



# House of Representatives

General Assembly

**File No. 428**

February Session, 2018

Substitute House Bill No. 5163

*House of Representatives, April 12, 2018*

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

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

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

1 Section 1. Subdivision (3) of subsection (a) of section 19a-72 of the  
2 general statutes is repealed and the following is substituted in lieu  
3 thereof (*Effective October 1, 2018*):

4 (3) "Health care provider" means any person or organization that  
5 furnishes health care services and is licensed or certified to furnish  
6 such services pursuant to chapters 370, 372, 373, 375, 378 and 379 or is  
7 licensed or certified pursuant to chapter [368d] 384d;

8 Sec. 2. Subparagraph (B) of subdivision (15) of subsection (a) of  
9 section 19a-14 of the 2018 supplement to the general statutes is  
10 repealed and the following is substituted in lieu thereof (*Effective*  
11 *October 1, 2018*):

12 (B) Not further disclose patient medical records received pursuant

13 to the provisions of this subdivision or personnel records received  
14 during the course of the investigation. Patient records received  
15 pursuant to this subdivision or personnel records received during the  
16 course of the investigation shall not be subject to disclosure under  
17 section 1-210.

18 Sec. 3. Subsection (b) of section 19a-499 of the general statutes is  
19 repealed and the following is substituted in lieu thereof (*Effective*  
20 *October 1, 2018*):

21 (b) Notwithstanding the provisions of subsection (a) of this section,  
22 all records obtained by the commissioner in connection with any  
23 investigation under this chapter shall not be subject to the provisions  
24 of section 1-210 for a period of six months from the date of the petition  
25 or other event initiating such investigation, or until such time as the  
26 investigation is terminated pursuant to a withdrawal or other informal  
27 disposition or until a hearing is convened pursuant to chapter 54,  
28 whichever is earlier, except those medical and personnel records  
29 described in subparagraph (B) of subdivision (15) of subsection (a) of  
30 section 19a-14, as amended by this act, shall not be subject to  
31 disclosure under section 1-210. A complaint, as defined in subdivision  
32 (6) of section 19a-13, shall be subject to the provisions of section 1-210  
33 from the time that it is served or mailed to the respondent. Records  
34 which are otherwise public records shall not be deemed confidential  
35 merely because they have been obtained in connection with an  
36 investigation under this chapter.

37 Sec. 4. Subdivision (2) of subsection (a) of section 20-126l of the 2018  
38 supplement to the general statutes is repealed and the following is  
39 substituted in lieu thereof (*Effective October 1, 2018*):

40 (2) "Public health facility" means an institution, as defined in section  
41 19a-490, a community health center, a group home, a school, a  
42 preschool operated by a local or regional board of education, [or] a  
43 head start program or a program offered or sponsored by the federal  
44 Special Supplemental Food Program for Women, Infants and Children,  
45 or a senior center;

46 Sec. 5. Subsection (b) of section 19a-6i of the 2018 supplement to the  
47 general statutes is repealed and the following is substituted in lieu  
48 thereof (*Effective October 1, 2018*):

49 (b) The committee shall be composed of the following members:

50 (1) One appointed by the speaker of the House of Representatives,  
51 who shall be a family advocate or a parent whose child utilizes school-  
52 based health center services;

53 (2) One appointed by the president pro tempore of the Senate, who  
54 shall be a school nurse;

55 (3) One appointed by the majority leader of the House of  
56 Representatives, who shall be a representative of a school-based health  
57 center that is sponsored by a community health center;

58 (4) One appointed by the majority leader of the Senate, who shall be  
59 a representative of a school-based health center that is sponsored by a  
60 nonprofit health care agency;

61 (5) One appointed by the minority leader of the House of  
62 Representatives, who shall be a representative of a school-based health  
63 center that is sponsored by a school or school system;

64 (6) One appointed by the minority leader of the Senate, who shall be  
65 a representative of a school-based health center that does not receive  
66 state funds;

67 (7) Two appointed by the Governor, one each of whom shall be a  
68 representative of the Connecticut Chapter of the American Academy  
69 of Pediatrics and a representative of a school-based health center that  
70 is sponsored by a hospital;

71 (8) [One] Three appointed by the Commissioner of Public Health,  
72 [who] one of whom shall be a representative of a school-based health  
73 center that is sponsored by a local health department, one of whom  
74 shall be from a municipality that has a population of at least fifty

75 thousand but less than one hundred thousand and that operates a  
76 school-based health center and one of whom shall be from a  
77 municipality that has a population of at least one hundred thousand  
78 and that operates a school-based health center;

79 (9) The Commissioner of Public Health, or the commissioner's  
80 designee;

81 (10) The Commissioner of Social Services, or the commissioner's  
82 designee;

83 (11) The Commissioner of Mental Health and Addiction Services, or  
84 the commissioner's designee;

85 (12) The Commissioner of Education, or the commissioner's  
86 designee;

87 (13) The Commissioner of Children and Families, or the  
88 commissioner's designee;

89 [(13)] (14) The executive director of the Commission on Women,  
90 Children and Seniors, or the executive director's designee; and

91 [(14)] (15) Three school-based health center providers, one of whom  
92 shall be the executive director of the Connecticut Association of  
93 School-Based Health Centers and two of whom shall be appointed by  
94 the board of directors of the Connecticut Association of School-Based  
95 Health Centers.

96 Sec. 6. Subsection (c) of section 7-51a of the general statutes is  
97 repealed and the following is substituted in lieu thereof (*Effective*  
98 *October 1, 2018*):

99 (c) For deaths occurring [after December 31, 2001] on or after July 1,  
100 1997, the Social Security number [, occupation, business or industry,  
101 race, Hispanic origin if applicable, and educational level] of the  
102 deceased person [, if known,] shall be recorded in the "administrative  
103 purposes" section of the death certificate. Such administrative

104 purposes section, and the Social Security number contained therein,  
105 shall be restricted and disclosed only to the following eligible parties:  
106 (1) All parties specified on the death certificate, including the  
107 informant, licensed funeral director, licensed embalmer, conservator,  
108 surviving spouse, physician and town clerk, [shall have access to the  
109 Social Security numbers of the decedent as well as other information  
110 contained in the "administrative purposes" section specified on the  
111 original death certificate] for the purpose of processing the certificate,  
112 [. For any death occurring after July 1, 1997, only] (2) the surviving  
113 spouse, (3) the next of kin, or (4) any state and federal agencies  
114 authorized by federal law. [may receive a certified copy of a death  
115 certificate with the decedent's Social Security number or the complete  
116 "administrative purposes" section included on the certificate. Any] The  
117 department shall provide any other individual, researcher or state or  
118 federal agency requesting a certified or uncertified death certificate, or  
119 the information contained within such certificate, for a death occurring  
120 on or after July 1, 1997, [may obtain the information included in the  
121 "administrative purposes" section of such certificate, except that the]  
122 such certificate or information. The decedent's Social Security number  
123 shall be removed or redacted from such certificate or information or  
124 the administrative purposes section shall be omitted from such  
125 certificate.

