliver water without first notifying
769 the owner of the premises of such delivery. Bulk water hauling to a
770 premises currently supplied by a private well or well for semipublic
771 use shall be permitted only as a temporary measure to alleviate a water
772 supply shortage.

773 Sec. 18. Subsection (a) of section 19a-320 of the general statutes is
774 repealed and the following is substituted in lieu thereof (*Effective July*
775 *1, 2017*):

776 (a) Any resident of this state, or any corporation formed under the
777 law of this state, may erect, maintain and conduct a crematory in this
778 state and provide the necessary appliances and facilities for the
779 disposal by incineration of the bodies of the dead, in accordance with
780 the provisions of this section. The location of such crematory shall be
781 within the confines of an established cemetery containing not less than
782 twenty acres, which cemetery shall have been in existence and
783 operation for at least five years immediately preceding the time of the
784 erection of such crematory, or shall be within the confines of a plot of
785 land approved for the location of a crematory by the selectmen of any
786 town, the mayor and council or board of aldermen of any city and the
787 warden and burgesses of any borough; provided, in any town, city or
788 borough having a zoning commission, such commission shall have the
789 authority to grant such approval. [This section shall not apply to any
790 resident of this state or any corporation formed under the law of this

791 state that was issued an air quality permit by the Department of
792 Energy and Environmental Protection prior to October 1, 1998.] On
793 and after July 1, 2017, no new crematory shall be located within five
794 hundred feet of any residential structure or land for residential
795 purposes not owned by the owner of the crematory.

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

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

804 Sec. 20. Section 19a-131g of the general statutes is repealed and the
805 following is substituted in lieu thereof (*Effective October 1, 2017*):

806 The Commissioner of Public Health shall establish a Public Health
807 Preparedness Advisory Committee for purposes of advising the
808 Department of Public Health on matters concerning emergency
809 responses to a public health emergency. The advisory committee shall
810 consist of the Commissioner of Public Health, the Commissioner of
811 Emergency Services and Public Protection, the president pro tempore
812 of the Senate, the speaker of the House of Representatives, the majority
813 and minority leaders of both houses of the General Assembly and the
814 chairpersons and ranking members of the joint standing committees of
815 the General Assembly having cognizance of matters relating to public
816 health, public safety and the judiciary, and representatives of town,
817 city, borough and district directors of health, as appointed by the
818 commissioner, and any other organization or persons that the
819 commissioner deems relevant to the issues of public health
820 preparedness. [The] Upon the request of the commissioner, the Public
821 Health Preparedness Advisory Committee [shall develop] may meet to
822 review the plan for emergency responses to a public health emergency
823 [Such plan may include an emergency notification service. Not later

824 than January 1, 2004, and annually thereafter, the committee shall
825 submit a report, in accordance with section 11-4a, to the Governor and
826 the joint standing committees of the General Assembly having
827 cognizance of matters relating to public health and public safety, on
828 the status of a public health emergency plan and the resources needed
829 for implementation of such plan] and other matters as deemed
830 necessary by the commissioner.

831 Sec. 21. Subsection (f) of section 19a-491c of the general statutes is
832 repealed and the following is substituted in lieu thereof (*Effective*
833 *October 1, 2017*):

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

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

857 background search required by subsection (c) of this section shall
858 constitute good cause for termination and a long-term care facility may
859 terminate the individual if a disqualifying offense is reported in said
860 background search.

861 Sec. 22. Section 19a-31a of the general statutes is repealed and the
862 following is substituted in lieu thereof (*Effective October 1, 2017*):

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

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

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

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

887 (4) "Biolevel-three agent" means an agent classified as a biolevel-

888 three agent by the National Institutes of Health and the National
889 Centers for Disease Control.

