



General Assembly

**Amendment**

January Session, 2017

LCO No. 8493



Offered by:

REP. STEINBERG, 136<sup>th</sup> Dist.  
REP. SRINIVASAN, 31<sup>st</sup> Dist.  
SEN. GERRATANA, 6<sup>th</sup> Dist.  
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To: Subst. House Bill No. 7222

File No. 594

Cal. No. 396

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

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4 repealed and the following is substituted in lieu thereof (*Effective*  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

6 (a) No person acting individually or jointly with any other person  
7 shall establish, conduct, operate or maintain an institution in this state  
8 without a license as required by this chapter, except for persons issued  
9 a license by the Commissioner of Children and Families pursuant to  
10 section 17a-145 for the operation of (1) a substance abuse treatment

11 facility, or (2) a facility for the purpose of caring for women during  
12 pregnancies and for women and their infants following such  
13 pregnancies. Application for such license shall (A) be made to the  
14 Department of Public Health upon forms provided by it, [and shall] (B)  
15 be accompanied by the fee required under subsection (c), (d) or (e) of  
16 this section, and (C) contain such information as the department  
17 requires, which may include affirmative evidence of ability to comply  
18 with reasonable standards and regulations prescribed under the  
19 provisions of this chapter. The commissioner may require as a  
20 condition of licensure that an applicant sign a consent order providing  
21 reasonable assurances of compliance with the Public Health Code. The  
22 commissioner may issue more than one chronic disease hospital  
23 license to a single institution until such time as the state offers a  
24 rehabilitation hospital license.

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 Section 19a-490 of the general statutes is repealed and the  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

27 As used in this chapter and sections 17b-261e, 38a-498b and 38a-  
28 525b:

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

44 intellectual disability;

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

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

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

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

76 therapist, speech therapist or occupational therapist. Such supervision  
77 may be provided directly or through contract;

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

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

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

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

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

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

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

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

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

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

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

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

134 (a) As used in this section:

135 (1) "General supervision of a licensed dentist" means supervision  
136 that authorizes dental hygiene procedures to be performed with the  
137 knowledge of said licensed dentist, whether or not the dentist is on the

138 premises when such procedures are being performed;

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

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

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

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

161 (g) Each licensed dental hygienist applying for license renewal shall  
162 earn a minimum of sixteen contact hours of continuing education  
163 within the preceding twenty-four-month period, including, for  
164 registration periods beginning on and after October 1, 2016, at least  
165 one contact hour of training or education in infection control in a  
166 dental setting and, for registration periods beginning on and after  
167 October 1, 2017, at least one contact hour of training or education in  
168 cultural competency. The subject matter for continuing education shall  
169 reflect the professional needs of the licensee in order to meet the health

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

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

203 (f) On and after [February 1, 2004] October 1, 2017, each local or

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

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

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

233 (b) The Department of Public Health shall adopt regulations, in  
234 accordance with chapter 54, to provide for a system governing the  
235 recognition and transfer of ["] do not resuscitate ["] or DNR orders  
236 between health care institutions licensed pursuant to chapter 368v and



237 upon intervention by emergency medical services providers certified  
238 or licensed pursuant to chapter 368d. The regulations shall include, but  
239 not be limited to, procedures concerning the use of [""] do not  
240 resuscitate [""] bracelets. The regulations shall specify that, upon  
241 request of the patient or his or her authorized representative, the  
242 physician or advanced practice registered nurse who issued the [""] do  
243 not resuscitate [""] order shall assist the patient or his or her authorized  
244 representative in utilizing the system. The regulations shall not limit  
245 the authority of the Commissioner of Developmental Services under  
246 subsection (g) of section 17a-238 concerning orders applied to persons  
247 receiving services under the direction of the Commissioner of  
248 Developmental Services.

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

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

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

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

260 (3) Censure a practitioner or permittee;

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

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

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

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

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

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

272 (7) In those cases involving persons or entities licensed or certified  
273 pursuant to sections 20-341d, 20-435, 20-436, 20-437, 20-438, 20-475 and  
274 20-476, as amended by this act, require that restitution be made to an  
275 injured property owner; or

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

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

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

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

294 (c) Such board or commission or the department where appropriate  
295 may summarily suspend a practitioner's license or permit in advance

296 of a final adjudication or during the appeals process if such board or  
297 commission or the department finds that a practitioner or permittee  
298 represents a clear and immediate danger to the public health and  
299 safety if he is allowed to continue to practice.

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

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

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

325 (g) As used in this section, the term "license" shall be deemed to  
326 include the following authorizations relative to the practice of any  
327 profession listed in subsection (a) of this section: (1) Licensure by the

328 Department of Public Health; (2) certification by the Department of  
329 Public Health; and (3) certification by a national certification body.

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

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

337 As used in this chapter:

338 (1) "Occupational therapy" means the evaluation, planning and  
339 implementation of a program of purposeful activities to develop or  
340 maintain adaptive skills necessary to achieve the maximal physical and  
341 mental functioning of the individual in his daily pursuits. The practice  
342 of "occupational therapy" includes, but is not limited to, evaluation  
343 and treatment of individuals whose abilities to cope with the tasks of  
344 living are threatened or impaired by developmental [deficits]  
345 disabilities, the aging process, learning disabilities, poverty and  
346 cultural differences, physical injury or disease, psychological and  
347 social disabilities, or anticipated [disfunction] dysfunction, using (A)  
348 such treatment techniques as task-oriented activities to prevent or  
349 correct physical or emotional [deficits] disabilities or to minimize the  
350 disabling effect of these [deficits] disabilities in the life of the  
351 individual, (B) such evaluation techniques as assessment of sensory  
352 motor abilities, assessment of the development of self-care activities  
353 and capacity for independence, assessment of the physical capacity for  
354 prevocational and work tasks, assessment of play and leisure  
355 performance, and appraisal of living areas for [the handicapped]  
356 persons with disabilities, (C) specific occupational therapy techniques  
357 such as activities of daily living skills, the fabrication and application  
358 of splinting devices, sensory motor activities, the use of specifically  
359 designed manual and creative activities, guidance in the selection and

360 use of adaptive equipment, specific exercises to enhance functional  
361 performance and treatment techniques for physical capabilities for  
362 work activities. Such techniques are applied in the treatment of  
363 individual patients or clients, in groups or through social systems.  
364 Occupational therapy also includes the establishment and modification  
365 of peer review.

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

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

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

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

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

389 Sec. 9. Subsection (a) of section 20-195 of the general statutes is  
390 repealed and the following is substituted in lieu thereof (*Effective*

391 *October 1, 2017*):

392 (a) Nothing in this chapter shall be construed to limit the activities  
393 and services of a graduate student, intern or resident in psychology,  
394 pursuing a course of study in an educational institution under the  
395 provisions of section 20-189, if such activities constitute a part of a  
396 supervised course of study. No license as a psychologist shall be  
397 required of a person holding a doctoral degree based on a program of  
398 studies whose content was primarily psychological from an  
399 educational institution approved under the provisions of section 20-  
400 189, provided (1) such activities and services are necessary to satisfy  
401 the work experience as required by section 20-188, and (2) the  
402 exemption from the licensure requirement shall cease upon  
403 notification that the person did not successfully complete the licensing  
404 examination, as required under section 20-188, or one year after  
405 completion of such work experience, whichever occurs first. The  
406 provisions of this chapter shall not apply to any person in the salaried  
407 employ of any person, firm, corporation, educational institution or  
408 governmental agency when acting within the person's own  
409 organization. Nothing in this chapter shall be construed to prevent the  
410 giving of accurate information concerning education and experience  
411 by any person in any application for employment. Nothing in this  
412 chapter shall be construed to prevent physicians, optometrists,  
413 chiropractors, members of the clergy, attorneys-at-law or social  
414 workers from doing work of a psychological nature consistent with  
415 accepted standards in their respective professions.

