



General Assembly

Amendment

January Session, 2017

LCO No. 8391



Offered by:

REP. STEINBERG, 136th Dist.
REP. SRINIVASAN, 31st Dist.
SEN. GERRATANA, 6th Dist.
SEN. SOMERS, 18th Dist.

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4 repealed and the following is substituted in lieu thereof (*Effective*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 Section 19a-490 of the general statutes is repealed and the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, require that restitution be made to an injured property owner;
275 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 20-439 of the general statutes, as amended by section
1162 9 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 For purposes of this section, "asbestos training provider" means a
1166 person or entity that offers a training program for asbestos abatement
1167 or asbestos consultation and certifies asbestos abatement workers,
1168 asbestos abatement site supervisors and asbestos consultants. On and
1169 after October 1, 2017, each asbestos training provider shall be certified
1170 by the department. The department shall issue an initial certification of
1171 a provider upon the provider's completion of an application and
1172 payment of a fee of fifty dollars. The certification issued pursuant to
1173 this section shall be renewed annually in accordance with the
1174 provisions of subsection (e) of section 19a-88 upon payment of a fee of
1175 fifty dollars. The department shall approve a training program upon
1176 determination that such program complies with such requirements as
1177 may be established in regulations adopted pursuant to section 20-440.
1178 Each application or reapplication for approval of a training program
1179 shall be accompanied by a fee of five hundred dollars. Each application
1180 for approval or reapproval of a refresher training program as required
1181 by section 20-441 shall be accompanied by a fee of two hundred fifty
1182 dollars. Each asbestos training provider shall furnish the department
1183 with a list of the persons who have successfully completed the course
1184 within thirty days of such completion. The department shall conduct
1185 periodic reviews of approved training courses and may revoke
1186 approval at any time it determines that the course fails to meet the
1187 requirements established in such regulations. [The Commissioner of
1188 Public Health may adopt regulations, in accordance with the
1189 provisions of chapter 54, to implement the provisions of this section.]

1190 Sec. 34. Section 19a-342 of the general statutes is repealed and the
1191 following is substituted in lieu thereof (*Effective October 1, 2017*):

1192 (a) As used in this section, "smoke" or "smoking" means the lighting
1193 or carrying of a lighted cigarette, cigar, pipe or similar device.

1194 (b) (1) Notwithstanding the provisions of section 31-40q, as

1195 amended by this act, no person shall smoke: (A) In any building or
1196 portion of a building owned and operated or leased and operated by
1197 the state or any political subdivision thereof; (B) in any area of a health
1198 care institution; (C) in any area of a retail food store; (D) in any
1199 restaurant; (E) in any area of an establishment with a permit issued for
1200 the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-
1201 22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f,
1202 in any area of an establishment with a permit for the sale of alcoholic
1203 liquor pursuant to section 30-23 issued after May 1, 2003, and, on and
1204 after April 1, 2004, in any area of an establishment with a permit issued
1205 for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or
1206 the bar area of a bowling establishment holding a permit pursuant to
1207 subsection (a) of section 30-37c, as amended by this act; (F) within a
1208 school building while school is in session or student activities are being
1209 conducted; (G) in any passenger elevator, provided no person shall be
1210 arrested for violating this subsection unless there is posted in such
1211 elevator a sign which indicates that smoking is prohibited by state law;
1212 (H) in any dormitory in any public or private institution of higher
1213 education; or (I) on and after April 1, 2004, in any area of a dog race
1214 track or a facility equipped with screens for the simulcasting of off-
1215 track betting race programs or jai alai games. For purposes of this
1216 subsection, "restaurant" means space, in a suitable and permanent
1217 building, kept, used, maintained, advertised and held out to the public
1218 to be a place where meals are regularly served to the public.