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

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

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

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

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

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

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

922 Sec. 23. Section 19a-59c of the general statutes is repealed and the
923 following is substituted in lieu thereof (*Effective October 1, 2017*):

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

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

951 Sec. 24. Sections 19a-6j to 19a-6l, inclusive, and 19a-6n of the general

952 statutes are repealed. (Effective October 1, 2017)

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2017	19a-491(a)
Sec. 2	October 1, 2017	19a-490
Sec. 3	October 1, 2017	20-126l(a)
Sec. 4	October 1, 2017	20-126l(g)
Sec. 5	October 1, 2017	10-206(f)
Sec. 6	October 1, 2017	19a-580d
Sec. 7	October 1, 2017	New section
Sec. 8	October 1, 2017	19a-17
Sec. 9	October 1, 2017	20-110
Sec. 10	October 1, 2017	20-74a
Sec. 11	October 1, 2017	20-195(a)
Sec. 12	October 1, 2017	20-195bb(c)
Sec. 13	October 1, 2017	20-195f(a)
Sec. 14	October 1, 2017	19a-52
Sec. 15	October 1, 2017	19a-53
Sec. 16	October 1, 2017	19a-55(b)
Sec. 17	October 1, 2017	19a-37
Sec. 18	July 1, 2017	19a-320(a)
Sec. 19	October 1, 2017	19a-127l(c)(1)
Sec. 20	October 1, 2017	19a-131g
Sec. 21	October 1, 2017	19a-491c(f)
Sec. 22	October 1, 2017	19a-31a
Sec. 23	October 1, 2017	19a-59c
Sec. 24	October 1, 2017	Repealer section

Statement of Legislative Commissioners:

In Section 17(a)(4), "Semipublic well" was changed to "Well for semipublic use" for consistency with other provisions of the section, and in Section 22(a)(2), "human infection disease" was changed to "human infection or disease" for accuracy.

PH Joint Favorable Subst. -LCO

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 18 \$	FY 19 \$
Resources of the GF	GF - Potential Revenue Gain	Minimal	Minimal
Resources of the GF	GF - Revenue Gain	19,200	19,200

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a potential minimal revenue gain to the General Fund and an annual General Fund revenue gain of \$19,200.

Section 7 requires licensed health care institutions to report to DPH, within four hours of discovery, any major systems failures or incidents that cause the institution to activate its emergency preparedness plan. If an institution fails to do so, DPH may impose a fine of up to \$100 per day, beginning with the date of the failure or incident until the institution reports it. This may result in a potential minimal revenue gain to the General Fund to the extent that such failures/incidents occur, the number of days before reports are made, and the agency's imposition of the associated fine.

Section 22 establishes a \$400 biennial registration fee for microbiological and biomedical biosafety laboratories. (State- and federally-operated laboratories are exempted from the fee.) DPH currently registers and inspects 98 microbiological and biomedical biosafety laboratories every two years, but does not charge an associated fee. Assuming that half are registered in FY 18 and the other

half registered in FY 19, annual General Fund revenue of \$19,200 in anticipated.

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

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to fines imposed for failure to report and the number of registered microbiological and biomedical biosafety laboratories.

OLR Bill Analysis**HB07222*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.*****SUMMARY**

This bill makes various substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs. For example, it does the following:

1. allows DPH to extend the 60-day limit under which a long-term care facility may conditionally employ a job applicant if the department needs additional time to review the applicant's request to waive a disqualifying offense on his or her background check;
2. allows DPH and its professional licensing boards and commissions to take summary disciplinary action against a practitioner's license or permit if the practitioner is subject to disciplinary action by the federal government; and
3. requires licensed health care institutions to report to DPH any major systems failure (e.g., loss of water or heat) or incident that causes the institution to activate its emergency preparedness plan.

Among other things, the bill also makes changes affecting the following:

1. various licensed institutions, including microbiological and biomedical biosafety labs, and outpatient dialysis units;
2. various licensed health care professionals, including dentists, dental hygienists, marriage and family therapists, occupational

- therapy assistants, professional counselors, and psychologists;
3. school board reports on asthma;
 4. semipublic and private residential wells;
 5. birth defect surveillance;
 6. newborn screening;
 7. “do not resuscitate” orders;
 8. equipment purchases for children with disabilities;
 9. crematories;
 10. Quality of Care Advisory Committee;
 11. Public Health Preparedness Advisory Committee;
 12. Women, Infants, and Children Advisory Council;
 13. Interagency and Partnership Advisory Panel on Lupus; and
 14. PANDAS/PANS Advisory Council.