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

419 (c) No license as a professional counselor shall be required of the  
420 following: (1) A person who furnishes uncompensated assistance in an  
421 emergency; (2) a clergyman, priest, minister, rabbi or practitioner of  
422 any religious denomination accredited by the religious body to which  
423 the person belongs and settled in the work of the ministry, provided

424 the activities that would otherwise require a license as a professional  
425 counselor are within the scope of ministerial duties; (3) a sexual assault  
426 counselor, as defined in section 52-146k; (4) a person participating in  
427 uncompensated group or individual counseling; (5) a person with a  
428 master's degree in a health-related or human services-related field  
429 employed by a hospital, as defined in subsection (b) of section 19a-490,  
430 as amended by this act, performing services in accordance with section  
431 20-195aa under the supervision of a person licensed by the state in one  
432 of the professions identified in subparagraphs (A) to (F), inclusive, of  
433 subdivision (2) of subsection (a) of section 20-195dd; (6) a person  
434 licensed or certified by any agency of this state and performing  
435 services within the scope of practice for which licensed or certified; (7)  
436 a student, intern or trainee pursuing a course of study in counseling in  
437 a regionally accredited institution of higher education, provided the  
438 activities that would otherwise require a license as a professional  
439 counselor are performed under supervision and constitute a part of a  
440 supervised course of study; (8) a person employed by an institution of  
441 higher education to provide academic counseling in conjunction with  
442 the institution's programs and services; [or] (9) a vocational  
443 rehabilitation counselor, job counselor, credit counselor, consumer  
444 counselor or any other counselor or psychoanalyst who does not  
445 purport to be a counselor whose primary service is the application of  
446 established principles of psycho-social development and behavioral  
447 science to the evaluation, assessment, analysis and treatment of  
448 emotional, behavioral or interpersonal dysfunction or difficulties that  
449 interfere with mental health and human development; or (10) a person  
450 who earned a degree in accordance with the requirements of  
451 subdivision (2) of subsection (a) of section 20-195dd, provided (A) the  
452 activities performed and services provided by such person constitute  
453 part of the supervised experience required for licensure under  
454 subdivision (3) of subsection (a) of said section, and (B) the exemption  
455 to the licensure requirement shall cease upon notification that the  
456 person did not successfully complete the licensing examination, as  
457 required under subdivision (4) of subsection (a) of said section, or one  
458 year after completion of such supervised experience, whichever occurs

459 first.

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

463 (a) No license as a marital and family therapist shall be required of:  
464 (1) A student pursuing a course of study in an educational institution  
465 meeting the requirements of section 20-195c if such activities constitute  
466 a part of his supervised course of study; (2) a faculty member within  
467 an institution of higher learning performing duties consistent with his  
468 position; (3) a person holding a graduate degree in marriage and  
469 family therapy; [or a certificate of completion of a postdegree program  
470 for marriage and family therapy education, provided such activities  
471 and services constitute a part of his supervised work experience  
472 required for licensure] provided (A) the activities performed or  
473 services provided by the person constitute part of the supervised work  
474 experience required for licensure under subdivision (3) of subsection  
475 (a) of section 20-195c, and (B) the exemption to the licensure  
476 requirement shall cease for a person who has completed the work  
477 experience required for licensure and received notification that he or  
478 she did not successfully complete the licensing examination, as  
479 required under subdivision (4) of subsection (a) of said section, one  
480 year after completion of such work experience; or (4) a person licensed  
481 or certified in this state in a field other than marital and family therapy  
482 practicing within the scope of such license or certification.

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

485 Notwithstanding any other provision of the general statutes, the  
486 Department of Public Health and the department's contractors, in  
487 carrying out its powers and duties under section 19a-50, may, within  
488 [the limits of appropriations, purchase wheelchairs and placement  
489 equipment directly and without the issuance of a purchase order,  
490 provided such purchases shall not be in excess of six thousand five



491 hundred dollars per unit purchased. All such purchases shall be made  
492 in the open market, but shall, when possible, be based on at least three  
493 competitive bids. Such bids shall be solicited by sending notice to  
494 prospective suppliers and by posting notice on a public bulletin board  
495 within said Department of Public Health. Each bid shall be opened  
496 publicly at the time stated in the notice soliciting such bid. Acceptance  
497 of a bid by said Department of Public Health shall be based on  
498 standard specifications as may be adopted by said department]  
499 available appropriations, purchase medically necessary and  
500 appropriate durable medical equipment and other goods and services  
501 approved by the department. Such goods and services shall be  
502 identical to the goods and services that are covered under the state  
503 Medicaid and HUSKY health programs administered by the  
504 Department of Social Services. The payment for such goods and  
505 services shall not exceed the state Medicaid rate for the same goods  
506 and services.

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

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

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

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

521 (3) "Licensed health care professional" means a physician licensed  
522 pursuant to chapter 370, a physician assistant licensed pursuant to

523 chapter 370, an advanced practice registered nurse or a registered  
524 nurse licensed pursuant to chapter 378 or a nurse midwife licensed  
525 pursuant to chapter 377; and

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

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

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

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

553 (e) The commissioner shall have access to identifying information in  
554 the hospital discharge records of newborn infants born in the state

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

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

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

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

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

587 advance by the commissioner.

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

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

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

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

611 (a) As used in this section:

612 (1) "Laboratory or firm" means an environmental laboratory  
613 registered by the Department of Public Health pursuant to section 19a-  
614 29a;

615 (2) "Private well" means a water supply well that meets all of the  
616 following criteria: (A) Is not a public well; (B) supplies a population of

617 less than twenty-five persons per day; and (C) is owned or controlled  
618 through an easement or by the same entity that owns or controls the  
619 building or parcel that is served by the water supply;

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

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

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

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

634 [(b)] (c) The Commissioner of Public Health shall adopt regulations,  
635 in accordance with chapter 54, for the testing of water quality in  
636 private residential wells and wells for semipublic use. Any laboratory  
637 or firm which conducts a water quality test on a private well serving a  
638 residential property or well for semipublic use shall, not later than  
639 thirty days after the completion of such test, report the results of such  
640 test to (1) the public health authority of the municipality where the  
641 property is located, and (2) the Department of Public Health in a  
642 format specified by the department, provided such report shall [not]  
643 only be required if the party for whom the laboratory or firm  
644 conducted such test informs the laboratory or firm identified on the  
645 chain of custody documentation submitted with the test samples that  
646 the test was [not conducted within six months of] conducted in  
647 connection with the sale of such property. No regulation may require  
648 such a test to be conducted as a consequence or a condition of the sale,

649 exchange, transfer, purchase or rental of the real property on which the  
650 private residential well or well for semipublic use is located. [For  
651 purposes of this section, "laboratory or firm" means an environmental  
652 laboratory registered by the Department of Public Health pursuant to  
653 section 19a-29a.]

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

665 [(d)] (e) The Commissioner of Public Health shall adopt regulations,  
666 in accordance with chapter 54, to clarify the criteria under which the  
667 commissioner may issue a well permit exception and to describe the  
668 terms and conditions that shall be imposed when a well is allowed at a  
669 premises (1) that is connected to a public water supply system, or (2)  
670 whose boundary is located within two hundred feet of an approved  
671 community water supply system, measured along a street, alley or  
672 easement. Such regulations shall (A) provide for notification of the  
673 permit to the public water supplier, (B) address the quality of the  
674 water supplied from the well, the means and extent to which the well  
675 shall not be interconnected with the public water supply, the need for  
676 a physical separation, and the installation of a reduced pressure device  
677 for backflow prevention, the inspection and testing requirements of  
678 any such reduced pressure device, and (C) identify the extent and  
679 frequency of water quality testing required for the well supply.

680 [(e)] (f) No regulation may require that a certificate of occupancy for  
681 a dwelling unit on such residential property be withheld or revoked on

682 the basis of a water quality test performed on a private residential well  
683 pursuant to this section, unless such test results indicate that any  
684 maximum contaminant level applicable to public water supply  
685 systems for any contaminant listed in the public health code has been  
686 exceeded. No administrative agency, health district or municipal  
687 health officer may withhold or cause to be withheld such a certificate  
688 of occupancy except as provided in this section.

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

699 ~~[(g)]~~ (h) Except as provided in subsection ~~[(h)]~~ (i) of this section, the  
700 collection of samples for determining the water quality of private  
701 residential wells and wells for semipublic use may be made only by (1)  
702 employees of a laboratory or firm certified or approved by the  
703 Department of Public Health to test drinking water, if such employees  
704 have been trained in sample collection techniques, (2) certified water  
705 operators, (3) local health departments and state employees trained in  
706 sample collection techniques, or (4) individuals with training and  
707 experience that the Department of Public Health deems sufficient.

708 ~~[(h)]~~ (i) Any owner of a residential construction, including, but not  
709 limited to, a homeowner, on which a private residential well is located  
710 or any general contractor of a new residential construction on which a  
711 private residential well is located may collect samples of well water for  
712 submission to a laboratory or firm for the purposes of testing water  
713 quality pursuant to this section, provided (1) such laboratory or firm  
714 has provided instructions to said owner or general contractor on how

715 to collect such samples, and (2) such owner or general contractor is  
716 identified to the subsequent owner on a form to be prescribed by the  
717 Department of Public Health. No regulation may prohibit or impede  
718 such collection or analysis.

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

730 (k) Any water transported in bulk by any means to a premises  
731 currently supplied by a private well or well for semipublic use where  
732 the water is to be used for purposes of drinking or domestic use shall  
733 be provided by a bulk water hauler licensed pursuant to section 20-  
734 278h. No bulk water hauler shall deliver water without first notifying  
735 the owner of the premises of such delivery. Bulk water hauling to a  
736 premises currently supplied by a private well or well for semipublic  
737 use shall be permitted only as a temporary measure to alleviate a water  
738 supply shortage.