1219 (2) This section shall not apply to (A) correctional facilities; (B)
1220 designated smoking areas in psychiatric facilities; (C) public housing
1221 projects, as defined in subsection (b) of section 21a-278a; (D)
1222 [classrooms] any classroom where demonstration smoking is taking
1223 place as part of a medical or scientific experiment or lesson; (E)
1224 smoking rooms provided by employers for employees, pursuant to
1225 section 31-40q, as amended by this act; (F) notwithstanding the
1226 provisions of subparagraph (E) of subdivision (1) of this subsection,
1227 the outdoor portion of the premises of any permittee listed in
1228 subparagraph (E) of subdivision (1) of this subsection, provided, in the

1229 case of any seating area maintained for the service of food, at least
1230 seventy-five per cent of the outdoor seating capacity is an area in
1231 which smoking is prohibited and which is clearly designated with
1232 written signage as a nonsmoking area, except that any temporary
1233 seating area established for special events and not used on a regular
1234 basis shall not be subject to the smoking prohibition or signage
1235 requirements of this subparagraph; [or] (G) any medical research site
1236 where smoking is integral to the research being conducted; or (H) any
1237 tobacco bar, provided no tobacco bar shall expand in size or change its
1238 location from its size or location as of December 31, 2002. For purposes
1239 of this subdivision, "outdoor" means an area which has no roof or
1240 other ceiling enclosure, "tobacco bar" means an establishment with a
1241 permit for the sale of alcoholic liquor to consumers issued pursuant to
1242 chapter 545 that, in the calendar year ending December 31, 2002,
1243 generated ten per cent or more of its total annual gross income from
1244 the on-site sale of tobacco products and the rental of on-site humidors,
1245 and "tobacco product" means any substance that contains tobacco,
1246 including, but not limited to, cigarettes, cigars, pipe tobacco or
1247 chewing tobacco.

1248 (c) The operator of a hotel, motel or similar lodging may allow
1249 guests to smoke in not more than twenty-five per cent of the rooms
1250 offered as accommodations to guests.

1251 (d) In each room, elevator, area or building in which smoking is
1252 prohibited by this section, the person in control of the premises shall
1253 post or cause to be posted in a conspicuous place signs stating that
1254 smoking is prohibited by state law. Such signs, except in elevators,
1255 restaurants, establishments with permits to sell alcoholic liquor to
1256 consumers issued pursuant to chapter 545, hotels, motels or similar
1257 lodgings, and health care institutions, shall have letters at least four
1258 inches high with the principal strokes of letters not less than one-half
1259 inch wide.

1260 (e) Any person found guilty of smoking in violation of this section,
1261 failure to post signs as required by this section or the unauthorized

1262 removal of such signs shall have committed an infraction. Nothing in
1263 this section shall be construed to require the person in control of a
1264 building to post such signs in every room of a building, provided such
1265 signs are posted in a conspicuous place in such building.

1266 (f) Nothing in this section shall be construed to require any smoking
1267 area in any building.

1268 (g) The provisions of this section shall supersede and preempt the
1269 provisions of any municipal law or ordinance relative to smoking
1270 effective prior to, on or after October 1, 1993.

1271 Sec. 35. Section 19a-342a of the general statutes is repealed and the
1272 following is substituted in lieu thereof (*Effective October 1, 2017*):

1273 (a) As used in this section and section 2 of public act 15-206:

1274 (1) "Child care facility" means a provider of child care services as
1275 defined in section 19a-77, or a person or entity required to be licensed
1276 under section 17a-145;

1277 (2) "Electronic nicotine delivery system" means an electronic device
1278 that may be used to simulate smoking in the delivery of nicotine or
1279 other substances to a person inhaling from the device, and includes,
1280 but is not limited to, an electronic cigarette, electronic cigar, electronic
1281 cigarillo, electronic pipe or electronic hookah and any related device
1282 and any cartridge or other component of such device;

1283 (3) "Liquid nicotine container" means a container that holds a liquid
1284 substance containing nicotine that is sold, marketed or intended for
1285 use in an electronic nicotine delivery system or vapor product, except
1286 "liquid nicotine container" does not include such a container that is
1287 prefilled and sealed by the manufacturer and not intended to be
1288 opened by the consumer; and

1289 (4) "Vapor product" means any product that employs a heating
1290 element, power source, electronic circuit or other electronic, chemical
1291 or mechanical means, regardless of shape or size, to produce a vapor

1292 that may or may not include nicotine, that is inhaled by the user of
1293 such product, but shall not include a medicinal or therapeutic product
1294 used by a (A) licensed health care provider to treat a patient in a health
1295 care setting, or (B) a patient, as prescribed or directed by a licensed
1296 health care provider in any setting.