A section-by-section summary appears below.

EFFECTIVE DATE: October 1, 2017, except a provision on siting of crematories (§ 18) is effective July 1, 2017.

§ 1 — HEALTH CARE FACILITY LICENSURE APPLICATION FEES

The bill requires applicants for health care facility licensure to submit the required fee to DPH along with their licensure application.

Under existing law, health care facilities licensed by DPH must pay fees for licensure and inspection. The fee amount and inspection frequency vary based on the type of institution.

§ 2 — OUTPATIENT DIALYSIS UNITS

Under existing law, outpatient dialysis units are licensed by DPH.

The bill adds a statutory definition of this term, generally codifying the definition in existing regulations (Conn. Agencies Regs., § 19-13-D55a). Thus, it defines an outpatient dialysis unit as:

1. an out-of-hospital out-patient dialysis unit licensed by DPH to provide (a) out-patient services 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.

§§ 3 & 4 — DENTAL HYGIENIST CONTINUING EDUCATION

The bill requires dental hygienists, every two years, to complete at least one contact hour of training or education in cultural competency, as part of existing continuing education requirements. The requirement applies to registration periods beginning on and after October 1, 2017.

Under current law, starting with their second license renewal, dental hygienists generally must complete 16 hours of continuing education every two years. The bill specifies that they must complete 16 “contact hours” and defines a contact hour as a minimum of 50 minutes of continuing education activity.

§ 5 — SCHOOL BOARD REPORTS ON ASTHMA

The bill reduces, from annually to every three years, the frequency with which local and regional boards of education must report to the local health department and DPH on the number of pupils per school and in the district that have been diagnosed with asthma. As under existing law, the boards must report this number for students having this diagnosis (1) upon enrollment, (2) in grade six or seven, and (3) in grade 10 or 11.

Under the bill, the next such report is due October 1, 2017.

§ 6 — DO NOT RESUSCITATE ORDERS

The bill adds a statutory definition of “do not resuscitate” or “DNR” orders. It defines these terms as an order written by a licensed physician or advanced practice registered nurse for a particular patient to withhold (1) cardiopulmonary resuscitation (CPR), including chest compressions, defibrillation, or breathing, or (2) ventilation by any assistive or mechanical means, such as mouth-to-mouth, bag-valve mask, endotracheal tube, or ventilator.

Existing law requires DPH to adopt regulations to provide for a system governing the recognition and transfer of DNR orders.

§ 7 — REPORTS OF MAJOR SYSTEM FAILURES

The bill requires licensed health care institutions to report to DPH any major systems failure, including loss of water, heat, or electricity, or incident that causes the institution to activate its emergency preparedness plan.

Under the bill, if the institution fails to report within four hours after discovering such an event, DPH may impose a fine of up to \$100 per day, beginning with the date of the failure or incident until the institution reports it.

§ 8 — SUMMARY DISCIPLINARY ACTION

The bill allows DPH and its professional licensing boards and commissions to take summary disciplinary action against the license or permit of a practitioner who is subject to disciplinary action by the federal government.

As with other cases of summary action under existing law, DPH or the board or commission must promptly notify the practitioner of the action and bring formal revocation proceedings within 90 days of that notification.

§ 9 — DENTIST LICENSURE WITHOUT EXAMINATION

Current law allows DPH to issue a license without examination to a dentist licensed and board certified in another state or territory with

licensure requirements similar to or higher than those of Connecticut.

The bill instead allows DPH to issue such a license to a currently practicing, competent dentist in another state or territory who:

1. holds a current, valid license in good professional standing issued after examination by another state or territory with licensure standards commensurate with Connecticut's, except for the practical examination, and
2. has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for at least five years immediately before applying for licensure.

As under current law, the applicant must pay a \$650 license fee.