739 Sec. 16. Subsection (a) of section 19a-320 of the general statutes is  
740 repealed and the following is substituted in lieu thereof (*Effective July*  
741 *1, 2017*):

742 (a) Any resident of this state, or any corporation formed under the  
743 law of this state, may erect, maintain and conduct a crematory in this  
744 state and provide the necessary appliances and facilities for the  
745 disposal by incineration of the bodies of the dead, in accordance with  
746 the provisions of this section. The location of such crematory shall be



747 within the confines of an established cemetery containing not less than  
748 twenty acres, which cemetery shall have been in existence and  
749 operation for at least five years immediately preceding the time of the  
750 erection of such crematory, or shall be within the confines of a plot of  
751 land approved for the location of a crematory by the selectmen of any  
752 town, the mayor and council or board of aldermen of any city and the  
753 warden and burgesses of any borough; provided, in any town, city or  
754 borough having a zoning commission, such commission shall have the  
755 authority to grant such approval. [This section shall not apply to any  
756 resident of this state or any corporation formed under the law of this  
757 state that was issued an air quality permit by the Department of  
758 Energy and Environmental Protection prior to October 1, 1998.] On  
759 and after July 1, 2017, no new crematory shall be located within five  
760 hundred feet of any residential structure or land for residential  
761 purposes not owned by the owner of the crematory.

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

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

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

772 The Commissioner of Public Health shall establish a Public Health  
773 Preparedness Advisory Committee for purposes of advising the  
774 Department of Public Health on matters concerning emergency  
775 responses to a public health emergency. The advisory committee shall  
776 consist of the Commissioner of Public Health, the Commissioner of  
777 Emergency Services and Public Protection, the president pro tempore  
778 of the Senate, the speaker of the House of Representatives, the majority

779 and minority leaders of both houses of the General Assembly and the  
780 chairpersons and ranking members of the joint standing committees of  
781 the General Assembly having cognizance of matters relating to public  
782 health, public safety and the judiciary, and representatives of town,  
783 city, borough and district directors of health, as appointed by the  
784 commissioner, and any other organization or persons that the  
785 commissioner deems relevant to the issues of public health  
786 preparedness. [The] Upon the request of the commissioner, the Public  
787 Health Preparedness Advisory Committee [shall develop] may meet to  
788 review the plan for emergency responses to a public health emergency  
789 [Such plan may include an emergency notification service. Not later  
790 than January 1, 2004, and annually thereafter, the committee shall  
791 submit a report, in accordance with section 11-4a, to the Governor and  
792 the joint standing committees of the General Assembly having  
793 cognizance of matters relating to public health and public safety, on  
794 the status of a public health emergency plan and the resources needed  
795 for implementation of such plan] and other matters as deemed  
796 necessary by the commissioner.

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

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

806 (2) A long-term care facility may employ, enter into a contract with  
807 or allow to volunteer an individual required to submit to a background  
808 search on a conditional basis before the long-term care facility receives  
809 notice from the department that such individual does not have a  
810 disqualifying offense, provided: (A) The employment or contractual or  
811 volunteer period on a conditional basis shall last not more than sixty

812 days, except the sixty-day time period may be extended by the  
813 department to allow for the filing and consideration of written request  
814 for a waiver of a disqualifying offense filed by an individual pursuant  
815 to subsection (d) of this section, (B) the long-term care facility has  
816 begun the review required under subsection (c) of this section and the  
817 individual has submitted to checks pursuant to subsection (c) of this  
818 section, (C) the individual is subject to direct, on-site supervision  
819 during the course of such conditional employment or contractual or  
820 volunteer period, and (D) the individual, in a signed statement (i)  
821 affirms that the individual has not committed a disqualifying offense,  
822 and (ii) acknowledges that a disqualifying offense reported in the  
823 background search required by subsection (c) of this section shall  
824 constitute good cause for termination and a long-term care facility may  
825 terminate the individual if a disqualifying offense is reported in said  
826 background search.

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

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

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

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

843 (3) "Biolevel-three microbiological and biomedical biosafety

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

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

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

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

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

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

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

883        [(d)] (g) Each such institution shall report to the Department of  
884 Public Health any sanctions imposed on the laboratory or on the  
885 institution for incidents occurring at the laboratory by the National  
886 Institutes of Health, the National Centers for Disease Control, the  
887 United States Department of Defense or any other government agency.

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

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

896        [(b)] There is established a Women, Infants and Children Advisory  
897 Council consisting of the chairpersons of the joint standing committee  
898 of the General Assembly having cognizance of matters relating to  
899 public health; the Commissioner of Public Health or a designee; the  
900 executive director of the Commission on Women, Children and  
901 Seniors or a designee; a nutrition educator, appointed by the Governor;  
902 two local directors of the Women, Infants and Children program, one  
903 each appointed by the president pro tempore of the Senate and the  
904 speaker of the House of Representatives; two recipients of assistance  
905 under the Women, Infants and Children program, one each appointed  
906 by the majority leaders of the Senate and the House of Representatives;  
907 and two representatives of an anti-hunger organization, one each

908 appointed by the minority leaders of the Senate and the House of  
909 Representatives. Council members shall serve for a term of two years.  
910 The chairperson and the vice-chairperson of the council shall be  
911 elected by the full membership of the council. Vacancies shall be filled  
912 by the appointing authority. The council shall meet at least twice a  
913 year. Council members shall serve without compensation. The council  
914 shall advise the Department of Public Health on issues pertaining to  
915 increased participation and access to services under the federal Special  
916 Supplemental Food Program for Women, Infants and Children.]

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

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

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

928 (a) There is established a task force to study rare diseases. The task  
929 force shall (1) examine research, diagnoses, treatment and education  
930 relating to rare diseases, and (2) make recommendations for the  
931 establishment of a permanent group of experts to advise the  
932 Department of Public Health on rare diseases. For purposes of this  
933 section, "rare disease" has the same meaning as provided in 21 USC  
934 360bb, as amended from time to time.

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

936 (1) Four appointed by the speaker of the House of Representatives,  
937 one of whom shall be a physician licensed and practicing in the state  
938 with experience researching, diagnosing or treating rare diseases and

939 representing the specialty of neurology or neurological surgery, one of  
940 whom shall be a physician licensed and practicing in the state with  
941 experience researching, diagnosing or treating rare diseases and  
942 representing the specialty of pediatrics, one of whom shall be an  
943 administrator of a hospital in the state, and one of whom shall be a  
944 medical researcher with experience conducting research concerning  
945 rare diseases;

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

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

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

967 (5) Two appointed by the minority leader of the House of  
968 Representatives, one of whom shall be a physician licensed and  
969 practicing in the state with experience researching, diagnosing or  
970 treating rare diseases and representing the specialty of emergency

971 medicine, and one of whom shall be a representative of the National  
972 Organization for Rare Disorders; [and]

973 (6) Two appointed by the minority leader of the Senate, one of  
974 whom shall be a representative of the biopharmaceutical industry in  
975 the state with experience in research and development relating to rare  
976 diseases, and one of whom shall be a representative of a hospital in the  
977 state with experience in research and development relating to rare  
978 diseases; [.] and

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

981 (c) Any member of the task force appointed under subdivision (1),  
982 (2), (3), (4), (5), [or] (6) or (7) of subsection (b) of this section may be a  
983 member of the General Assembly.

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

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

992 (f) Not later than January 1, [2016] 2018, the task force shall submit a  
993 report on its findings and recommendations to the joint standing  
994 committee of the General Assembly having cognizance of matters  
995 relating to public health, in accordance with the provisions of section  
996 11-4a of the general statutes. The task force shall terminate on the date  
997 that it submits such report or January 1, [2016] 2018, whichever is later.

998 Sec. 24. (NEW) (*Effective October 1, 2017*) Notwithstanding the  
999 provisions of sections 20-213, 20-217 and 20-227 of the general statutes,  
1000 the Connecticut Board of Examiners of Embalmers and Funeral



1001 Directors and the Department of Public Health shall not take any  
1002 disciplinary action pursuant to section 20-227 of the general statutes  
1003 against a licensed embalmer or funeral director who received  
1004 notification on or before October 1, 2017, that the licensee's score on the  
1005 national board examination was invalidated as a result of the  
1006 invalidation of such score if the licensee retakes and successfully  
1007 completes the prescribed examination not later than October 1, 2018.  
1008 Any affected licensee who fails to successfully complete the  
1009 examination on or before October 1, 2018, shall have his or her license  
1010 to practice as an embalmer or funeral director annulled, subject to the  
1011 provisions of section 4-182 of the general statutes.