1297 (b) (1) No person shall use an electronic nicotine delivery system or
1298 vapor product: (A) In any building or portion of a building owned and
1299 operated or leased and operated by the state or any political
1300 subdivision thereof; (B) in any area of a health care institution; (C) in
1301 any area of a retail food store; (D) in any restaurant; (E) in any area of
1302 an establishment with a permit issued for the sale of alcoholic liquor
1303 pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22a, 30-22c, 30-26,
1304 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any
1305 area of establishment with a permit issued for the sale of alcoholic
1306 liquor pursuant to section 30-23 issued after May 1, 2003, or the bar
1307 area of a bowling establishment holding a permit pursuant to
1308 subsection (a) of section 30-37c; (F) within a school building while
1309 school is in session or student activities are being conducted; (G)
1310 within a child care facility, except, if the child care facility is a family
1311 child care home as defined in section 19a-77, such use is prohibited
1312 only when a child enrolled in such home is present; (H) in any
1313 passenger elevator, provided no person shall be arrested for violating
1314 this subsection unless there is posted in such elevator a sign which
1315 indicates that such use is prohibited by state law; (I) in any dormitory
1316 in any public or private institution of higher education; or (J) in any
1317 area of a dog race track or a facility equipped with screens for the
1318 simulcasting of off-track betting race programs or jai alai games. For
1319 purposes of this subsection, "restaurant" means space, in a suitable and
1320 permanent building, kept, used, maintained, advertised and held out
1321 to the public to be a place where meals are regularly served to the
1322 public.

1323 (2) This section shall not apply to (A) correctional facilities; (B)
1324 designated smoking areas in psychiatric facilities; (C) public housing
1325 projects, as defined in subsection (b) of section 21a-278a; (D)

1326 [classrooms] any classroom where a demonstration of the use of an
1327 electronic nicotine delivery system or vapor product is taking place as
1328 part of a medical or scientific experiment or lesson; (E) any medical
1329 research site where the use of an electronic nicotine delivery system or
1330 vapor product is integral to the research being conducted; (F)
1331 establishments without a permit for the sale of alcoholic liquor that sell
1332 electronic nicotine delivery systems, vapor products or liquid nicotine
1333 containers on-site and allow their customers to use such systems,
1334 products or containers on-site; [(F)] (G) smoking rooms provided by
1335 employers for employees, pursuant to section 31-40q, as amended by
1336 this act; [(G)] (H) notwithstanding the provisions of subparagraph (E)
1337 of subdivision (1) of this subsection, the outdoor portion of the
1338 premises of any permittee listed in subparagraph (E) of subdivision (1)
1339 of this subsection, provided, in the case of any seating area maintained
1340 for the service of food, at least seventy-five per cent of the outdoor
1341 seating capacity is an area in which smoking is prohibited and which is
1342 clearly designated with written signage as a nonsmoking area, except
1343 that any temporary seating area established for special events and not
1344 used on a regular basis shall not be subject to the prohibition on the
1345 use of an electronic nicotine delivery system or vapor product or the
1346 signage requirements of this subparagraph; or [(H)] (I) any tobacco
1347 bar, provided no tobacco bar shall expand in size or change its location
1348 from its size or location as of October 1, 2015. For purposes of this
1349 subdivision, "outdoor" means an area which has no roof or other
1350 ceiling enclosure, "tobacco bar" means an establishment with a permit
1351 for the sale of alcoholic liquor to consumers issued pursuant to chapter
1352 545 that, in the calendar year ending December 31, 2015, generated ten
1353 per cent or more of its total annual gross income from the on-site sale
1354 of tobacco products and the rental of on-site humidors, and "tobacco
1355 product" means any substance that contains tobacco, including, but not
1356 limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

1357 (c) The operator of a hotel, motel or similar lodging may allow
1358 guests to use an electronic nicotine delivery system or vapor product
1359 in not more than twenty-five per cent of the rooms offered as

1360 accommodations to guests.

1361 (d) In each room, elevator, area or building in which the use of an
1362 electronic nicotine delivery system or vapor product is prohibited by
1363 this section, the person in control of the premises shall post or cause to
1364 be posted in a conspicuous place signs stating that such use is
1365 prohibited by state law. Such signs, except in elevators, restaurants,
1366 establishments with permits to sell alcoholic liquor to consumers
1367 issued pursuant to chapter 545, hotels, motels or similar lodgings, and
1368 health care institutions, shall have letters at least four inches high with
1369 the principal strokes of letters not less than one-half inch wide.