§ 10 — SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS

By law, an occupational therapy assistant must work under the supervision of, or in consultation with, a licensed occupational therapist. The bill defines "supervision" as an occupational therapist's oversight of, or participation in, the work of an occupational therapist assistant, including:

1. continuous availability of direct communication between the assistant and the therapist;
2. availability of the therapist on a regularly scheduled basis to review the assistant's practice and support the assistant in the performance of his or her services; and
3. a plan for emergency situations, including designating an alternate licensed occupational therapist to oversee or participate in the assistant's work in the regular therapist's absence.

The bill also makes technical changes to the definition of "occupational therapy."

§§ 11-13 — MARRIAGE AND FAMILY THERAPISTS, PROFESSIONAL COUNSELORS, AND PSYCHOLOGY STUDENTS

By law, students enrolled in marital and family therapy (MFT), professional counseling, and psychology degree programs may generally practice without a license under the supervision of a person licensed in their respective professions.

The bill specifies that students may do this only if the licensure exemption ends when the student is notified that he or she failed the licensing examination or six months after completing the supervised work experience, whichever occurs first.

The bill also extends to professional counseling students, the current requirement for MFT and psychology students, that such unlicensed practice must be necessary to satisfy the supervised work experience requirement for licensure.

Existing law requires these students to complete the following supervised work hours:

1. for MFTs, (a) 1,000 hours of direct client contact after being awarded a master's degree or doctorate or after the year of postgraduate training and (b) 100 hours of postgraduate clinical supervision by a licensed MFT;
2. for professional counselors, 3,000 hours of postgraduate supervised experience performed over at least one year, including 100 hours of direct supervision by specified licensed health care providers (e.g., psychiatrists, psychologists, MFTs); and
3. for psychologists, supervised work experience of at least (a) 35 hours per week for 46 weeks within 12 consecutive months or (b) 1,800 hours within 24 consecutive months.

§ 14 — DPH EQUIPMENT PURCHASES FOR CHILDREN WITH DISABILITIES

Current law allows DPH to purchase, within available

appropriations, wheelchairs and placement equipment for children with disabilities without going through the Department of Administrative Services' normal purchasing procedures, provided (1) the cost of an individual item does not exceed \$6,500 and (2) purchases are made on the open market and, when possible, through competitive bidding.

The bill instead allows DPH, or the department's contractor, to purchase medically necessary and appropriate durable medical equipment and other DPH-approved goods and services. Services must be identical to those goods and services covered under the state's Medicaid and HUSKY programs and payment cannot exceed the current Medicaid payment rate for these goods and services.

§ 15 — DPH BIRTH DEFECT SURVEILLANCE PROGRAM

The bill modifies DPH's birth defect surveillance program. Under current law, specified licensed health care providers must report to DPH within 48 hours after learning that a child has a birth defect. The bill limits what must be reported to information pertaining to children under age one born in Connecticut, instead of all children under age five.

It also limits the reporting requirement to physicians, physician assistants (PA), advanced practice registered nurses (APRN), registered nurses (RN), or nurse midwives (hereafter referred to as "licensed health care providers"). Current law also requires chiropractors, naturopaths, and podiatrists to report this information.

Birth Defect Screening

The bill requires each child born in Connecticut to have a birth defects screening by a licensed health care provider before being discharged from the hospital. The hospital's administrator must enter the screening results into DPH's birth defects registry in a manner the DPH commissioner prescribes. This registry is located in the department's newborn screening system for genetic and metabolic disorders.

Notification Requirements

As under current law, licensed health care providers must report to DPH the nature of the child's birth defect and any other information the department reasonably requires. The bill also requires DPH to post the notification form on its website and, as under current law, keep the notification for at least six years after receiving it.

The bill removes the requirement that DPH provide a copy of the notification to the State Board of Education within 10 days.

Access to Hospital Records

The bill grants the DPH commissioner access, upon his request, to hospital discharge records for newborn infants born in Connecticut, including their identifying information. But the commissioner may only use the identifying information for the purposes of the birth defects surveillance program.