1012 Sec. 25. Section 46a-28 of the general statutes, as amended by section  
1013 2 of substitute house bill 7237 of the current session, is repealed and  
1014 the following is substituted in lieu thereof (*Effective from passage*):

1015 (a) The Advisory Board for Persons Who are Deaf or Hard of  
1016 Hearing shall consist of the following [~~fifteen~~] sixteen members  
1017 appointed by the Governor: (1) The consultant appointed by the State  
1018 Board of Education in accordance with section 10-316a, or the  
1019 consultant's designee; (2) the president of the Connecticut Council of  
1020 Organizations Serving the Deaf, or the president's designee; (3) the  
1021 president of the Connecticut Association of the Deaf, or the president's  
1022 designee; (4) the president of the Connecticut Registry of Interpreters  
1023 for the Deaf, or the president's designee; (5) the Commissioner of  
1024 Rehabilitation Services, or the commissioner's designee; (6) the  
1025 executive director of the American School for the Deaf, or the executive  
1026 director's designee; (7) a parent of a student in a predominantly oral  
1027 education program; (8) a parent of a student at the American School  
1028 for the Deaf; (9) a person who is deaf; (10) a person who is hard of  
1029 hearing; (11) a person who is deaf and blind; (12) an interpreting  
1030 professional who serves deaf or hard of hearing persons; (13) a health-  
1031 care professional who works with persons who are deaf or hard of  
1032 hearing; (14) the Governor's liaison to the disability community; [~~and~~]  
1033 (15) an educator who works with children who are deaf or hard of  
1034 hearing; and (16) the director of the Connecticut Chapter of We the

1035 Deaf People. The Commissioner of Rehabilitation Services, the  
1036 Governor's liaison to the disability community and a member chosen  
1037 by the majority of the board shall be the chairpersons of the advisory  
1038 board.

1039 (b) The advisory board shall meet at least quarterly or more often at  
1040 the call of the chairpersons or a majority of the members. A majority of  
1041 members in office but not less than [eight] nine voting members shall  
1042 constitute a quorum.

1043 (c) Any appointed member who fails to attend three consecutive  
1044 meetings or who fails to attend fifty per cent of all meetings held  
1045 during any calendar year shall be deemed to have resigned. Vacancies  
1046 occurring otherwise than by expiration of term in the membership of  
1047 the advisory board shall be filled by the Governor.

1048 Sec. 26. Subsection (g) of section 2c-2h of the general statutes, as  
1049 amended by section 4 of substitute house bill 7237 of the current  
1050 session, is repealed and the following is substituted in lieu thereof  
1051 (*Effective from passage*):

1052 (g) Not later than July 1, 2020, and not later than every ten years  
1053 thereafter, the joint standing committee of the General Assembly  
1054 having cognizance of any of the following governmental entities or  
1055 programs shall conduct a review of the applicable entity or program in  
1056 accordance with the provisions of section 2c-3:

1057 (1) Office of Long Term Care Ombudsman, established under  
1058 section 17a-405;

1059 (2) Regulation of nursing home administrators pursuant to chapter  
1060 368v;

1061 (3) Regulation of hearing aid dealers pursuant to chapter 398; [and]

1062 (4) Plumbing and Piping Work Board, established under section 20-  
1063 331; and

1064 (5) Advisory Board for Persons Who are Deaf or Hard of Hearing,  
1065 established under section 46a-27, as amended by this act.

1066 Sec. 27. Subsection (b) of section 46a-29 of the general statutes is  
1067 repealed and the following is substituted in lieu thereof (*Effective from*  
1068 *passage*):

1069 (b) The Commissioner of Education shall assign one vocational  
1070 rehabilitation consultant to act as a liaison staff member of the  
1071 [commission] Advisory Board for Persons Who are Deaf or Hard of  
1072 Hearing.

1073 Sec. 28. Subsection (a) of section 19a-111i of the general statutes is  
1074 repealed and the following is substituted in lieu thereof (*Effective from*  
1075 *passage*):

1076 (a) On or before [January 1, 2009] October 1, 2017, and annually  
1077 thereafter, the Commissioner of Public Health shall report, in  
1078 accordance with section 11-4a, to the joint standing committees of the  
1079 General Assembly having cognizance of matters relating to public  
1080 health and human services on the status of lead poisoning prevention  
1081 efforts in the state. Such report shall include, but not be limited to, (1)  
1082 the number of children screened for lead poisoning during the  
1083 preceding calendar year, (2) the number of children diagnosed with  
1084 elevated blood levels during the preceding calendar year, and (3) the  
1085 amount of testing, remediation, abatement and management of  
1086 materials containing toxic levels of lead in all premises during the  
1087 preceding calendar year.

1088 Sec. 29. Subsection (a) of section 19a-6i of the general statutes is  
1089 repealed and the following is substituted in lieu thereof (*Effective from*  
1090 *passage*):

1091 (a) There is established a school-based health center advisory  
1092 committee for the purpose of advising the Commissioner of Public  
1093 Health on matters relating to (1) statutory and regulatory changes to  
1094 improve health care through access to school-based health centers and

1095 expanded school health sites, [and] (2) minimum standards for the  
1096 provision of services in school-based health centers and expanded  
1097 school health sites to ensure that high quality health care services are  
1098 provided in school-based health centers and expanded school health  
1099 sites, as such terms are defined in section 19a-6r, and (3) other topics of  
1100 relevance to the school-based health centers and expanded school sites,  
1101 as requested by the commissioner.

1102 Sec. 30. Subsection (g) of section 22a-430 of the general statutes is  
1103 repealed and the following is substituted in lieu thereof (*Effective July*  
1104 *1, 2017*):

1105 (g) The commissioner shall, by regulation adopted prior to October  
1106 1, 1977, establish and define categories of discharges which constitute  
1107 household and small commercial subsurface sewage disposal systems  
1108 for which he shall delegate to the Commissioner of Public Health the  
1109 authority to issue permits or approvals and to hold public hearings in  
1110 accordance with this section, on and after said date. The Commissioner  
1111 of Public Health shall, pursuant to section 19a-36, establish minimum  
1112 requirements for household and small commercial subsurface sewage  
1113 disposal systems and procedures for the issuance of such permits or  
1114 approvals by the local director of health or a sanitarian registered  
1115 pursuant to chapter 395. As used in this subsection, household and  
1116 small commercial disposal systems shall include those subsurface  
1117 sewage disposal systems with a capacity of [five] seven thousand five  
1118 hundred gallons per day or less. Notwithstanding any provision of the  
1119 general statutes or regulations of Connecticut state agencies, the  
1120 regulations adopted by the commissioner pursuant to this subsection  
1121 that are in effect as of July 1, 2017, shall apply to household and small  
1122 commercial subsurface sewage disposal systems with a capacity of  
1123 seven thousand five hundred gallons per day or less. Any permit  
1124 denied by the Commissioner of Public Health, or a director of health or  
1125 registered sanitarian shall be subject to hearing and appeal in the  
1126 manner provided in section 19a-229. Any permit granted by said  
1127 Commissioner of Public Health, or a director of health or registered  
1128 sanitarian on or after October 1, 1977, shall be deemed equivalent to a

1129 permit issued under subsection (b) of this section.

1130 Sec. 31. Subsection (a) of section 19a-492e of the general statutes is  
1131 repealed and the following is substituted in lieu thereof (*Effective from*  
1132 *passage*):

1133 (a) For purposes of this section "home health care agency" has the  
1134 same meaning as provided in section 19a-490, as amended by this act.  
1135 Notwithstanding the provisions of chapter 378, a registered nurse may  
1136 delegate the administration of medications that are not administered  
1137 by injection to homemaker-home health aides who have obtained  
1138 certification and recertification every three years thereafter for  
1139 medication administration in accordance with regulations adopted  
1140 pursuant to subsection (b) of this section, unless the prescribing  
1141 practitioner specifies that a medication shall only be administered by a  
1142 licensed nurse. Any homemaker-home health aide who obtained  
1143 certification in the administration of medications on or before June 30,  
1144 2015, shall obtain recertification on or before July 1, 2018.

1145 Sec. 32. Subsection (b) of section 19a-495a of the general statutes is  
1146 repealed and the following is substituted in lieu thereof (*Effective from*  
1147 *passage*):

1148 (b) Each residential care home, as defined in section 19a-490, as  
1149 amended by this act, shall ensure that [, on or before January 1, 2010,]  
1150 an appropriate number of unlicensed personnel, as determined by the  
1151 residential care home, obtain certification and recertification for the  
1152 administration of medication. Certification and recertification of such  
1153 personnel shall be in accordance with regulations adopted pursuant to  
1154 this section, except any personnel who obtained certification in the  
1155 administration of medication on or before June 30, 2015, shall obtain  
1156 recertification on or before July 1, 2018. Unlicensed personnel  
1157 obtaining such certification and recertification may administer  
1158 medications that are not administered by injection to residents of such  
1159 homes, unless a resident's physician specifies that a medication only be  
1160 administered by licensed personnel.