126 Sec. 7. Section 19a-62a of the general statutes is repealed and the  
127 following is substituted in lieu thereof (*Effective October 1, 2018*):

128 [(a) (1) Within available appropriations, the Commissioner of Public  
129 Health, in consultation with the Commissioner of Social Services, shall  
130 establish a pilot program for the early identification and treatment of  
131 pediatric asthma. The Commissioner of Public Health shall make  
132 grants-in-aid under the pilot program for projects to be established in  
133 two municipalities to identify, screen and refer children with asthma  
134 for treatment. Such projects shall work cooperatively with providers of  
135 maternal and child health, including, but not limited to, local health  
136 departments, community health centers, Healthy Start and the  
137 Nurturing Families Network established pursuant to section 17b-751b,

138 to target children who were born prematurely, premature infants or  
139 pregnant women at risk of premature delivery for early identification  
140 of asthma. Such projects may utilize private resources through public-  
141 private partnerships to establish a public awareness program and  
142 innovative outreach initiatives targeting urban areas to encourage  
143 early screening of children at risk of asthma.

144 (2) The Commissioner of Public Health shall evaluate the pilot  
145 program established under this subsection and shall submit a report of  
146 the commissioner's findings and recommendations to the joint  
147 standing committees of the General Assembly having cognizance of  
148 matters relating to public health, human services and appropriations  
149 and the budgets of state agencies, not later than October 1, 2001, in  
150 accordance with the provisions of section 11-4a.]

151 [(b) Not later than January 1, 2003, the] (a) The Commissioner of  
152 Public Health shall [establish and] maintain a system of monitoring  
153 asthma [. Such system shall include, but not be limited to, annual  
154 surveys of asthma in schools and reports of asthma visits and the  
155 number of persons having asthma as voluntarily reported by health  
156 care providers. The monitoring system may include reports of the  
157 number of persons having asthma medication prescriptions filled by  
158 pharmacies in this state. Such system shall be used by the  
159 commissioner in estimating the annual incidence and distribution of  
160 asthma in the state, including, but not limited to, such incidence and  
161 distribution based on age and gender and among ethnic, racial and  
162 cultural populations and on school enrollment and the education  
163 reference group, as determined by the Department of Education, for  
164 the town or regional school district in which the student's school is  
165 located.

166 (c) The Commissioner of Public Health, in consultation with local  
167 directors of health, shall establish a comprehensive state-wide asthma  
168 plan. Not later than October 1, 2002, the commissioner shall develop a  
169 model case definition of asthma for purposes of asthma diagnosis and  
170 monitoring.

171 (d) Not later than October 1, 2003, and annually thereafter, the  
172 commissioner shall submit a report of the status and results of the  
173 monitoring system established under subsection (b) of this section and  
174 the state-wide asthma plan established under subsection (c) of this  
175 section to the joint standing committee of the General Assembly  
176 having cognizance of matters relating to public health, in accordance  
177 with the provisions of section 11-4a.] screening information reported to  
178 the Department of Public Health pursuant to subsection (f) of section  
179 10-206, as amended by this act.

180 (b) Not later than October 1, 2021, and triennially thereafter, the  
181 Department of Public Health shall post on its Internet web site the  
182 activities of the asthma screening monitoring system maintained under  
183 subsection (a) of this section, including a report of the information  
184 obtained by the department pursuant to subsection (f) of section 10-  
185 206, as amended by this act.

186 Sec. 8. Subsection (b) of section 10-206 of the 2018 supplement to the  
187 general statutes is repealed and the following is substituted in lieu  
188 thereof (*Effective October 1, 2018*):

189 (b) Each local or regional board of education shall require each child  
190 to have a health assessment prior to public school enrollment. The  
191 assessment shall include: (1) A physical examination which shall  
192 include hematocrit or hemoglobin tests, height, weight, blood  
193 pressure, and, beginning with the 2003-2004 school year, a chronic  
194 disease assessment which shall include, but not be limited to, asthma,  
195 [as defined by the Commissioner of Public Health pursuant to  
196 subsection (c) of section 19a-62a.] The assessment form shall include  
197 (A) a check box for the provider conducting the assessment, as  
198 provided in subsection (a) of this section, to indicate an asthma  
199 diagnosis, (B) screening questions relating to appropriate public health  
200 concerns to be answered by the parent or guardian, and (C) screening  
201 questions to be answered by such provider; (2) an updating of  
202 immunizations as required under section 10-204a, provided a  
203 registered nurse may only update said immunizations pursuant to a

204 written order by a physician or physician assistant, licensed pursuant  
205 to chapter 370, or an advanced practice registered nurse, licensed  
206 pursuant to chapter 378; (3) vision, hearing, speech and gross dental  
207 screenings; and (4) such other information, including health and  
208 developmental history, as the physician feels is necessary and  
209 appropriate. The assessment shall also include tests for tuberculosis,  
210 sickle cell anemia or Cooley's anemia and tests for lead levels in the  
211 blood where the local or regional board of education determines after  
212 consultation with the school medical advisor and the local health  
213 department, or in the case of a regional board of education, each local  
214 health department, that such tests are necessary, provided a registered  
215 nurse may only perform said tests pursuant to the written order of a  
216 physician or physician assistant, licensed pursuant to chapter 370, or  
217 an advanced practice registered nurse, licensed pursuant to chapter  
218 378.

219 Sec. 9. Subsection (f) of section 10-206 of the 2018 supplement to the  
220 general statutes is repealed and the following is substituted in lieu  
221 thereof (*Effective October 1, 2018*):

222 (f) On and after October 1, 2017, each local or regional board of  
223 education shall report to the local health department and the  
224 Department of Public Health, on an triennial basis, the total number of  
225 pupils per school and per school district having a diagnosis of asthma  
226 (1) at the time of public school enrollment, (2) in grade six or seven,  
227 and (3) in grade ten or eleven. The report shall contain the asthma  
228 information collected as required under subsections (b) and (c) of this  
229 section and shall include pupil age, gender, race, ethnicity and school.  
230 Beginning on October 1, [2004] 2021, and every three years thereafter,  
231 the Department of Public Health shall review the asthma screening  
232 information reported pursuant to this section and shall submit a report  
233 to the joint standing committees of the General Assembly having  
234 cognizance of matters relating to public health and education  
235 concerning asthma trends and distributions among pupils enrolled in  
236 the public schools. The report shall be submitted in accordance with  
237 the provisions of section 11-4a and shall include, but not be limited to,



238 (A) trends and findings based on pupil age, gender, race, ethnicity,  
239 school and the education reference group, as determined by the  
240 Department of Education for the town or regional school district in  
241 which such school is located, and (B) activities of the asthma screening  
242 monitoring system maintained under section 19a-62a, as amended by  
243 this act.