Hospitals must also make available to DPH, upon request, the medical records of patients diagnosed with a birth defect or other adverse reproductive outcomes for purposes of research and data verification.

Confidentiality of Information

The bill specifies that all information collected from hospitals or licensed health care providers pertaining to the birth defect surveillance program, including personally identifiable information, is confidential. Access to the information is limited to DPH and people the commissioner determines have valid scientific interest and qualifications if they:

1. are engaged in demographic, epidemiologic, or other similar health-related studies and
2. agree in writing to maintain the confidentiality of the information.

Newborn Screening System Records

The bill requires the DPH commissioner to maintain an accurate record of people given access to information in its newborn screening system. The record must be publicly available during DPH's normal operating hours and include the (1) name, title, and organizational affiliation of people given access to the system; (2) dates of such access; and (3) specific purpose for which the information is used.

Routine Analysis and Statistics

The bill requires the DPH commissioner to use information collected under the birth defect surveillance program and information available from other sources to conduct routine analyses to determine if there were any preventable causes of the birth defects reported to DPH.

The bill also allows the DPH commissioner to publish statistical compilations related to birth defects or other adverse reproductive outcomes that do not identify individual cases or individual information sources.

Proposed Research

The bill requires the DPH commissioner to review and approve all proposed research that will (1) use personally identifiable information in DPH's newborn screening system or (2) require contact with affected individuals.

§ 16 — NEWBORN SCREENING FOR CRITICAL CONGENITAL HEART DISEASE

By law, all health care institutions caring for newborn infants must test them for critical congenital heart disease, unless their parents object on religious grounds. Starting January 1, 2018, the bill requires the institution's administrator to enter the screening test results into DPH's newborn screening system for genetic and metabolic disorders.

§ 17 — SEMIPUBLIC AND PRIVATE RESIDENTIAL WELLS

Testing Wells in Connection to Home Sales

The bill requires an environmental laboratory that tests the water quality of a semipublic or private residential well in connection with a

home's sale to report the results to DPH and the local health department within 30 days after completing the test. Current law requires the reports only if the well was tested by the seller or purchaser within six months of the home's sale.

By law, local health districts and departments oversee semipublic and private residential wells and owners are responsible for maintaining the well and testing the quality of their own drinking water. State regulation requires water quality tests for newly constructed wells, but neither state law nor regulation requires an existing well to be tested as a condition of selling a home.

Bulk Water Transport

The bill allows only a licensed bulk water hauler to transport bulk water that will be used for drinking or domestic purposes to a premises currently supplied by a semipublic or private residential well. The water hauler must first notify the owner of the premises before making such a delivery.

The bill allows such a delivery only as a temporary measure to alleviate a water supply shortage.

§ 18 — CREMATORY LOCATION

Starting July 1, 2017, the bill prohibits crematories anywhere within 500 feet of residential property unless the crematory's owner also owns the property. Current law allows crematories anywhere within an established cemetery with at least 20 acres if it has been operating for at least five years. It also allows them in other locations approved by a town's zoning commission, chief elected official, or legislative body.

§ 19 — QUALITY OF CARE ADVISORY COMMITTEE

The bill eliminates the requirement for the Quality of Care Advisory Committee to meet on a semiannual basis. Instead, it allows the committee to meet at the DPH commissioner's discretion.

By law, the committee advises the commissioner on various issues within DPH's quality of care program, such as selecting patient

satisfaction survey measures and identifying ways to reduce medical error.

§ 20 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

By law, the DPH commissioner must establish a Public Health Preparedness Advisory Committee. The bill specifies that the committee's purpose is to advise DPH on emergency responses to public health emergencies.

The bill removes an obsolete provision requiring the advisory committee to annually report to the Public Health and Public Safety committees on the status of its public health emergency preparedness plan and the resources needed to implement it. It instead allows the advisory committee to meet, at the DPH commissioner's request, to review the plan and other matters the commissioner deems necessary.