1161 Sec. 33. Section 20-476 of the general statutes, as amended by section  
1162 2 of substitute senate bill 937 of the current session, as amended by  
1163 Senate Amendment Schedule "A", is repealed and the following is  
1164 substituted in lieu thereof (*Effective July 1, 2017*):

1165 On and after October 1, 2017, no person shall hold himself or herself  
1166 out as a lead training provider, lead inspector, lead inspector risk  
1167 assessor, lead planner-project designer, lead abatement supervisor or a  
1168 lead abatement worker as defined in regulations adopted pursuant to  
1169 section 20-478, in this state without a certificate issued by the  
1170 Commissioner of Public Health. Applications for such certificate shall  
1171 be made to the department on forms provided by it and shall be  
1172 accompanied by a fee of fifty dollars, and shall contain such  
1173 information regarding the applicant's qualifications as the department  
1174 may require in regulations adopted pursuant to said section 20-478. No  
1175 person shall be issued a certificate to act as a lead training provider,  
1176 lead inspector, lead inspector risk assessor, lead planner-project  
1177 designer, lead abatement supervisor or lead abatement worker unless  
1178 such person obtains such approval. The commissioner may issue a  
1179 certificate under this section to any person who is licensed or certified  
1180 in another state under a law which provides standards which are equal  
1181 to or higher than those of Connecticut and is not subject to any  
1182 unresolved complaints or pending disciplinary actions. Certificates  
1183 issued pursuant to this section shall be renewed annually in  
1184 accordance with the provisions of section 19a-88 upon payment of a  
1185 fee of fifty dollars. [The Commissioner of Public Health may adopt  
1186 regulations, in accordance with the provisions of chapter 54, to  
1187 implement the provisions of this section.]

1188 Sec. 34. Section 20-439 of the general statutes, as amended by section  
1189 9 of substitute senate bill 937 of the current session, as amended by  
1190 Senate Amendment Schedule "A", is repealed and the following is  
1191 substituted in lieu thereof (*Effective July 1, 2017*):

1192 For purposes of this section, "asbestos training provider" means a  
1193 person or entity that offers a training program for asbestos abatement

1194 or asbestos consultation and certifies asbestos abatement workers,  
1195 asbestos abatement site supervisors and asbestos consultants. On and  
1196 after October 1, 2017, each asbestos training provider shall be certified  
1197 by the department. The department shall issue an initial certification of  
1198 a provider upon the provider's completion of an application and  
1199 payment of a fee of fifty dollars. The certification issued pursuant to  
1200 this section shall be renewed annually in accordance with the  
1201 provisions of subsection (e) of section 19a-88 upon payment of a fee of  
1202 fifty dollars. The department shall approve a training program upon  
1203 determination that such program complies with such requirements as  
1204 may be established in regulations adopted pursuant to section 20-440.  
1205 Each application or reapplication for approval of a training program  
1206 shall be accompanied by a fee of five hundred dollars. Each application  
1207 for approval or reapproval of a refresher training program as required  
1208 by section 20-441 shall be accompanied by a fee of two hundred fifty  
1209 dollars. Each asbestos training provider shall furnish the department  
1210 with a list of the persons who have successfully completed the course  
1211 within thirty days of such completion. The department shall conduct  
1212 periodic reviews of approved training courses and may revoke  
1213 approval at any time it determines that the course fails to meet the  
1214 requirements established in such regulations. [The Commissioner of  
1215 Public Health may adopt regulations, in accordance with the  
1216 provisions of chapter 54, to implement the provisions of this section.]

1217 Sec. 35. Section 19a-342 of the general statutes is repealed and the  
1218 following is substituted in lieu thereof (*Effective October 1, 2017*):

1219 (a) As used in this section, "smoke" or "smoking" means the lighting  
1220 or carrying of a lighted cigarette, cigar, pipe or similar device.

1221 (b) (1) Notwithstanding the provisions of section 31-40q, as  
1222 amended by this act, no person shall smoke: (A) In any building or  
1223 portion of a building owned and operated or leased and operated by  
1224 the state or any political subdivision thereof; (B) in any area of a health  
1225 care institution; (C) in any area of a retail food store; (D) in any  
1226 restaurant; (E) in any area of an establishment with a permit issued for

1227 the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-  
1228 22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f,  
1229 in any area of an establishment with a permit for the sale of alcoholic  
1230 liquor pursuant to section 30-23 issued after May 1, 2003, and, on and  
1231 after April 1, 2004, in any area of an establishment with a permit issued  
1232 for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or  
1233 the bar area of a bowling establishment holding a permit pursuant to  
1234 subsection (a) of section 30-37c, as amended by this act; (F) within a  
1235 school building while school is in session or student activities are being  
1236 conducted; (G) in any passenger elevator, provided no person shall be  
1237 arrested for violating this subsection unless there is posted in such  
1238 elevator a sign which indicates that smoking is prohibited by state law;  
1239 (H) in any dormitory in any public or private institution of higher  
1240 education; or (I) on and after April 1, 2004, in any area of a dog race  
1241 track or a facility equipped with screens for the simulcasting of off-  
1242 track betting race programs or jai alai games. For purposes of this  
1243 subsection, "restaurant" means space, in a suitable and permanent  
1244 building, kept, used, maintained, advertised and held out to the public  
1245 to be a place where meals are regularly served to the public.

1246 (2) This section shall not apply to (A) correctional facilities; (B)  
1247 designated smoking areas in psychiatric facilities; (C) public housing  
1248 projects, as defined in subsection (b) of section 21a-278a; (D)  
1249 [classrooms] any classroom where demonstration smoking is taking  
1250 place as part of a medical or scientific experiment or lesson; (E)  
1251 smoking rooms provided by employers for employees, pursuant to  
1252 section 31-40q, as amended by this act; (F) notwithstanding the  
1253 provisions of subparagraph (E) of subdivision (1) of this subsection,  
1254 the outdoor portion of the premises of any permittee listed in  
1255 subparagraph (E) of subdivision (1) of this subsection, provided, in the  
1256 case of any seating area maintained for the service of food, at least  
1257 seventy-five per cent of the outdoor seating capacity is an area in  
1258 which smoking is prohibited and which is clearly designated with  
1259 written signage as a nonsmoking area, except that any temporary  
1260 seating area established for special events and not used on a regular



1261 basis shall not be subject to the smoking prohibition or signage  
1262 requirements of this subparagraph; [or] (G) any medical research site  
1263 where smoking is integral to the research being conducted; or (H) any  
1264 tobacco bar, provided no tobacco bar shall expand in size or change its  
1265 location from its size or location as of December 31, 2002. For purposes  
1266 of this subdivision, "outdoor" means an area which has no roof or  
1267 other ceiling enclosure, "tobacco bar" means an establishment with a  
1268 permit for the sale of alcoholic liquor to consumers issued pursuant to  
1269 chapter 545 that, in the calendar year ending December 31, 2002,  
1270 generated ten per cent or more of its total annual gross income from  
1271 the on-site sale of tobacco products and the rental of on-site humidors,  
1272 and "tobacco product" means any substance that contains tobacco,  
1273 including, but not limited to, cigarettes, cigars, pipe tobacco or  
1274 chewing tobacco.

1275 (c) The operator of a hotel, motel or similar lodging may allow  
1276 guests to smoke in not more than twenty-five per cent of the rooms  
1277 offered as accommodations to guests.

1278 (d) In each room, elevator, area or building in which smoking is  
1279 prohibited by this section, the person in control of the premises shall  
1280 post or cause to be posted in a conspicuous place signs stating that  
1281 smoking is prohibited by state law. Such signs, except in elevators,  
1282 restaurants, establishments with permits to sell alcoholic liquor to  
1283 consumers issued pursuant to chapter 545, hotels, motels or similar  
1284 lodgings, and health care institutions, shall have letters at least four  
1285 inches high with the principal strokes of letters not less than one-half  
1286 inch wide.

1287 (e) Any person found guilty of smoking in violation of this section,  
1288 failure to post signs as required by this section or the unauthorized  
1289 removal of such signs shall have committed an infraction. Nothing in  
1290 this section shall be construed to require the person in control of a  
1291 building to post such signs in every room of a building, provided such  
1292 signs are posted in a conspicuous place in such building.

1293 (f) Nothing in this section shall be construed to require any smoking  
1294 area in any building.

1295 (g) The provisions of this section shall supersede and preempt the  
1296 provisions of any municipal law or ordinance relative to smoking  
1297 effective prior to, on or after October 1, 1993.