244 Sec. 10. Subsection (c) of section 20-195q of the general statutes is  
245 repealed and the following is substituted in lieu thereof (*Effective*  
246 *October 1, 2018*):

247 (c) Nothing in this [section] chapter shall prohibit: (1) A student  
248 enrolled in a doctoral or master's degree program accredited by the  
249 Council on Social Work Education from performing such work as is  
250 incidental to his course of study, provided such person is designated  
251 by a title which clearly indicates his status as a student; (2) a person  
252 licensed or certified in this state in a field other than clinical social  
253 work from practicing within the scope of such license or certification;  
254 (3) a person enrolled in an educational program or fulfilling other state  
255 requirements leading to licensure or certification in a field other than  
256 social work from engaging in work in such other field; (4) a person  
257 who is employed or retained as a social work designee, social worker,  
258 or social work consultant by a nursing home or rest home licensed  
259 under section 19a-490 and who meets the qualifications prescribed by  
260 the department in its regulations from performing the duties required  
261 of them in accordance with state and federal laws governing those  
262 duties; (5) for the period from October 1, 2010, to October 1, 2013,  
263 inclusive, a master social worker from engaging in independent  
264 practice; (6) a social worker from practicing community organization,  
265 policy and planning, research or administration that does not include  
266 engaging in clinical social work or supervising a social worker  
267 engaged in clinical treatment with clients; [and] (7) individuals with a  
268 baccalaureate degree in social work from a Council on Social Work  
269 Education accredited program from performing nonclinical social  
270 work functions; and (8) a person licensed pursuant to chapter 383b  
271 who holds a professional educator certificate issued by the State Board

272 of Education pursuant to section 10-145b, with a school social worker  
273 endorsement, from using the title of school social worker to describe  
274 such person's activities while working in a public or nonpublic school  
275 in the state.

276 Sec. 11. Subsection (b) of section 19a-496 of the general statutes is  
277 repealed and the following is substituted in lieu thereof (*Effective*  
278 *October 1, 2018*):

279 (b) The department may inspect an institution to determine  
280 compliance with applicable state statutes and regulations. Upon a  
281 finding of noncompliance with such statutes or regulations, the  
282 department shall issue a written notice of noncompliance to the  
283 institution. Not later than ten business days after such institution  
284 receives a notice of noncompliance, the institution shall submit a plan  
285 of correction to the department in response to the items of  
286 noncompliance identified in such notice. The plan of correction shall  
287 include: (1) The measures that the institution intends to implement or  
288 systemic changes that the institution intends to make to prevent a  
289 recurrence of each identified issue of noncompliance; (2) the date each  
290 such corrective measure or change by the institution is effective; (3) the  
291 institution's plan to monitor its quality assessment and performance  
292 improvement functions to ensure that the corrective measure or  
293 systemic change is sustained; and (4) the title of the institution's staff  
294 member that is responsible for ensuring the institution's compliance  
295 with its plan of correction. The plan of correction shall be deemed to be  
296 the institution's representation of compliance with the identified state  
297 statutes or regulations identified in the department's notice of  
298 noncompliance. Any institution that fails to submit a plan of correction  
299 that meets the requirements of this section may be subject to  
300 disciplinary action.

301 Sec. 12. Section 19a-490n of the general statutes is repealed and the  
302 following is substituted in lieu thereof (*Effective October 1, 2018*):

303 (a) As used in this section [, "commissioner"] and section 19a-490o,  
304 as amended by this act:

305 (1) "Commissioner" means the Commissioner of Public Health;  
306 ["department"]

307 (2) "Department" means the Department of Public Health;  
308 ["healthcare associated infection"]

309 (3) "Health care setting" means any location where health care is  
310 provided by a licensed health care professional;

311 (4) "Health care facility" means an institution licensed under this  
312 chapter; and

313 (5) "Health care associated infection" means any localized or  
314 systemic condition resulting from an adverse reaction to the presence  
315 of an infectious agent or its toxin that [(1)] (A) occurs in a patient in a  
316 health care setting, [(2)] and (B) was not found to be present or  
317 incubating at the time of admission unless the infection was related to  
318 a previous admission to the same health care setting. [, and (3) if the  
319 setting is a hospital, meets the criteria for a specific infection site, as  
320 defined by the National Centers for Disease Control; and "hospital"  
321 means a hospital licensed under this chapter.]

322 (b) There is established an Advisory Committee on Healthcare  
323 Associated Infections [, which] and Antimicrobial Resistance for  
324 purposes of advising the Department of Public Health on issues  
325 related to health care associated infections. The advisory committee  
326 shall consist of the commissioner or the commissioner's designee, and  
327 the following members appointed by the commissioner: Two members  
328 representing the Connecticut Hospital Association; two members  
329 representing outpatient hemodialysis centers; two members  
330 representing long-term acute care hospitals; two members  
331 representing nursing home facilities; two members representing  
332 surgical facilities; two members from organizations representing  
333 health care consumers; two members who are either hospital-based  
334 infectious disease specialists or epidemiologists with demonstrated  
335 knowledge and competence in infectious disease related issues; one  
336 representative of the Connecticut State Medical Society; one

337 representative of the Connecticut Infectious Disease Society; one  
338 representative of a clinical microbiology laboratory; one representative  
339 of a labor organization representing hospital based nurses; and two  
340 public members. [All appointments to the committee shall be made no  
341 later than August 1, 2006, and the committee shall convene its first  
342 meeting no later than September 1, 2006.]

343 (c) [The] Upon the request of the commissioner, the Advisory  
344 Committee on Healthcare Associated Infections [shall] and  
345 Antimicrobial Resistance may meet to:

346 (1) Advise the department with respect to the [development,  
347 implementation,] operation and monitoring of [a] the mandatory  
348 reporting system for healthcare associated infections and antimicrobial  
349 resistance; and

350 (2) Identify, evaluate and recommend to the department  
351 appropriate standardized measures, including aggregate and health  
352 care facility specific reporting measures for healthcare associated  
353 infections and antimicrobial resistance and processes designed to  
354 prevent healthcare associated infections and antimicrobial resistance in  
355 [hospital settings and] any [other] health care [settings] setting deemed  
356 appropriate by the committee. Each such recommended measure shall,  
357 to the extent applicable to the type of measure being considered, be (A)  
358 capable of being validated, (B) based upon nationally recognized and  
359 recommended standards, to the extent such standards exist, (C) based  
360 upon competent and reliable scientific evidence, (D) protective of  
361 practitioner information and information concerning individual  
362 patients, and (E) capable of being used and easily understood by  
363 consumers. ]; and

364 (3) Identify, evaluate and recommend to the Department of Public  
365 Health appropriate methods for increasing public awareness about  
366 effective measures to reduce the spread of infections in communities  
367 and in hospital settings and any other health care settings deemed  
368 appropriate by the committee.]