By law, the advisory committee consists of the DPH and emergency services and public protection commissioners; six top legislative leaders; the chairs and ranking members of the Public Health, Public Safety, and Judiciary committees; representatives of municipal and district health directors appointed by the DPH commissioner; and any other organizations or individuals the DPH commissioner deems relevant to the effort.

§ 21 — BACKGROUND CHECKS FOR LONG-TERM CARE FACILITY WORKERS

By law, long-term care facilities must require people who will have direct access, or provide direct service, to patients or residents to undergo a federal and state criminal history records check ("background check"). Facilities are generally prohibited from hiring or contracting with these individuals (1) before receiving the DPH notice of the background check results or (2) if a search reveals a disqualifying offense (e.g., conviction or substantiated finding of abuse or neglect), unless DPH grants a waiver.

But the law allows a facility to offer conditional, supervised

employment for up to 60 days while waiting to receive DPH notification. The bill allows DPH to extend the 60-day period to give the department time to review an individual's written request to waive a disqualifying offense.

Existing law, unchanged by the bill, allows an individual to submit a waiver request to DPH within 30 days after being notified that he or she has a disqualifying offense. DPH has 15 days to mail a written determination, unless the individual challenges the accuracy of the information obtained from the background search. In this case, the 15-day deadline does not apply.

§ 22 — MICROBIOLOGICAL AND BIOMEDICAL BIOSAFETY LABS

Registration Fee

The bill establishes a \$400 biennial registration fee for microbiological and biomedical biosafety laboratories and exempts state and federally operated laboratories from the fee. DPH currently registers and inspects these laboratories every two years but does not charge an associated fee.

Definitions

The bill also updates statutory definitions related to microbiological and biomedical biosafety laboratories to reflect current federal Centers for Disease Control and Prevention and National Institutes of Health guidelines by:

1. updating the definition of "biolevel-three laboratory" and renaming it "biolevel three microbiological and biomedical biosafety laboratory" and
2. adding definitions for "microbiological and biomedical safety laboratory" and "biolevel two microbiological and biomedical biosafety laboratory."

The bill defines a "microbiological and biomedical biosafety laboratory" as one that (1) utilizes any living agent capable of causing a human infection or reportable human disease or (2) is used to secure

evidence of the presence or absence of such a living agent for purposes of teaching, research, or quality control of the disease or infection.

Under current law, a biolevel-three laboratory is one that is (1) designed and equipped as such under federal guidelines and (2) operated by a higher education institution. The bill expands the definition to also include such a laboratory operated by another research entity. It also specifies that such laboratories must handle agents that (1) have a known potential for aerosol transmission, (2) may cause serious and potentially lethal human infections or diseases, and (3) are either indigenous or exotic in origin.

Additionally, the bill defines a “biolevel 2 microbiological and biomedical biosafety laboratory” as one that presents a modern hazard to personnel of exposure to an infection or disease that utilizes agents associated with human infection or disease.

§ 23 — WOMEN, INFANTS AND CHILDREN (WIC) ADVISORY COUNCIL

The bill eliminates the WIC Advisory Council. Current law requires the council to advise DPH on issues concerning increased participation in and access to WIC supplemental food services. (It appears that the council is now defunct.)

§ 24 — DPH INTERAGENCY AND PARTNERSHIP ADVISORY PANEL ON LUPUS AND PANDAS/PANS ADVISORY COUNCIL

The bill eliminates DPH’s 13-member Interagency and Partnership Advisory Panel on Lupus, which has completed its charge. The panel was charged with developing and implementing a comprehensive lupus education and awareness plan after evaluating and analyzing existing educational materials and resources.

The bill also eliminates the department’s 16-member Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated With Streptococcal Infections and Pediatric Neuropsychiatric Syndrome (PANDAS/PANS). The council is charged with advising the commissioner on research, diagnosis, treatment, and

education relating to these conditions and must annually report to the Public Health Committee. (It appears to be defunct.)

BACKGROUND

Related Bills

sSB 796, reported favorably by the Public Health Committee contains the same provisions regarding supervision of occupational therapists and DPH equipment purchases for children with disabilities.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/27/2017)