1370 (e) Any person found guilty of using an electronic nicotine delivery
1371 system or vapor product in violation of this section, failure to post
1372 signs as required by this section or the unauthorized removal of such
1373 signs shall have committed an infraction.

1374 (f) Nothing in this section shall be construed to require the
1375 designation of any area for the use of electronic nicotine delivery
1376 system or vapor product in any building.

1377 (g) The provisions of this section shall supersede and preempt the
1378 provisions of any municipal law or ordinance relative to the use of an
1379 electronic nicotine delivery system or vapor product effective prior to,
1380 on or after October 1, 2015.

1381 Sec. 36. Subsection (b) of section 53-344 of the general statutes is
1382 repealed and the following is substituted in lieu thereof (*Effective*
1383 *October 1, 2017*):

1384 (b) Any person who sells, gives or delivers to any [minor] person
1385 under eighteen years of age tobacco [, unless the minor is delivering or
1386 accepting delivery in such person's capacity as an employee, in any
1387 form] shall be fined not more than two hundred dollars for the first
1388 offense, not more than three hundred fifty dollars for a second offense
1389 within [an eighteen-month] a twenty-four-month period and not more
1390 than five hundred dollars for each subsequent offense within [an

1391 eighteen-month] a twenty-four-month period. The provisions of this
1392 subsection shall not apply to a person under eighteen years of age who
1393 is delivering or accepting delivery of tobacco (1) in such person's
1394 capacity as an employee, or (2) as part of a scientific study being
1395 conducted by an organization for the purpose of medical research to
1396 further efforts in tobacco use prevention and cessation, provided such
1397 medical research has been approved by the organization's institutional
1398 review board, as defined in section 21a-408.

1399 Sec. 37. Subsection (b) of section 53-344b of the general statutes is
1400 repealed and the following is substituted in lieu thereof (*Effective*
1401 *October 1, 2017*):

1402 (b) Any person who sells, gives or delivers to any [minor] person
1403 under eighteen years of age an electronic nicotine delivery system or
1404 vapor product [, unless the minor is delivering or accepting delivery in
1405 such person's capacity as an employee,] in any form shall be fined not
1406 more than two hundred dollars for the first offense, not more than
1407 three hundred fifty dollars for a second offense within [an eighteen-
1408 month] a twenty-four-month period and not more than five hundred
1409 dollars for each subsequent offense within [an eighteen-month] a
1410 twenty-four-month period. The provisions of this subsection shall not
1411 apply to a person under eighteen years of age who is delivering or
1412 accepting delivery of an electronic nicotine delivery system or vapor
1413 product (1) in such person's capacity as an employee, or (2) as part of a
1414 scientific study being conducted by an organization for the purpose of
1415 medical research to further efforts in tobacco use prevention and
1416 cessation, provided such medical research has been approved by the
1417 organization's institutional review board, as defined in section 21a-408.

1418 Sec. 38. Subdivision (4) of subsection (a) of section 31-40q of the
1419 general statutes is repealed and the following is substituted in lieu
1420 thereof (*Effective October 1, 2017*):

1421 (4) "Business facility" means a structurally enclosed location or
1422 portion thereof at which employees perform services for their

1423 employer. The term "business facility" does not include: (A) Facilities
1424 listed in subparagraph (A), (C) or ~~[(G)]~~ (H) of subdivision (2) of
1425 subsection (b) of section 19a-342, as amended by this act; (B) any
1426 establishment with a permit for the sale of alcoholic liquor pursuant to
1427 section 30-23 issued on or before May 1, 2003; (C) for any business that
1428 is engaged in the testing or development of tobacco or tobacco
1429 products, the areas of such business designated for such testing or
1430 development; or (D) during the period from October 1, 2003, to April 1,
1431 2004, establishments with a permit issued for the sale of alcoholic
1432 liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling
1433 establishment holding a permit pursuant to subsection (a) of section
1434 30-37c.