369 Sec. 13. Section 19a-490o of the general statutes is repealed and the  
370 following is substituted in lieu thereof (*Effective October 1, 2018*):

371 (a) The Department of Public Health shall [consider the  
372 recommendations of the Advisory Committee on Healthcare  
373 Associated Infections established pursuant to section 19a-490n, with  
374 respect to the establishment of] establish a mandatory reporting  
375 system for healthcare associated infections and antimicrobial resistance  
376 designed to prevent healthcare associated infections and antimicrobial  
377 resistance. Such system shall be based on nationally recognized and  
378 recommended standards.

379 (b) The Department of Public Health shall [submit a report to the  
380 joint standing committee of the General Assembly having cognizance  
381 of matters relating to public health concerning the plan for the  
382 mandatory reporting system for healthcare associated infections  
383 recommended by the Advisory Committee on Healthcare Associated  
384 Infections pursuant to section 19a-490n, and the status of such plan  
385 implementation, in accordance with the provisions of section 11-4a.

386 (c) On or before May 1, 2011, and annually thereafter, the  
387 department shall submit a report to the joint standing committee of the  
388 General Assembly having cognizance of matters relating to public  
389 health on the information] post annually on the department's Internet  
390 web site information collected by the department pursuant to the  
391 mandatory reporting system for healthcare associated infections and  
392 antimicrobial resistance established under subsection (a) of this  
393 section. [, in accordance with the provisions of section 11-4a. Such  
394 report shall include, for each facility, information reported to the  
395 department or the Medicare Hospital Compare program concerning  
396 the number and type of infections, including, but not limited to, central  
397 line-associated bloodstream infections, catheter-associated urinary  
398 tract infections, surgical site infections, methicillin-resistant  
399 staphylococcus aureus (MRSA) infections and Clostridium difficile (C.  
400 difficile) infections. Such report shall be posted on the department's  
401 Internet web site and made available to the public.

402 (d) The department shall post information on its Internet web site  
403 regarding healthcare associated infections.] Such information shall  
404 include, [clear and easily accessible links on the department's home  
405 page to the annual reports submitted in accordance with subsection (c)  
406 of this section and to the Medicare Hospital Compare Internet web site  
407 to] but need not be limited to, the following: (1) The number and type  
408 of health care associated infections and antimicrobial resistance  
409 reported by each health care facility; (2) links to the National Centers  
410 for Disease Control and Prevention's health care associated infection  
411 data reports and the federal Centers for Medicare and Medicaid  
412 Services' quality improvement program Internet web site; and (3)  
413 information to assist members of the public in learning about  
414 healthcare associated infections and [comparing the rate of such  
415 infections at facilities in the state] antimicrobial resistance and how to  
416 prevent such infections and resistance.

417 Sec. 14. Subsections (f) to (j), inclusive, of section 19a-127l of the 2018  
418 supplement to the general statutes are repealed and the following is  
419 substituted in lieu thereof (*Effective October 1, 2018*):

420 [(f) The Commissioner of Public Health shall report on the quality of  
421 care program on or before June 30, 2003, and annually thereafter, in  
422 accordance with section 11-4a, to the joint standing committee of the  
423 General Assembly having cognizance of matters relating to public  
424 health and to the Governor. Each report on said program shall include  
425 activities of the program during the prior year and a plan of activities  
426 for the following year.

427 (g) On or before April 1, 2004, the Commissioner of Public Health  
428 shall prepare a report, available to the public, that compares all  
429 licensed hospitals in the state based on the quality performance  
430 measures developed under the quality of care program.

431 (h) (1) The advisory committee shall examine and evaluate (A)  
432 possible approaches that would aid in the utilization of an existing  
433 data collection system for cardiac outcomes, and (B) the potential for  
434 state-wide use of a data collection system for cardiac outcomes, for the

435 purpose of continuing the delivery of quality cardiac care services in  
436 the state.

437 (2) On or before December 1, 2007, the advisory committee shall  
438 submit, in accordance with the provisions of section 11-4a, the results  
439 of the examination authorized by this subsection, along with any  
440 recommendations, to the Governor and the joint standing committee of  
441 the General Assembly having cognizance of matters relating to public  
442 health.]

443 [(i)] (f) The advisory committee shall establish methods for  
444 informing the public regarding access to the department's consumer  
445 and regulatory services.

446 [(j)] (g) The Department of Public Health may seek out funding for  
447 the purpose of implementing the provisions of this section. Said  
448 provisions shall be implemented upon receipt of such funding.

449 Sec. 15. Section 19a-32 of the general statutes is repealed and the  
450 following is substituted in lieu thereof (*Effective October 1, 2018*):

451 The Department of Public Health is authorized to receive, hold and  
452 use real estate and to receive, hold, invest and disburse money,  
453 securities, supplies or equipment offered it for the protection and  
454 preservation of the public health and welfare by the federal  
455 government, another state or by any person, corporation or  
456 association, provided such real estate, money, securities, supplies or  
457 equipment shall be used only for the purposes designated by the  
458 federal government or such state, person, corporation or association.  
459 [Said department shall include in its annual report an account of the  
460 property so received, the names of its donors, its location, the use  
461 made thereof and the amount of unexpended balances on hand.]

462 Sec. 16. Section 19a-538 of the general statutes is repealed and the  
463 following is substituted in lieu thereof (*Effective October 1, 2018*):

464 [On or before January 1, 1977, and annually thereafter, the] The  
465 Department of Public Health shall [publish a report,] make available to

466 the public [ ] on the department's Internet web site a list that shall  
467 include, but need not be limited to, [a list of] (1) all nursing home  
468 facilities and residential care homes in this state; [whether such  
469 nursing home facilities and residential care homes are proprietary or  
470 nonproprietary;] (2) the classification of each such nursing home  
471 facility and residential care home; [the name of the owner or owners,  
472 including the name of any partnership, corporation, trust, individual  
473 proprietorship or other legal entity that owns or controls, directly or  
474 indirectly, such facility or residential care homes; the total number of  
475 beds; the number of private and semiprivate rooms; the religious  
476 affiliation, and religious services offered, if any, in the nursing home  
477 facility or residential care home; the cost per diem for private patients;  
478 the languages spoken by the administrator and staff of such nursing  
479 home facility or residential care home; the number of full-time  
480 employees and their professions; whether or not such nursing home  
481 facility or residential care home accepts Medicare and Medicaid  
482 patients; recreational and other programs available and the number  
483 and nature of any class A or class B citation issued against such  
484 nursing home facility or residential care home in the previous year] (3)  
485 the number and effective date of the license issued to each such  
486 nursing home facility and residential care home; and (4) the address of  
487 each such nursing home facility and residential care home.