1298 Sec. 36. Section 19a-342a of the general statutes is repealed and the  
1299 following is substituted in lieu thereof (*Effective October 1, 2017*):

1300 (a) As used in this section and section 2 of public act 15-206:

1301 (1) "Child care facility" means a provider of child care services as  
1302 defined in section 19a-77, or a person or entity required to be licensed  
1303 under section 17a-145;

1304 (2) "Electronic nicotine delivery system" means an electronic device  
1305 that may be used to simulate smoking in the delivery of nicotine or  
1306 other substances to a person inhaling from the device, and includes,  
1307 but is not limited to, an electronic cigarette, electronic cigar, electronic  
1308 cigarillo, electronic pipe or electronic hookah and any related device  
1309 and any cartridge or other component of such device;

1310 (3) "Liquid nicotine container" means a container that holds a liquid  
1311 substance containing nicotine that is sold, marketed or intended for  
1312 use in an electronic nicotine delivery system or vapor product, except  
1313 "liquid nicotine container" does not include such a container that is  
1314 prefilled and sealed by the manufacturer and not intended to be  
1315 opened by the consumer; and

1316 (4) "Vapor product" means any product that employs a heating  
1317 element, power source, electronic circuit or other electronic, chemical  
1318 or mechanical means, regardless of shape or size, to produce a vapor  
1319 that may or may not include nicotine, that is inhaled by the user of  
1320 such product, but shall not include a medicinal or therapeutic product  
1321 used by a (A) licensed health care provider to treat a patient in a health  
1322 care setting, or (B) a patient, as prescribed or directed by a licensed

1323 health care provider in any setting.

1324 (b) (1) No person shall use an electronic nicotine delivery system or  
1325 vapor product: (A) In any building or portion of a building owned and  
1326 operated or leased and operated by the state or any political  
1327 subdivision thereof; (B) in any area of a health care institution; (C) in  
1328 any area of a retail food store; (D) in any restaurant; (E) in any area of  
1329 an establishment with a permit issued for the sale of alcoholic liquor  
1330 pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22a, 30-22c, 30-26,  
1331 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any  
1332 area of establishment with a permit issued for the sale of alcoholic  
1333 liquor pursuant to section 30-23 issued after May 1, 2003, or the bar  
1334 area of a bowling establishment holding a permit pursuant to  
1335 subsection (a) of section 30-37c; (F) within a school building while  
1336 school is in session or student activities are being conducted; (G)  
1337 within a child care facility, except, if the child care facility is a family  
1338 child care home as defined in section 19a-77, such use is prohibited  
1339 only when a child enrolled in such home is present; (H) in any  
1340 passenger elevator, provided no person shall be arrested for violating  
1341 this subsection unless there is posted in such elevator a sign which  
1342 indicates that such use is prohibited by state law; (I) in any dormitory  
1343 in any public or private institution of higher education; or (J) in any  
1344 area of a dog race track or a facility equipped with screens for the  
1345 simulcasting of off-track betting race programs or jai alai games. For  
1346 purposes of this subsection, "restaurant" means space, in a suitable and  
1347 permanent building, kept, used, maintained, advertised and held out  
1348 to the public to be a place where meals are regularly served to the  
1349 public.

1350 (2) This section shall not apply to (A) correctional facilities; (B)  
1351 designated smoking areas in psychiatric facilities; (C) public housing  
1352 projects, as defined in subsection (b) of section 21a-278a; (D)  
1353 [classrooms] any classroom where a demonstration of the use of an  
1354 electronic nicotine delivery system or vapor product is taking place as  
1355 part of a medical or scientific experiment or lesson; (E) any medical  
1356 research site where the use of an electronic nicotine delivery system or

1357 vapor product is integral to the research being conducted; (F)  
1358 establishments without a permit for the sale of alcoholic liquor that sell  
1359 electronic nicotine delivery systems, vapor products or liquid nicotine  
1360 containers on-site and allow their customers to use such systems,  
1361 products or containers on-site; [(F)] (G) smoking rooms provided by  
1362 employers for employees, pursuant to section 31-40q, as amended by  
1363 this act; [(G)] (H) notwithstanding the provisions of subparagraph (E)  
1364 of subdivision (1) of this subsection, the outdoor portion of the  
1365 premises of any permittee listed in subparagraph (E) of subdivision (1)  
1366 of this subsection, provided, in the case of any seating area maintained  
1367 for the service of food, at least seventy-five per cent of the outdoor  
1368 seating capacity is an area in which smoking is prohibited and which is  
1369 clearly designated with written signage as a nonsmoking area, except  
1370 that any temporary seating area established for special events and not  
1371 used on a regular basis shall not be subject to the prohibition on the  
1372 use of an electronic nicotine delivery system or vapor product or the  
1373 signage requirements of this subparagraph; or [(H)] (I) any tobacco  
1374 bar, provided no tobacco bar shall expand in size or change its location  
1375 from its size or location as of October 1, 2015. For purposes of this  
1376 subdivision, "outdoor" means an area which has no roof or other  
1377 ceiling enclosure, "tobacco bar" means an establishment with a permit  
1378 for the sale of alcoholic liquor to consumers issued pursuant to chapter  
1379 545 that, in the calendar year ending December 31, 2015, generated ten  
1380 per cent or more of its total annual gross income from the on-site sale  
1381 of tobacco products and the rental of on-site humidors, and "tobacco  
1382 product" means any substance that contains tobacco, including, but not  
1383 limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

1384 (c) The operator of a hotel, motel or similar lodging may allow  
1385 guests to use an electronic nicotine delivery system or vapor product  
1386 in not more than twenty-five per cent of the rooms offered as  
1387 accommodations to guests.

1388 (d) In each room, elevator, area or building in which the use of an  
1389 electronic nicotine delivery system or vapor product is prohibited by  
1390 this section, the person in control of the premises shall post or cause to

1391 be posted in a conspicuous place signs stating that such use is  
1392 prohibited by state law. Such signs, except in elevators, restaurants,  
1393 establishments with permits to sell alcoholic liquor to consumers  
1394 issued pursuant to chapter 545, hotels, motels or similar lodgings, and  
1395 health care institutions, shall have letters at least four inches high with  
1396 the principal strokes of letters not less than one-half inch wide.

1397 (e) Any person found guilty of using an electronic nicotine delivery  
1398 system or vapor product in violation of this section, failure to post  
1399 signs as required by this section or the unauthorized removal of such  
1400 signs shall have committed an infraction.

1401 (f) Nothing in this section shall be construed to require the  
1402 designation of any area for the use of electronic nicotine delivery  
1403 system or vapor product in any building.

1404 (g) The provisions of this section shall supersede and preempt the  
1405 provisions of any municipal law or ordinance relative to the use of an  
1406 electronic nicotine delivery system or vapor product effective prior to,  
1407 on or after October 1, 2015.

1408 Sec. 37. Subsection (b) of section 53-344 of the general statutes is  
1409 repealed and the following is substituted in lieu thereof (*Effective*  
1410 *October 1, 2017*):

1411 (b) Any person who sells, gives or delivers to any [minor] person  
1412 under eighteen years of age tobacco [, unless the minor is delivering or  
1413 accepting delivery in such person's capacity as an employee, in any  
1414 form] shall be fined not more than two hundred dollars for the first  
1415 offense, not more than three hundred fifty dollars for a second offense  
1416 within [an eighteen-month] a twenty-four-month period and not more  
1417 than five hundred dollars for each subsequent offense within [an  
1418 eighteen-month] a twenty-four-month period. The provisions of this  
1419 subsection shall not apply to a person under eighteen years of age who  
1420 is delivering or accepting delivery of tobacco (1) in such person's  
1421 capacity as an employee, or (2) as part of a scientific study being  
1422 conducted by an organization for the purpose of medical research to

1423 further efforts in tobacco use prevention and cessation, provided such  
1424 medical research has been approved by the organization's institutional  
1425 review board, as defined in section 21a-408.

1426 Sec. 38. Subsection (b) of section 53-344b of the general statutes is  
1427 repealed and the following is substituted in lieu thereof (*Effective*  
1428 *October 1, 2017*):

1429 (b) Any person who sells, gives or delivers to any [minor] person  
1430 under eighteen years of age an electronic nicotine delivery system or  
1431 vapor product [, unless the minor is delivering or accepting delivery in  
1432 such person's capacity as an employee,] in any form shall be fined not  
1433 more than two hundred dollars for the first offense, not more than  
1434 three hundred fifty dollars for a second offense within [an eighteen-  
1435 month] a twenty-four-month period and not more than five hundred  
1436 dollars for each subsequent offense within [an eighteen-month] a  
1437 twenty-four-month period. The provisions of this subsection shall not  
1438 apply to a person under eighteen years of age who is delivering or  
1439 accepting delivery of an electronic nicotine delivery system or vapor  
1440 product (1) in such person's capacity as an employee, or (2) as part of a  
1441 scientific study being conducted by an organization for the purpose of  
1442 medical research to further efforts in tobacco use prevention and  
1443 cessation, provided such medical research has been approved by the  
1444 organization's institutional review board, as defined in section 21a-408.