1435 Sec. 39. (NEW) (*Effective from passage*) (a) Not later than October 1,
1436 2017, and annually thereafter, any hospital that has been certified as a
1437 comprehensive stroke center, a primary stroke center or an acute
1438 stroke-ready hospital by the American Heart Association, the Joint
1439 Commission or any other nationally recognized certifying organization
1440 shall submit an attestation of such certification to the Commissioner of
1441 Public Health, in a form and manner prescribed by the commissioner.
1442 Not later than October 15, 2017, and annually thereafter, the
1443 Department of Public Health shall post a list of certified stroke centers
1444 on its Internet web site.

1445 (b) The department may remove a hospital from the list posted
1446 pursuant to subsection (a) of this section if (1) the hospital requests
1447 such removal, (2) the department is informed by the American Heart
1448 Association, the Joint Commission or other nationally recognized
1449 certifying organization that a hospital's certification has expired or
1450 been suspended or revoked, or (3) the department does not receive
1451 attestation of certification from a hospital on or before October first.
1452 The department shall report to the nationally recognized certifying
1453 organization any complaint it receives related to the certification of a
1454 hospital as a comprehensive stroke center, a primary stroke center or
1455 an acute stroke-ready hospital. The department shall provide the
1456 complainant with the name and contact information of the nationally

1457 recognized certifying organization if the complainant seeks to pursue a
1458 complaint with such organization.

1459 Sec. 40. (NEW) (*Effective October 1, 2017*) (a) As used in this section,
1460 "emergency medical services provider" means a provider licensed or
1461 certified under chapter 368d of the general statutes.

1462 (b) Not later than January 1, 2018, and annually thereafter, the
1463 Department of Public Health shall send a list of each hospital
1464 designated under section 48 of this act as a comprehensive stroke
1465 center, primary stroke center or acute stroke-ready center to the
1466 medical director of each emergency medical services provider in the
1467 state. The Department of Public Health shall maintain a copy of the list
1468 in the Office of Emergency Medical Services.

1469 (c) Not later than January 1, 2018, the Connecticut Emergency
1470 Medical Services Advisory Board Committee, established under
1471 section 19a-178a of the general statutes, shall recommend to the
1472 Commissioner of Public Health, for adoption, a nationally recognized
1473 standardized stroke triage assessment tool and prehospital care
1474 protocols related to the assessment, treatment and transport of stroke
1475 patients. Not later than thirty days after receiving recommendations
1476 regarding the stroke triage assessment tool and prehospital care
1477 protocols, the Commissioner of Public Health shall adopt such stroke
1478 triage assessment tool and post such assessment tool and protocols on
1479 its Internet web site. The commissioner may make any modifications to
1480 such assessment tool as the commissioner deems necessary. The
1481 department shall distribute a copy of the stroke triage assessment tool
1482 and prehospital care protocols to each emergency medical services
1483 provider. Upon receipt of such assessment tool and protocols, each
1484 emergency medical services provider shall develop plans to implement
1485 such assessment tool and protocols for the triage and transport of acute
1486 stroke patients.

1487 Sec. 41. Section 19a-90 of the general statutes, as amended by section
1488 1 of public act 17-6, is repealed and the following is substituted in lieu

1489 thereof (*Effective July 1, 2017*):

1490 (a) A health care provider giving prenatal care to a pregnant woman
1491 in this state during gestation shall order a blood sample of such
1492 woman for each of the following serological tests: (1) Not later than
1493 thirty days after the date of the first prenatal examination, a serological
1494 test for HIV and syphilis; (2) not later than twenty-eight to thirty-two
1495 weeks of gestation, a serological test for syphilis; (3) not later than
1496 thirty-two to thirty-six weeks of gestation, a serological test for HIV;
1497 and (4) at the time of delivery, a serological test for HIV and syphilis,
1498 provided the woman presents to labor and delivery without
1499 documentation of the required serological testing prescribed under
1500 subdivisions (2) and (3) of this subsection. No pregnant woman shall
1501 be subject to serological testing more than once during each of the time
1502 frames outlined in subdivisions (1) to (4), inclusive. A pregnant
1503 woman's consent to the HIV-related test, as defined in section 19a-581,
1504 shall be consistent with the consent given for the HIV-related test
1505 prescribed under section 19a-582, as amended by [this act] public act
1506 17-6. The laboratory tests required by this section shall be made on
1507 request without charge by the Department of Public Health. For
1508 purposes of this subsection, "health care provider" means a physician
1509 licensed pursuant to chapter 370, advanced practice registered nurse
1510 licensed pursuant to chapter 378, physician assistant licensed pursuant
1511 to chapter 370 or nurse midwife licensed pursuant to chapter [372] 377.

