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 Subsection (a) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2017):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
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 Section 19a-490 of the general statutes is repealed and the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 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
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 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 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
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 calcareous 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.

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

Sec. 8. 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;
(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, 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
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 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. 9. Section 20-110 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2017):

[The Department of Public Health may without examination, issue a license to any dentist who is licensed in some other state or territory, if such other state or territory has requirements for admission determined by the department to be similar to or higher than the requirements of this state, upon certification from the board of examiners or like board of the state or territory in which such dentist was a practitioner certifying to his competency and upon payment of a fee of five hundred sixty-five dollars to said department.] The Department of Public Health may, upon receipt of an application and a
fee of five hundred sixty-five dollars, issue a license without 
examination 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 that maintains licensing standards which, except for the 
practical examination, are commensurate with this state's standards, 
and (2) has worked continuously as a licensed dentist in an academic 
or clinical setting in another state or territory for a period of not less 
than five years immediately preceding the application for licensure 
without examination. No license shall be issued under this section to 
any applicant against whom professional disciplinary action is 
pending or who is the subject of an unresolved complaint. The 
department shall inform the Dental Commission annually of the 
number of applications it receives for licensure under this section.

Sec. 10. 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 
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.

(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. 11. 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 notification that the person did not successfully complete the licensing examination, as required under section 20-188, or six months 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. 12. 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 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 six months after completion of such supervised experience, whichever occurs first.

Sec. 13. 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 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 upon notification that the person did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said section, or six months after completion of such work experience, whichever occurs first; 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
Sec. 14. 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 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. 15. Section 19a-53 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2017):

[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.]

(a) 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 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
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.

(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. 16. 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. 17. 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 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) "Semipublic well" 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 format specified by the department, provided such report shall 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 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 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.

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 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.

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.

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 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. 18. 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. 19. 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):

(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. 20. 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
necessary by the commissioner.

Sec. 21. 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.

Sec. 22. 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) "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 disease;

(3) "Biolevel-three laboratory" or "laboratory" "Biolevel-three microbiological and biomedical biosafety laboratory" means a microbiological and biomedical biosafety laboratory 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;

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

Sec. 23. 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 Supplemental Food Program for Women, Infants and Children.]

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:

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. 1</td>
<td>October 1, 2017</td>
<td>19a-491(a)</td>
</tr>
<tr>
<td>Sec. 2</td>
<td>October 1, 2017</td>
<td>19a-490</td>
</tr>
<tr>
<td>Sec. 3</td>
<td>October 1, 2017</td>
<td>20-126l(a)</td>
</tr>
<tr>
<td>Sec. 4</td>
<td>October 1, 2017</td>
<td>20-126l(g)</td>
</tr>
<tr>
<td>Sec. 5</td>
<td>October 1, 2017</td>
<td>10-206(f)</td>
</tr>
<tr>
<td>Sec. 6</td>
<td>October 1, 2017</td>
<td>19a-580d</td>
</tr>
<tr>
<td>Sec. 7</td>
<td>October 1, 2017</td>
<td>New section</td>
</tr>
<tr>
<td>Sec. 8</td>
<td>October 1, 2017</td>
<td>19a-17</td>
</tr>
<tr>
<td>Sec. 9</td>
<td>October 1, 2017</td>
<td>20-110</td>
</tr>
<tr>
<td>Sec. 10</td>
<td>October 1, 2017</td>
<td>20-74a</td>
</tr>
<tr>
<td>Sec. 11</td>
<td>October 1, 2017</td>
<td>20-195(a)</td>
</tr>
<tr>
<td>Sec. 12</td>
<td>October 1, 2017</td>
<td>20-195bb(c)</td>
</tr>
<tr>
<td>Sec. 13</td>
<td>October 1, 2017</td>
<td>20-195f(a)</td>
</tr>
<tr>
<td>Sec. 14</td>
<td>October 1, 2017</td>
<td>19a-52</td>
</tr>
<tr>
<td>Sec. 15</td>
<td>October 1, 2017</td>
<td>19a-53</td>
</tr>
<tr>
<td>Sec. 16</td>
<td>October 1, 2017</td>
<td>19a-55(b)</td>
</tr>
<tr>
<td>Sec. 17</td>
<td>October 1, 2017</td>
<td>19a-37</td>
</tr>
<tr>
<td>Sec. 18</td>
<td>July 1, 2017</td>
<td>19a-320(a)</td>
</tr>
<tr>
<td>Sec. 19</td>
<td>October 1, 2017</td>
<td>19a-127l(c)(1)</td>
</tr>
<tr>
<td>Sec. 20</td>
<td>October 1, 2017</td>
<td>19a-131g</td>
</tr>
<tr>
<td>Sec. 21</td>
<td>October 1, 2017</td>
<td>19a-491c(f)</td>
</tr>
<tr>
<td>Sec. 22</td>
<td>October 1, 2017</td>
<td>19a-31a</td>
</tr>
<tr>
<td>Sec. 23</td>
<td>October 1, 2017</td>
<td>19a-59c</td>
</tr>
<tr>
<td>Sec. 24</td>
<td>October 1, 2017</td>
<td>Repealer section</td>
</tr>
</tbody>
</table>

**Statement of Purpose:**
To implement the recommendations of the Department of Public Health concerning various revisions to the public health statutes.

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