488 Sec. 17. Subdivision (8) of section 19a-177 of the general statutes is  
489 repealed and the following is substituted in lieu thereof (*Effective*  
490 *October 1, 2018*):

491 (8) (A) Develop an emergency medical services data collection  
492 system. Each emergency medical service organization licensed or  
493 certified pursuant to chapter 386d shall submit data to the  
494 commissioner, on a quarterly basis, from each licensed ambulance  
495 service, certified ambulance service or paramedic intercept service that  
496 provides emergency medical services. Such submitted data shall  
497 include, but not be limited to: (i) The total number of calls for  
498 emergency medical services received by such licensed ambulance  
499 service, certified ambulance service or paramedic intercept service



500 through the 9-1-1 system during the reporting period; (ii) each level of  
501 emergency medical services, as defined in regulations adopted  
502 pursuant to section 19a-179, required for each such call; (iii) the  
503 response time for each licensed ambulance service, certified ambulance  
504 service or paramedic intercept service during the reporting period; (iv)  
505 the number of passed calls, cancelled calls and mutual aid calls, both  
506 made and received, during the reporting period; and (v) for the  
507 reporting period, the prehospital data for the nonscheduled transport  
508 of patients required by regulations adopted pursuant to subdivision  
509 (6) of this section. The data required under this subdivision may be  
510 submitted in any written or electronic form selected by such licensed  
511 ambulance service, certified ambulance service or paramedic intercept  
512 service and approved by the commissioner, provided the  
513 commissioner shall take into consideration the needs of such licensed  
514 ambulance service, certified ambulance service or paramedic intercept  
515 service in approving such written or electronic form. The  
516 commissioner may conduct an audit of any such licensed ambulance  
517 service, certified ambulance service or paramedic intercept service as  
518 the commissioner deems necessary in order to verify the accuracy of  
519 such reported data.

520 (B) [The] On or before December 31, 2018, and annually thereafter,  
521 the commissioner shall prepare a report to the Emergency Medical  
522 Services Advisory Board, established pursuant to section 19a-178a, that  
523 shall include, but not be limited to, the following data: (i) The total  
524 number of calls for emergency medical services received during the  
525 reporting year by each licensed ambulance service, certified ambulance  
526 service or paramedic intercept service; (ii) the level of emergency  
527 medical services required for each such call; (iii) the name of the  
528 provider of each such level of emergency medical services furnished  
529 during the reporting year; (iv) the response time, by time ranges or  
530 fractile response times, for each licensed ambulance service, certified  
531 ambulance service or paramedic intercept service, using a common  
532 definition of response time, as provided in regulations adopted  
533 pursuant to section 19a-179; and (v) the number of passed calls,  
534 cancelled calls and mutual aid calls during the reporting year. The

535 commissioner shall prepare such report in a format that categorizes  
536 such data for each municipality in which the emergency medical  
537 services were provided, with each such municipality grouped  
538 according to urban, suburban and rural classifications.

539 (C) If any licensed ambulance service, certified ambulance service or  
540 paramedic intercept service does not submit the data required under  
541 subparagraph (A) of this subdivision for a period of six consecutive  
542 months, or if the commissioner believes that such licensed ambulance  
543 service, certified ambulance service or paramedic intercept service  
544 knowingly or intentionally submitted incomplete or false data, the  
545 commissioner shall issue a written order directing such licensed  
546 ambulance service, certified ambulance service or paramedic intercept  
547 service to comply with the provisions of subparagraph (A) of this  
548 subdivision and submit all missing data or such corrected data as the  
549 commissioner may require. If such licensed ambulance service,  
550 certified ambulance service or paramedic intercept service fails to fully  
551 comply with such order not later than three months from the date such  
552 order is issued, the commissioner (i) shall conduct a hearing, in  
553 accordance with chapter 54, at which such licensed ambulance service,  
554 certified ambulance service or paramedic intercept service shall be  
555 required to show cause why the primary service area assignment of  
556 such licensed ambulance service, certified ambulance service or  
557 paramedic intercept service should not be revoked, and (ii) may take  
558 such disciplinary action under section 19a-17 as the commissioner  
559 deems appropriate.

560 (D) The commissioner shall collect the data required by  
561 subparagraph (A) of this subdivision, in the manner provided in said  
562 subparagraph, from each emergency medical service organization  
563 licensed or certified pursuant to this chapter. Any such emergency  
564 medical service organization that fails to comply with the provisions of  
565 this section shall be liable for a civil penalty not to exceed one hundred  
566 dollars per day for each failure to report the required data regarding  
567 emergency medical services provided to a patient, as determined by  
568 the commissioner. The civil penalties set forth in this subparagraph

569 shall be assessed only after the department provides a written notice of  
570 deficiency and the organization is afforded the opportunity to respond  
571 to such notice. An organization shall have not more than fifteen  
572 business days after the date of receiving such notice to provide a  
573 written response to the department. The commissioner may adopt  
574 regulations, in accordance with chapter 54, concerning the  
575 development, implementation, monitoring and collection of  
576 emergency medical service system data. All state agencies licensed or  
577 certified as emergency medical service organizations shall be exempt  
578 from the civil penalties set forth in this subparagraph;

579 (E) The commissioner shall, with the recommendation of the  
580 Connecticut Emergency Medical Services Advisory Board established  
581 pursuant to section 19a-178a, adopt for use in trauma data collection  
582 the most recent version of the National Trauma Data Bank's National  
583 Trauma Data Standards and Data Dictionary and nationally  
584 recognized guidelines for field triage of injured patients.

585 Sec. 18. Section 20-110 of the general statutes is repealed and the  
586 following is substituted in lieu thereof (*Effective October 1, 2018*):

587 The Department of Public Health may, [without examination, issue  
588 a license to any dentist who is licensed in some other state or territory,  
589 if such other state or territory has requirements for admission  
590 determined by the department to be similar to or higher than the  
591 requirements of this state, upon certification from the board of  
592 examiners or like board of the state or territory in which such dentist  
593 was a practitioner certifying to his competency and upon payment of a  
594 fee of five hundred sixty-five dollars to said department] upon receipt  
595 of an application and a fee of five hundred sixty-five dollars, issue a  
596 license without examination to a practicing dentist in another state or  
597 territory who (1) holds a current valid license in good professional  
598 standing issued after examination by another state or territory that  
599 maintains licensing standards which, except for the practical  
600 examination, are commensurate with the state's standards, and (2) has  
601 worked continuously as a licensed dentist in an academic or clinical

602 setting in another state or territory for a period of not less than five  
603 years immediately preceding the application for licensure without  
604 examination. No license shall be issued under this section to any  
605 applicant against whom professional disciplinary action is pending or  
606 who is the subject of an unresolved complaint. The department shall  
607 inform the Dental Commission annually of the number of applications  
608 it receives for licensure under this section.