1512 (b) The provisions of this section shall not apply to any woman who
1513 objects to a blood test as being in conflict with her religious tenets and
1514 practices.

1515 Sec. 42. Subdivision (3) of subsection (c) of section 20-112a of the
1516 general statutes is repealed and the following is substituted in lieu
1517 thereof (*Effective from passage*):

1518 (3) On or after [January] July 1, 2018, (A) no licensed dentist may
1519 delegate dental procedures to a dental assistant or expanded function
1520 dental assistant unless the dental assistant or expanded function dental

1521 assistant provides records demonstrating successful completion of the
1522 Dental Assisting National Board's infection control examination,
1523 except as provided in subdivision (2) of this subsection, (B) a dental
1524 assistant may receive not more than nine months of on-the-job training
1525 by a licensed dentist for purposes of preparing the dental assistant for
1526 the Dental Assisting National Board's infection control examination,
1527 and (C) any licensed dentist who delegates dental procedures to a
1528 dental assistant shall retain and make such records available for
1529 inspection upon request of the Department of Public Health.

1530 Sec. 43. Subsection (f) of section 46 of public act 16-66 is repealed
1531 and the following is substituted in lieu thereof (*Effective from passage*):

1532 (f) Not later than January 1, [2017] 2018, the task force shall submit a
1533 report on its findings and recommendations to the joint standing
1534 committee of the General Assembly having cognizance of matters
1535 relating to public health, in accordance with the provisions of section
1536 11-4a of the general statutes. The task force shall terminate on the date
1537 that it submits such report or January 1, [2017] 2018, whichever is later.

1538 Sec. 44. (*Effective from passage*) (a) The Department of Public Health
1539 shall, within available appropriations and in consultation with the
1540 Department of Social Services and the Insurance Department, convene
1541 a working group to implement a mobile integrated health care
1542 program. The program shall permit a paramedic, as defined in section
1543 20-206jj of the general statutes, to provide community-based health
1544 care within his or her scope of practice and to make recommendations
1545 regarding transportation by emergency medical services providers of a
1546 patient to a destination other than an emergency department. For
1547 purposes of this section, "community-based health care" means health
1548 care provided using patient-centered, mobile resources outside of the
1549 hospital environment.

1550 (b) The working group shall consist of the following members, who
1551 shall be appointed by the Commissioner of Public Health not later than
1552 sixty days after the effective date of this section: (1) A representative of

1553 the Connecticut Hospital Association, or such representative's
1554 designee; (2) a chairperson of the Connecticut Emergency Medical
1555 Services Medical Advisory Committee, established pursuant to section
1556 19a-178a of the general statutes, or such chairperson's designee; (3) an
1557 advanced practice registered nurse licensed under section 20-94a of the
1558 general statutes; (4) a licensed behavioral health professional; (5) a
1559 representative of the Community Health Center Association of
1560 Connecticut; (6) a representative from a primary care provider that
1561 self-identifies as an urgent care facility; (7) a representative of the
1562 Connecticut commercial health insurance industry; (8) a representative
1563 of a fire department-based emergency medical services provider; (9)
1564 three representatives of emergency medical services providers, at least
1565 one of whom shall be a designee of the Association of Connecticut
1566 Ambulance Providers and have a background in providing ambulance
1567 services in a rural area of the state, one of whom shall have a
1568 background in providing ambulance services in an urban area of the
1569 state, and one of whom shall be a designee of the Connecticut
1570 Emergency Medical Services Chiefs' Association; (10) a representative
1571 of the Connecticut Association for Healthcare at Home; (11) a
1572 representative of an agency providing hospice care that is licensed to
1573 provide such care by the Department of Public Health or certified to
1574 provide such care pursuant to 42 USC 1395x, as amended from time to
1575 time; (12) a representative of the Connecticut Nurses Association; and
1576 (13) a representative of the Connecticut College of Emergency
1577 Physicians. The working group shall also consist of the following
1578 members, or their designees: (A) The director of the Office of
1579 Emergency Medical Services, as defined in section 19a-175 of the
1580 general statutes; (B) the chairperson of the Emergency Medical
1581 Services Advisory Board, established pursuant to section 19a-178a of
1582 the general statutes; (C) the Commissioners of Public Health and Social
1583 Services and the Insurance Commissioner; (D) the Secretary of the
1584 Office of Policy and Management; and (E) the chairpersons, vice
1585 chairpersons and ranking members of the joint standing committee of
1586 the General Assembly having cognizance of matters relating to public
1587 health.