1445 Sec. 39. Subdivision (4) of subsection (a) of section 31-40q of the  
1446 general statutes is repealed and the following is substituted in lieu  
1447 thereof (*Effective October 1, 2017*):

1448 (4) "Business facility" means a structurally enclosed location or  
1449 portion thereof at which employees perform services for their  
1450 employer. The term "business facility" does not include: (A) Facilities  
1451 listed in subparagraph (A), (C) or [(G)] (H) of subdivision (2) of  
1452 subsection (b) of section 19a-342, as amended by this act; (B) any  
1453 establishment with a permit for the sale of alcoholic liquor pursuant to  
1454 section 30-23 issued on or before May 1, 2003; (C) for any business that

1455 is engaged in the testing or development of tobacco or tobacco  
1456 products, the areas of such business designated for such testing or  
1457 development; or (D) during the period from October 1, 2003, to April 1,  
1458 2004, establishments with a permit issued for the sale of alcoholic  
1459 liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling  
1460 establishment holding a permit pursuant to subsection (a) of section  
1461 30-37c.

1462 Sec. 40. (NEW) (*Effective from passage*) (a) Not later than October 1,  
1463 2017, and annually thereafter, any hospital that has been certified as a  
1464 comprehensive stroke center, a primary stroke center or an acute  
1465 stroke-ready hospital by the American Heart Association, the Joint  
1466 Commission or any other nationally recognized certifying organization  
1467 shall submit an attestation of such certification to the Commissioner of  
1468 Public Health, in a form and manner prescribed by the commissioner.  
1469 Not later than October 15, 2017, and annually thereafter, the  
1470 Department of Public Health shall post a list of certified stroke centers  
1471 on its Internet web site.

1472 (b) The department may remove a hospital from the list posted  
1473 pursuant to subsection (a) of this section if (1) the hospital requests  
1474 such removal, (2) the department is informed by the American Heart  
1475 Association, the Joint Commission or other nationally recognized  
1476 certifying organization that a hospital's certification has expired or  
1477 been suspended or revoked, or (3) the department does not receive  
1478 attestation of certification from a hospital on or before October first.  
1479 The department shall report to the nationally recognized certifying  
1480 organization any complaint it receives related to the certification of a  
1481 hospital as a comprehensive stroke center, a primary stroke center or  
1482 an acute stroke-ready hospital. The department shall provide the  
1483 complainant with the name and contact information of the nationally  
1484 recognized certifying organization if the complainant seeks to pursue a  
1485 complaint with such organization.

1486 Sec. 41. (NEW) (*Effective October 1, 2017*) (a) As used in this section,  
1487 "emergency medical services provider" means a provider licensed or

1488 certified under chapter 368d of the general statutes.

1489 (b) Not later than January 1, 2018, and annually thereafter, the  
1490 Department of Public Health shall send a list of each hospital  
1491 designated under section 40 of this act as a comprehensive stroke  
1492 center, primary stroke center or acute stroke-ready center to the  
1493 medical director of each emergency medical services provider in the  
1494 state. The Department of Public Health shall maintain a copy of the list  
1495 in the Office of Emergency Medical Services.

1496 (c) Not later than January 1, 2018, the Connecticut Emergency  
1497 Medical Services Advisory Board Committee, established under  
1498 section 19a-178a of the general statutes, shall recommend to the  
1499 Commissioner of Public Health, for adoption, a nationally recognized  
1500 standardized stroke triage assessment tool and prehospital care  
1501 protocols related to the assessment, treatment and transport of stroke  
1502 patients. Not later than thirty days after receiving recommendations  
1503 regarding the stroke triage assessment tool and prehospital care  
1504 protocols, the Commissioner of Public Health shall adopt such stroke  
1505 triage assessment tool and post such assessment tool and protocols on  
1506 its Internet web site. The commissioner may make any modifications to  
1507 such assessment tool as the commissioner deems necessary. The  
1508 department shall distribute a copy of the stroke triage assessment tool  
1509 and prehospital care protocols to each emergency medical services  
1510 provider. Upon receipt of such assessment tool and protocols, each  
1511 emergency medical services provider shall develop plans to implement  
1512 such assessment tool and protocols for the triage and transport of acute  
1513 stroke patients.

1514 Sec. 42. Section 19a-90 of the general statutes, as amended by section  
1515 1 of public act 17-6, is repealed and the following is substituted in lieu  
1516 thereof (*Effective July 1, 2017*):

1517 (a) A health care provider giving prenatal care to a pregnant woman  
1518 in this state during gestation shall order a blood sample of such  
1519 woman for each of the following serological tests: (1) Not later than



1520 thirty days after the date of the first prenatal examination, a serological  
1521 test for HIV and syphilis; (2) not later than twenty-eight to thirty-two  
1522 weeks of gestation, a serological test for syphilis; (3) not later than  
1523 thirty-two to thirty-six weeks of gestation, a serological test for HIV;  
1524 and (4) at the time of delivery, a serological test for HIV and syphilis,  
1525 provided the woman presents to labor and delivery without  
1526 documentation of the required serological testing prescribed under  
1527 subdivisions (2) and (3) of this subsection. No pregnant woman shall  
1528 be subject to serological testing more than once during each of the time  
1529 frames outlined in subdivisions (1) to (4), inclusive. A pregnant  
1530 woman's consent to the HIV-related test, as defined in section 19a-581,  
1531 shall be consistent with the consent given for the HIV-related test  
1532 prescribed under section 19a-582, as amended by [this act] public act  
1533 17-6. The laboratory tests required by this section shall be made on  
1534 request without charge by the Department of Public Health. For  
1535 purposes of this subsection, "health care provider" means a physician  
1536 licensed pursuant to chapter 370, advanced practice registered nurse  
1537 licensed pursuant to chapter 378, physician assistant licensed pursuant  
1538 to chapter 370 or nurse midwife licensed pursuant to chapter [372] 377.

1539 (b) The provisions of this section shall not apply to any woman who  
1540 objects to a blood test as being in conflict with her religious tenets and  
1541 practices.

1542 Sec. 43. Subdivision (3) of subsection (c) of section 20-112a of the  
1543 general statutes is repealed and the following is substituted in lieu  
1544 thereof (*Effective from passage*):

1545 (3) On or after [January] July 1, 2018, (A) no licensed dentist may  
1546 delegate dental procedures to a dental assistant or expanded function  
1547 dental assistant unless the dental assistant or expanded function dental  
1548 assistant provides records demonstrating successful completion of the  
1549 Dental Assisting National Board's infection control examination,  
1550 except as provided in subdivision (2) of this subsection, (B) a dental  
1551 assistant may receive not more than nine months of on-the-job training  
1552 by a licensed dentist for purposes of preparing the dental assistant for

1553 the Dental Assisting National Board's infection control examination,  
1554 and (C) any licensed dentist who delegates dental procedures to a  
1555 dental assistant shall retain and make such records available for  
1556 inspection upon request of the Department of Public Health.

1557 Sec. 44. Subsection (f) of section 46 of public act 16-66 is repealed  
1558 and the following is substituted in lieu thereof (*Effective from passage*):

1559 (f) Not later than January 1, [2017] 2018, the task force shall submit a  
1560 report on its findings and recommendations to the joint standing  
1561 committee of the General Assembly having cognizance of matters  
1562 relating to public health, in accordance with the provisions of section  
1563 11-4a of the general statutes. The task force shall terminate on the date  
1564 that it submits such report or January 1, [2017] 2018, whichever is later.

1565 Sec. 45. (*Effective from passage*) (a) The Department of Public Health  
1566 shall, within available appropriations and in consultation with the  
1567 Department of Social Services and the Insurance Department, convene  
1568 a working group to implement a mobile integrated health care  
1569 program. The program shall permit a paramedic, as defined in section  
1570 20-206jj of the general statutes, to provide community-based health  
1571 care within his or her scope of practice and to make recommendations  
1572 regarding transportation by emergency medical services providers of a  
1573 patient to a destination other than an emergency department. For  
1574 purposes of this section, "community-based health care" means health  
1575 care provided using patient-centered, mobile resources outside of the  
1576 hospital environment.

1577 (b) The working group shall consist of the following members, who  
1578 shall be appointed by the Commissioner of Public Health not later than  
1579 sixty days after the effective date of this section: (1) A representative of  
1580 the Connecticut Hospital Association, or such representative's  
1581 designee; (2) a chairperson of the Connecticut Emergency Medical  
1582 Services Medical Advisory Committee, established pursuant to section  
1583 19a-178a of the general statutes, or such chairperson's designee; (3) an  
1584 advanced practice registered nurse licensed under section 20-94a of the

1585 general statutes; (4) a licensed behavioral health professional; (5) a  
1586 representative of the Community Health Center Association of  
1587 Connecticut; (6) a representative from a primary care provider that  
1588 self-identifies as an urgent care facility; (7) a representative of the  
1589 Connecticut commercial health insurance industry; (8) a representative  
1590 of a fire department-based emergency medical services provider; (9)  
1591 three representatives of emergency medical services providers, at least  
1592 one of whom shall be a designee of the Association of Connecticut  
1593 Ambulance Providers and have a background in providing ambulance  
1594 services in a rural area of the state, one of whom shall have a  
1595 background in providing ambulance services in an urban area of the  
1596 state, and one of whom shall be a designee of the Connecticut  
1597 Emergency Medical Services Chiefs' Association; (10) a representative  
1598 of the Connecticut Association for Healthcare at Home; (11) a  
1599 representative of an agency providing hospice care that is licensed to  
1600 provide such care by the Department of Public Health or certified to  
1601 provide such care pursuant to 42 USC 1395x, as amended from time to  
1602 time; (12) a representative of the Connecticut Nurses Association; and  
1603 (13) a representative of the Connecticut College of Emergency  
1604 Physicians. The working group shall also consist of the following  
1605 members, or their designees: (A) The director of the Office of  
1606 Emergency Medical Services, as defined in section 19a-175 of the  
1607 general statutes; (B) the chairperson of the Emergency Medical  
1608 Services Advisory Board, established pursuant to section 19a-178a of  
1609 the general statutes; (C) the Commissioners of Public Health and Social  
1610 Services and the Insurance Commissioner; (D) the Secretary of the  
1611 Office of Policy and Management; and (E) the chairpersons, vice  
1612 chairpersons and ranking members of the joint standing committee of  
1613 the General Assembly having cognizance of matters relating to public  
1614 health.