609 Sec. 19. Subdivision (3) of subsection (e) of section 19a-88 of the 2018  
610 supplement to the general statutes is repealed and the following is  
611 substituted in lieu thereof (*Effective October 1, 2018*):

612 (3) Each person holding a license or certificate issued pursuant to  
613 chapter 400c shall, annually, during the month of such person's birth,  
614 apply for renewal of such license or certificate to the department. Each  
615 lead training provider certified pursuant to chapter 400c and each  
616 asbestos training provider certified pursuant to chapter 400a shall,  
617 annually, during the anniversary month of such training provider's  
618 initial certification, apply for renewal of such certificate to the  
619 department.

620 Sec. 20. Section 19a-36g of the 2018 supplement to the general  
621 statutes is repealed and the following is substituted in lieu thereof  
622 (*Effective October 1, 2018*):

623 As used in this section and sections 19a-36h to 19a-36o, inclusive:

624 (1) "Catering food service establishment" means a business that is  
625 involved in the (A) sale or distribution of food and drink prepared in  
626 bulk in one geographic location for retail service in individual portions  
627 in another location, or (B) preparation and service of food in a public  
628 or private venue that is not under the ownership or control of the  
629 operator of such business;

630 (2) "Certified food protection manager" means a food employee that  
631 has supervisory and management responsibility and the authority to  
632 direct and control food preparation and service;

633 (3) "Class 1 food establishment" means a retail food establishment  
634 that does not serve a population that is highly susceptible to foodborne  
635 illnesses and only offers [for retail sale (A) prepackaged food that is  
636 not time or temperature controlled for safety, (B)] (A) commercially  
637 packaged processed food that (i) is time or temperature controlled for  
638 safety and may be heated for hot holding, but (ii) is not permitted to be  
639 cooled, or ~~[(C)]~~ (B) food prepared in the establishment that is not time  
640 or temperature controlled for safety;

641 (4) "Class 2 food establishment" means a retail food establishment  
642 that does not serve a population that is highly susceptible to food-  
643 borne illnesses and offers a limited menu of food that is prepared,  
644 cooked and served immediately, or that prepares and cooks food that  
645 is time or temperature controlled for safety and may require hot or  
646 cold holding, but that does not involve cooling;

647 (5) "Class 3 food establishment" means a retail food establishment  
648 that (A) does not serve a population that is highly susceptible to food-  
649 borne illnesses, and (B) [has an extensive menu of foods, many of  
650 which are] offers food that is time or temperature controlled for safety  
651 and [require] requires complex preparation, including, but not limited  
652 to, handling of raw ingredients, cooking, cooling and reheating for hot  
653 holding;

654 (6) "Class 4 food establishment" means a retail food establishment  
655 that serves a population that is highly susceptible to food-borne  
656 illnesses, including, but not limited to, preschool students, hospital  
657 patients and nursing home patients or residents, or that conducts  
658 specialized food processes, including, but not limited to, smoking,  
659 curing or reduced oxygen packaging for the purposes of extending the  
660 shelf life of the food;

661 (7) "Cold holding" means maintained at a temperature of forty-one  
662 degrees Fahrenheit or below;

663 (8) "Commissioner" means the Commissioner of Public Health or  
664 the commissioner's designee;

665 (9) "Contact hour" means a minimum of fifty minutes of a training  
666 activity;

667 (10) "Department" means the Department of Public Health;

668 (11) "Director of health" means the director of a local health  
669 department or district health department appointed pursuant to  
670 section 19a-200 or 19a-242;

671 (12) "Food code" means the food code administered under section  
672 19a-36h;

673 (13) "Food establishment" means an operation that (A) stores,  
674 prepares, packages, serves, vends directly to the consumer or  
675 otherwise provides food for human consumption, including, but not  
676 limited to, a restaurant, catering food service establishment, food  
677 service establishment, temporary food service establishment, itinerant  
678 food vending establishment, market, conveyance used to transport  
679 people, institution or food bank, or (B) relinquishes possession of food  
680 to a consumer directly, or indirectly through a delivery service,  
681 including, but not limited to, home delivery of grocery orders or  
682 restaurant takeout orders or a delivery service that is provided by  
683 common carriers. "Food establishment" does not include a vending  
684 machine, as defined in section 21a-34, a private residential dwelling in  
685 which food is prepared under section 21a-62a or a food manufacturing  
686 establishment, as defined in section 21a-151;

687 (14) "Food inspector" means a director of health, or his or her  
688 authorized agent, or a registered sanitarian who has been certified as a  
689 food inspector by the commissioner;

690 (15) "Food inspection training officer" means a certified food  
691 inspector who has received training developed or approved by the  
692 commissioner and been authorized by the commissioner to train  
693 candidates for food inspector certification;

694 (16) "Food-borne illness" means illness, including, but not limited to,  
695 illness due to heavy metal intoxications, staphylococcal food

696 poisoning, botulism, salmonellosis, shigellosis, Clostridium  
697 perfringens intoxication and hepatitis A, acquired through the  
698 ingestion of a common-source food or water contaminated with a  
699 chemical, infectious agent or the toxic products of a chemical or  
700 infectious agent;

701 (17) "Food-borne outbreak" means illness, including, but not limited  
702 to, illness due to heavy metal intoxications, staphylococcal food  
703 poisoning, botulism, salmonellosis, shigellosis, Clostridium  
704 perfringens intoxication and hepatitis A, in two or more individuals,  
705 acquired through the ingestion of common-source food or water  
706 contaminated with a chemical, infectious agent or the toxic products of  
707 a chemical or infectious agent;

708 (18) "Hot holding" means maintained at a temperature of one  
709 hundred thirty-five degrees Fahrenheit or above;

710 (19) "Itinerant food vending establishment" means a vehicle-  
711 mounted, self-contained, mobile food establishment;

712 (20) "Permit" means a written document issued by a director of  
713 health that authorizes a person to operate a food establishment;

714 (21) "Temporary food service establishment" means a food  
715 establishment that operates for a period of not more than fourteen  
716 consecutive days in conjunction with a single event or celebration;

717 (22) "Time or temperature controlled for safety" means maintained  
718 at a certain temperature or maintained for a certain length of time, or  
719 both, to prevent microbial growth and toxin production; and

720 (23) "Variance" means a written document issued by the  
721 commissioner that authorizes a modification or waiver of one or more  
722 requirements of the food code.

723 Sec. 21. Section 19a-36m of the 2018 supplement to the general  
724 statutes is repealed and the following is substituted in lieu thereof  
725 (*Effective October 1, 2018*):

726 (a) Nothing in this section or sections 19a-36h to 19a-36l, inclusive,  
727 shall limit the authority of directors of health under chapter 368e or  
728 368f.

729 (b) For purposes of this section and sections 19a-36h to 19a-36l,  
730 inclusive, the provisions of the general statutes and regulations of  
731 Connecticut state agencies pertaining to certified farmers' markets  
732 shall not limit the authority of the Commissioner of Agriculture and  
733 the director of health to require a farmer to comply with the  
734 requirements of sections 22-6r, as amended by this act, and 22-6s.