1588 (c) (1) The tasks of the working group shall include, but not be
1589 limited to, identifying (A) areas in the state that would benefit from a
1590 mobile integrated health care program due to gaps in the availability
1591 of health care services in such areas, (B) any patient care interventions
1592 that a paramedic may provide within a paramedic's scope of practice,
1593 (C) any additional education or training that paramedics may need in
1594 order to provide community-based health care, (D) any potential
1595 savings or additional costs associated with the provision of health care
1596 coverage for community-based health care that an insured, as defined
1597 in section 38a-1 of the general statutes, or the Medicaid program
1598 administered by the Department of Social Services, may incur, (E) any
1599 potential reimbursement issues related to health care coverage for the
1600 provision of community-based health care by a paramedic, (F)
1601 minimum criteria for the implementation of the mobile integrated
1602 health care program, (G) any statute or regulation that may be
1603 impacted by the implementation of the mobile integrated health care
1604 program, and (H) any successful models for a mobile integrated health
1605 care program implemented in other areas of the country.

1606 (2) The working group shall, in collaboration with the Emergency
1607 Medical Services Advisory Board and its Medical Advisory
1608 Committee, make recommendations regarding (A) the ability of an
1609 emergency medical services provider to transport a patient to an
1610 alternative destination other than a hospital emergency department for
1611 health care services when established protocols dictate that the
1612 emergency department is not the most appropriate destination for
1613 such patient, and (B) whether an emergency medical services provider
1614 requires additional training for purposes of making a determination
1615 regarding whether to transport a patient to an alternative destination.

1616 (d) Not later than January 1, 2019, the Commissioner of Public
1617 Health shall report, in accordance with the provisions of section 11-4a
1618 of the general statutes, regarding the outcome and the
1619 recommendations of the working group to implement the mobile
1620 integrated health care program to the joint standing committees of the
1621 General Assembly having cognizance of matters relating to public

1622 health, human services and insurance.

1623 Sec. 45. (*Effective from passage*) (a) There is established a task force to
1624 study the projected shortage in the psychiatry workforce in the state.
1625 Such study shall include, but need not be limited to, an examination of
1626 the causes of and potential solutions for avoiding or reducing the
1627 projected shortage in the psychiatry workforce.

1628 (b) The task force shall consist of the following members:

1629 (1) Two appointed by the speaker of the House of Representatives,
1630 one of whom is a child and adolescent psychiatrist and one of whom is
1631 a psychologist;

1632 (2) Two appointed by the president pro tempore of the Senate, one
1633 of whom is a psychiatrist and one of whom has expertise in workforce
1634 shortages and development;

1635 (3) Two appointed by the majority leader of the House of
1636 Representatives, one of whom has expertise in social work and
1637 counseling and one of whom is a primary care provider who consults
1638 with psychiatrists;

1639 (4) Two appointed by the majority leader of the Senate, one of
1640 whom has expertise in recovery support and one of whom is a
1641 representative of an institution that employs psychiatrists, including
1642 an inpatient psychiatric hospital, outpatient clinic or emergency
1643 department in the state;

1644 (5) Two appointed by the minority leader of the House of
1645 Representatives, one of whom is a physician assistant for a psychiatrist
1646 and one of whom is an emergency medicine physician; and

1647 (6) Two appointed by the minority leader of the Senate, one of
1648 whom is a psychiatric nurse practitioner and one of whom is a faculty
1649 member from a department of psychiatry of a school of medicine in the
1650 state.

1651 (c) Any member of the task force appointed under subdivision (1),
1652 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
1653 of the General Assembly.

1654 (d) All appointments to the task force shall be made not later than
1655 thirty days after the effective date of this section. Any vacancy shall be
1656 filled by the appointing authority.

1657 (e) The speaker of the House of Representatives and the president
1658 pro tempore of the Senate shall select the chairpersons of the task force
1659 from among the members of the task force. Such chairpersons shall
1660 schedule the first meeting of the task force, which shall be held not
1661 later than thirty days after the effective date of this section.