1615 (c) (1) The tasks of the working group shall include, but not be  
1616 limited to, identifying (A) areas in the state that would benefit from a  
1617 mobile integrated health care program due to gaps in the availability  
1618 of health care services in such areas, (B) any patient care interventions

1619 that a paramedic may provide within a paramedic's scope of practice,  
1620 (C) any additional education or training that paramedics may need in  
1621 order to provide community-based health care, (D) any potential  
1622 savings or additional costs associated with the provision of health care  
1623 coverage for community-based health care that an insured, as defined  
1624 in section 38a-1 of the general statutes, or the Medicaid program  
1625 administered by the Department of Social Services, may incur, (E) any  
1626 potential reimbursement issues related to health care coverage for the  
1627 provision of community-based health care by a paramedic, (F)  
1628 minimum criteria for the implementation of the mobile integrated  
1629 health care program, (G) any statute or regulation that may be  
1630 impacted by the implementation of the mobile integrated health care  
1631 program, and (H) any successful models for a mobile integrated health  
1632 care program implemented in other areas of the country.

1633 (2) The working group shall, in collaboration with the Emergency  
1634 Medical Services Advisory Board and its Medical Advisory  
1635 Committee, make recommendations regarding (A) the ability of an  
1636 emergency medical services provider to transport a patient to an  
1637 alternative destination other than a hospital emergency department for  
1638 health care services when established protocols dictate that the  
1639 emergency department is not the most appropriate destination for  
1640 such patient, and (B) whether an emergency medical services provider  
1641 requires additional training for purposes of making a determination  
1642 regarding whether to transport a patient to an alternative destination.

1643 (d) Not later than January 1, 2019, the Commissioner of Public  
1644 Health shall report, in accordance with the provisions of section 11-4a  
1645 of the general statutes, regarding the outcome and the  
1646 recommendations of the working group to implement the mobile  
1647 integrated health care program to the joint standing committees of the  
1648 General Assembly having cognizance of matters relating to public  
1649 health, human services and insurance.

1650 Sec. 46. (*Effective from passage*) (a) There is established a task force to  
1651 study the projected shortage in the psychiatry workforce in the state.

1652 Such study shall include, but need not be limited to, an examination of  
1653 the causes of and potential solutions for avoiding or reducing the  
1654 projected shortage in the psychiatry workforce.

1655 (b) The task force shall consist of the following members:

1656 (1) Two appointed by the speaker of the House of Representatives,  
1657 one of whom is a child and adolescent psychiatrist and one of whom is  
1658 a psychologist;

1659 (2) Two appointed by the president pro tempore of the Senate, one  
1660 of whom is a psychiatrist and one of whom has expertise in workforce  
1661 shortages and development;

1662 (3) Two appointed by the majority leader of the House of  
1663 Representatives, one of whom has expertise in social work and  
1664 counseling and one of whom is a primary care provider who consults  
1665 with psychiatrists;

1666 (4) Two appointed by the majority leader of the Senate, one of  
1667 whom has expertise in recovery support and one of whom is a  
1668 representative of an institution that employs psychiatrists, including  
1669 an inpatient psychiatric hospital, outpatient clinic or emergency  
1670 department in the state;

1671 (5) Two appointed by the minority leader of the House of  
1672 Representatives, one of whom is a physician assistant for a psychiatrist  
1673 and one of whom is an emergency medicine physician; and

1674 (6) Two appointed by the minority leader of the Senate, one of  
1675 whom is a psychiatric nurse practitioner and one of whom is a faculty  
1676 member from a department of psychiatry of a school of medicine in the  
1677 state.

1678 (c) Any member of the task force appointed under subdivision (1),  
1679 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member  
1680 of the General Assembly.

1681 (d) All appointments to the task force shall be made not later than  
 1682 thirty days after the effective date of this section. Any vacancy shall be  
 1683 filled by the appointing authority.

1684 (e) The speaker of the House of Representatives and the president  
 1685 pro tempore of the Senate shall select the chairpersons of the task force  
 1686 from among the members of the task force. Such chairpersons shall  
 1687 schedule the first meeting of the task force, which shall be held not  
 1688 later than thirty days after the effective date of this section.

1689 (f) The administrative staff of the joint standing committee of the  
 1690 General Assembly having cognizance of matters relating to public  
 1691 health shall serve as administrative staff of the task force.

1692 (g) Not later than July 1, 2018, the task force shall submit a report on  
 1693 its findings and recommendations to the joint standing committee of  
 1694 the General Assembly having cognizance of matters relating to public  
 1695 health, in accordance with the provisions of section 11-4a of the  
 1696 general statutes. The task force shall terminate on the date that it  
 1697 submits such report or July 1, 2018, whichever is later.

1698 Sec. 47. Section 10-500 of the general statutes is amended by adding  
 1699 subsection (e) as follows (*Effective from passage*):

1700 (NEW) (e) The Connecticut Head Start State Collaboration Office  
 1701 shall be based in the Office of Early Childhood.

1702 Sec. 48. Sections 19a-6j to 19a-6l, inclusive, and 19a-6n of the general  
 1703 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	<i>October 1, 2017</i>	19a-580d
Sec. 7	<i>October 1, 2017</i>	19a-17
Sec. 8	<i>October 1, 2017</i>	20-74a
Sec. 9	<i>October 1, 2017</i>	20-195(a)
Sec. 10	<i>October 1, 2017</i>	20-195bb(c)
Sec. 11	<i>October 1, 2017</i>	20-195f(a)
Sec. 12	<i>October 1, 2017</i>	19a-52
Sec. 13	<i>October 1, 2017</i>	19a-53
Sec. 14	<i>October 1, 2017</i>	19a-55(b)
Sec. 15	<i>October 1, 2017</i>	19a-37
Sec. 16	<i>July 1, 2017</i>	19a-320(a)
Sec. 17	<i>October 1, 2017</i>	19a-127l(c)(1)
Sec. 18	<i>October 1, 2017</i>	19a-131g
Sec. 19	<i>October 1, 2017</i>	19a-491c(f)
Sec. 20	<i>October 1, 2017</i>	19a-31a
Sec. 21	<i>October 1, 2017</i>	19a-59c
Sec. 22	<i>from passage</i>	20-74s
Sec. 23	<i>from passage</i>	PA 15-242, Sec. 35
Sec. 24	<i>October 1, 2017</i>	New section
Sec. 25	<i>from passage</i>	46a-28
Sec. 26	<i>from passage</i>	2c-2h(g)
Sec. 27	<i>from passage</i>	46a-29(b)
Sec. 28	<i>from passage</i>	19a-111i(a)
Sec. 29	<i>from passage</i>	19a-6i(a)
Sec. 30	<i>July 1, 2017</i>	22a-430(g)
Sec. 31	<i>from passage</i>	19a-492e(a)
Sec. 32	<i>from passage</i>	19a-495a(b)
Sec. 33	<i>July 1, 2017</i>	20-476
Sec. 34	<i>July 1, 2017</i>	20-439
Sec. 35	<i>October 1, 2017</i>	19a-342
Sec. 36	<i>October 1, 2017</i>	19a-342a
Sec. 37	<i>October 1, 2017</i>	53-344(b)
Sec. 38	<i>October 1, 2017</i>	53-344b(b)
Sec. 39	<i>October 1, 2017</i>	31-40q(a)(4)
Sec. 40	<i>from passage</i>	New section
Sec. 41	<i>October 1, 2017</i>	New section
Sec. 42	<i>July 1, 2017</i>	19a-90
Sec. 43	<i>from passage</i>	20-112a(c)(3)
Sec. 44	<i>from passage</i>	PA 16-66, Sec. 46(f)
Sec. 45	<i>from passage</i>	New section

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Sec. 46	<i>from passage</i>	New section
Sec. 47	<i>from passage</i>	10-500
Sec. 48	<i>October 1, 2017</i>	Repealer section