735 (c) The provisions of the food code that concern the employment of  
736 a certified food protection manager and any reporting requirements  
737 relative to such certified food protection manager (1) shall not apply to  
738 (A) an owner or operator of a soup kitchen that relies exclusively on  
739 services provided by volunteers, (B) any volunteer who serves meals  
740 from a nonprofit organization, including a temporary food service  
741 establishment and a special event sponsored by a nonprofit civic  
742 organization, including, but not limited to, school sporting events,  
743 little league food booths, church suppers and fairs, or (C) any person  
744 who serves meals to individuals at a registered congregate meal site  
745 funded under Title III of the Older Americans Act of 1965, as amended  
746 from time to time, that were prepared under the supervision of a  
747 certified food protection manager, and (2) shall not prohibit the sale or  
748 distribution of food at (A) a bed and breakfast establishment that  
749 prepares and offers food to guests, provided the operation is owner-  
750 occupied and the total building occupant load is not more than sixteen  
751 persons, including the owner and occupants, has no provisions for  
752 cooking or warming food in the guest rooms, breakfast is the only  
753 meal offered and the consumer of such operation is informed by  
754 statements contained in published advertisements, mailed brochures  
755 and placards posted in the registration area that the food is prepared in  
756 a kitchen that is not regulated and inspected by the local health  
757 director, and (B) a noncommercial function, including, but not limited  
758 to, an educational, religious, political or charitable organization's bake  
759 sale or potluck supper, provided the seller or person distributing the



760 food maintains the food at the temperature, pH level and water  
761 activity level conditions that will inhibit the growth of infectious or  
762 toxigenic microorganisms. For the purposes of this subsection,  
763 "noncommercial function" means a function where food is sold or  
764 distributed by a person not regularly engaged in the business of selling  
765 such food for profit.

766 (d) The provisions of the food code shall not apply to a residential  
767 care home with thirty beds or less that is licensed pursuant to chapter  
768 368v, provided the administrator of the residential care home or the  
769 administrator's designee has satisfactorily passed a test as part of a  
770 food protection manager certification program that is evaluated and  
771 approved by an accrediting agency recognized by the Conference for  
772 Food Protection as conforming to its standard for accreditation of food  
773 protection manager certification programs, unless such residential care  
774 home enters into a service contract with a food establishment or lends,  
775 rents or leases any area of its facility to any person or entity for the  
776 purpose of preparing or selling food, at which time the provisions of  
777 the food code shall apply to such residential care home.

778 Sec. 22. Subsection (d) of section 22-6r of the 2018 supplement to the  
779 general statutes is repealed and the following is substituted in lieu  
780 thereof (*Effective October 1, 2018*):

781 (d) A food establishment, as defined in section 19a-36g, as amended  
782 by this act, may purchase farm products that have been produced and  
783 are sold in conformance with the applicable regulations of Connecticut  
784 state agencies at a farmers' market, provided such establishment  
785 requests and obtains an invoice from the farmer or person selling farm  
786 products. The farmer or person selling farm products shall provide to  
787 the food [service] establishment an invoice that indicates the source  
788 and date of purchase of the farm products at the time of the sale.

789 Sec. 23. Subsection (a) of section 19a-36f of the 2018 supplement to  
790 the general statutes is repealed and the following is substituted in lieu  
791 thereof (*Effective October 1, 2018*):

792 (a) No person shall use or require the use of disposable, nonsterile  
793 or sterile natural rubber latex gloves at a retail food establishment. [,  
794 including, but not limited to, a food establishment, catering food  
795 service establishment or itinerant food vending establishment.]

796 Sec. 24. Section 4-106 of the general statutes is repealed and the  
797 following is substituted in lieu thereof (*Effective October 1, 2018*):

798 No hospital which receives appropriations made by the General  
799 Assembly and which has facilities reasonably suitable for the treatment  
800 of [venereal] sexually transmitted diseases shall refuse to admit for  
801 treatment any patient suffering from any such disease.

802 Sec. 25. Section 18-94 of the general statutes is repealed and the  
803 following is substituted in lieu thereof (*Effective October 1, 2018*):

804 When the medical officer of, or any physician or advanced practice  
805 registered nurse employed in, any correctional or charitable institution  
806 reports in writing to the warden, superintendent or other officer in  
807 charge of such institution that any inmate thereof committed thereto  
808 by any court or supported therein in whole or in part at public expense  
809 is afflicted with any [venereal] sexually transmitted disease so that  
810 [his] such inmate's discharge from such institution would be  
811 dangerous to the public health, such inmate shall, with the approval of  
812 such warden, superintendent or other officer in charge, be detained in  
813 such institution until such medical officer, physician or advanced  
814 practice registered nurse reports in writing to the warden,  
815 superintendent or officer in charge of such institution that such inmate  
816 may be discharged therefrom without danger to the public health.  
817 During detention the person so detained shall be supported in the  
818 same manner as before such detention.

819 Sec. 26. Subsection (a) of section 19a-7p of the 2018 supplement to  
820 the general statutes is repealed and the following is substituted in lieu  
821 thereof (*Effective October 1, 2018*):

822 (a) Not later than September first, annually, the Secretary of the

823 Office of Policy and Management, in consultation with the  
824 Commissioner of Public Health, shall (1) determine the amounts  
825 appropriated for the syringe services program, AIDS services, breast  
826 and cervical cancer detection and treatment, x-ray screening and  
827 tuberculosis care, and [venereal] sexually transmitted disease control;  
828 and (2) inform the Insurance Commissioner of such amounts.

829 Sec. 27. Subsection (a) of section 19a-216 of the general statutes is  
830 repealed and the following is substituted in lieu thereof (*Effective*  
831 *October 1, 2018*):

832 (a) Any municipal health department, state institution or facility,  
833 licensed physician or public or private hospital or clinic, may examine  
834 or provide treatment for [venereal] sexually transmitted disease for a  
835 minor, if the physician or facility is qualified to provide such  
836 examination or treatment. The consent of the parents or guardian of  
837 the minor shall not be a prerequisite to the examination or treatment.  
838 The physician in charge or other appropriate authority of the facility or  
839 the licensed physician concerned shall prescribe an appropriate course  
840 of treatment for the minor. The fact of consultation, examination or  
841 treatment of a minor under the provisions of this section shall be  
842 confidential and shall not be divulged by the facility or physician,  
843 including the sending of a bill for the services to any person other than  
844 the minor, except for purposes of reports under section 19a-215, and  
845 except that, if the minor is not more than twelve years of age, the  
846 facility or physician shall report the name, age and address of that  
847 minor to the Commissioner of Children and Families or the  
848 commissioner's designee who shall proceed thereon as in reports  
849 under section 17a-101g.