1662 (f) The administrative staff of the joint standing committee of the
1663 General Assembly having cognizance of matters relating to public
1664 health shall serve as administrative staff of the task force.

1665 (g) Not later than July 1, 2018, the task force shall submit a report on
1666 its findings and recommendations to the joint standing committee of
1667 the General Assembly having cognizance of matters relating to public
1668 health, in accordance with the provisions of section 11-4a of the
1669 general statutes. The task force shall terminate on the date that it
1670 submits such report or July 1, 2018, whichever is later.

1671 Sec. 46. Section 10-500 of the general statutes is amended by adding
1672 subsection (e) as follows (*Effective from passage*):

1673 (NEW) (e) The Connecticut Head Start State Collaboration Office
1674 shall be based in the Office of Early Childhood.

1675 Sec. 47. Subsection (a) of section 1 of public act 17-23 is repealed and
1676 the following is substituted in lieu thereof (*Effective October 1, 2017*):

1677 (a) As used in this section, "phlebotomist" means a person, acting on
1678 an order of a physician licensed pursuant to chapter 370 of the general
1679 statutes, physician assistant licensed pursuant to chapter 370 of the
1680 general statutes, advanced practice registered nurse licensed pursuant

1681 to chapter 378 of the general statutes or podiatrist licensed pursuant to
1682 chapter 375 of the general statutes, who draws blood for diagnostic
1683 testing, transfusions, research or blood donations.

1684 Sec. 48. (NEW) (*Effective October 1, 2017*) (a) As used in this section:

1685 (1) "Normal saline" means a nine-tenths of one per cent sodium
1686 chloride solution that does not contain additives and is suitable for
1687 administration to a hospital patient;

1688 (2) "Prepackaged" means prepared by a pharmacy or a
1689 manufacturer in a sterile environment; and

1690 (3) "Peripheral IV" means a peripherally inserted intravenous line.

1691 (b) The flushing of a peripheral IV with prepackaged normal saline,
1692 in a single use pre-filled syringe, may be performed at a hospital by a
1693 phlebotomist who (1) maintains certification from the American
1694 Society of Phlebotomy Technicians, National Center for Competency
1695 Testing, National Phlebotomy Association, National Healthcareer
1696 Association or American Medical Technologists, and (2) is responsible
1697 for drawing blood and trained under a protocol approved by the
1698 hospital. The hospital-approved protocol shall indicate the level of
1699 supervision and training required for such phlebotomists who perform
1700 flushing of a peripheral IV and include education about aseptic
1701 technique and infection control. The hospital shall document and
1702 maintain such protocol at the hospital for not less than two years from
1703 the date of implementation of such protocol. The flushing of a
1704 peripheral IV with prepackaged normal saline shall not be considered
1705 the administration of medication.

1706 Sec. 49. Sections 19a-6j to 19a-6l, inclusive, and 19a-6n of the general
1707 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	<i>October 1, 2017</i>	19a-490
Sec. 3	<i>October 1, 2017</i>	20-126l(a)
Sec. 4	<i>October 1, 2017</i>	20-126l(g)
Sec. 5	<i>October 1, 2017</i>	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>	20-439
Sec. 34	<i>October 1, 2017</i>	19a-342
Sec. 35	<i>October 1, 2017</i>	19a-342a
Sec. 36	<i>October 1, 2017</i>	53-344(b)
Sec. 37	<i>October 1, 2017</i>	53-344b(b)
Sec. 38	<i>October 1, 2017</i>	31-40q(a)(4)
Sec. 39	<i>from passage</i>	New section
Sec. 40	<i>October 1, 2017</i>	New section
Sec. 41	<i>July 1, 2017</i>	19a-90

Sec. 42	<i>from passage</i>	20-112a(c)(3)
Sec. 43	<i>from passage</i>	PA 16-66, Sec. 46(f)
Sec. 44	<i>from passage</i>	New section
Sec. 45	<i>from passage</i>	New section
Sec. 46	<i>from passage</i>	10-500
Sec. 47	<i>October 1, 2017</i>	PA 17-23, Sec. 1(a)
Sec. 48	<i>October 1, 2017</i>	New section
Sec. 49	<i>October 1, 2017</i>	Repealer section