850 Sec. 28. Section 21a-114 of the general statutes is repealed and the  
851 following is substituted in lieu thereof (*Effective October 1, 2018*):

852 The advertisement of a drug or device representing it to have any  
853 effect in albuminuria, appendicitis, arteriosclerosis, blood poison, bone  
854 disease, Bright's disease, cancer, carbuncles, cholecystitis, diabetes,  
855 diphtheria, dropsy, erysipelas, gallstones, heart and vascular diseases,

856 high blood pressure, mastoiditis, measles, meningitis, mumps,  
857 nephritis, otitis media, paralysis, pneumonia, poliomyelitis (infantile  
858 paralysis), prostate gland disorders, pyelitis, scarlet fever, sexual  
859 impotence, sinus infection, smallpox, tuberculosis, tumors, typhoid,  
860 uremia or [venereal] sexually transmitted disease, shall also be deemed  
861 to be false; except that no advertisement not in violation of section 21a-  
862 113 shall be deemed to be false under this section if it is disseminated  
863 only to members of the medical, dental or veterinary profession, or  
864 appears only in the scientific periodicals of these professions, or is  
865 disseminated only for the purpose of public health education by  
866 persons not commercially interested, directly or indirectly, in the sale  
867 of such drugs or devices; provided, whenever the commissioner and  
868 director, acting jointly, agree that an advance in medical science has  
869 made any type of self-medication safe as to any of the diseases named  
870 above, the commissioner and director, acting jointly, shall, by  
871 regulation, authorize the advertisement of drugs having curative or  
872 therapeutic effect for such disease, subject to such conditions and  
873 restrictions as the commissioner and director, acting jointly, deem  
874 necessary in the interests of public health; and provided this section  
875 shall not be construed as indicating that self-medication for diseases  
876 other than those named herein is safe or efficacious.

877 Sec. 29. Section 54-102a of the general statutes is repealed and the  
878 following is substituted in lieu thereof (*Effective October 1, 2018*):

879 (a) The court before which is pending any case involving a violation  
880 of any provision of sections 53a-65 to 53a-89, inclusive, may, before  
881 final disposition of such case, order the examination of the accused  
882 person or, in a delinquency proceeding, the accused child to determine  
883 whether or not the accused person or child is suffering from any  
884 [venereal] sexually transmitted disease, unless the court from which  
885 such case has been transferred has ordered the examination of the  
886 accused person or child for such purpose, in which event the court to  
887 which such transfer is taken may determine that a further examination  
888 is unnecessary.

889 (b) Notwithstanding the provisions of section 19a-582, the court  
890 before which is pending any case involving a violation of section 53-21  
891 or any provision of sections 53a-65 to 53a-89, inclusive, that involved a  
892 sexual act, as defined in section 54-102b, may, before final disposition  
893 of such case, order the testing of the accused person or, in a  
894 delinquency proceeding, the accused child for the presence of the  
895 etiologic agent for acquired immune deficiency syndrome or human  
896 immunodeficiency virus, unless the court from which such case has  
897 been transferred has ordered the testing of the accused person or child  
898 for such purpose, in which event the court to which such transfer is  
899 taken may determine that a further test is unnecessary. If the victim of  
900 the offense requests that the accused person or child be tested, the  
901 court may order the testing of the accused person or child in  
902 accordance with this subsection and the results of such test may be  
903 disclosed to the victim. The provisions of sections 19a-581 to 19a-585,  
904 inclusive, and section 19a-590, except any provision requiring the  
905 subject of an HIV-related test to provide informed consent prior to the  
906 performance of such test and any provision that would prohibit or  
907 limit the disclosure of the results of such test to the victim under this  
908 subsection, shall apply to a test ordered under this subsection and the  
909 disclosure of the results of such test.

910 (c) A report of the result of such examination or test shall be filed  
911 with the Department of Public Health on a form supplied by it. If such  
912 examination discloses the presence of [venereal] sexually transmitted  
913 disease or if such test discloses the presence of the etiologic agent for  
914 acquired immune deficiency syndrome or human immunodeficiency  
915 virus, the court may make such order with reference to the  
916 continuance of the case or treatment or other disposition of such  
917 person as the public health and welfare require. Such examination or  
918 test shall be conducted at the expense of the Department of Public  
919 Health. Any person who fails to comply with any order of any court  
920 under the provisions of this section shall be guilty of a class C  
921 misdemeanor.

922 Sec. 30. Section 20-222 of the general statutes is repealed and the

923 following is substituted in lieu thereof (*Effective October 1, 2018*):

924 (a) No person, firm, partnership or corporation shall enter into,  
925 engage in, or carry on a funeral service business unless [an inspection  
926 certificate] a funeral home license has been issued by the department  
927 for each place of business. Any person, firm, partnership or  
928 corporation desiring to engage in the funeral service business shall  
929 submit, in writing, to the department an application upon blanks  
930 furnished by the department for [an inspection certificate] a funeral  
931 home license for a funeral service business for each place of business,  
932 and each such application shall be accompanied by a fee of three  
933 hundred seventy-five dollars and shall identify the manager. Each  
934 holder of [an inspection certificate] a funeral home license shall,  
935 annually, on or before July first, submit in writing to the Department  
936 of Public Health an application for renewal of such certificate together  
937 with a fee of one hundred ninety dollars. If the Department of Public  
938 Health issues to such applicant such [an inspection certificate] a  
939 funeral home license, the same shall be valid until July first next  
940 following, unless revoked or suspended.

941 (b) Upon receipt of an initial application for [an inspection  
942 certificate or renewal thereof] a funeral home license, the Department  
943 of Public Health shall make an inspection of each building or part  
944 thereof wherein a funeral service business is conducted or is intended  
945 to be conducted, and satisfactory proof shall be furnished the  
946 Department of Public Health that the building or part thereof, in which  
947 it is intended to conduct the funeral service business, contains an  
948 adequate sanitary preparation room equipped with tile, cement or  
949 composition flooring, necessary ventilation, sink, and hot and cold  
950 running water, sewage facilities, and such instruments and supplies  
951 for the preparing or embalming of dead human bodies for burial,  
952 transportation or other disposition as the Commissioner of Public  
953 Health, with advice and assistance from the board, deems necessary  
954 and suitable for the conduct and maintenance of such business.

955 (c) Any person, firm, partnership or corporation desiring to change

956 its place of business shall notify the Department of Public Health thirty  
957 days in advance of such change, and a fee of twenty-five dollars shall  
958 accompany the application for the [inspection certificate] funeral home  
959 license of the new premises. Any person, firm, partnership or  
960 corporation desiring to change its manager shall notify the Department  
961 of Public Health thirty days in advance of such change, on a form  
962 prescribed by the Commissioner of Public Health.

963 (d) The building or part thereof in which is conducted or intended  
964 to be conducted any funeral service business shall be open at all times  
965 for inspection by the board or the Department of Public Health. The  
966 Department of Public Health may make inspections whenever it  
967 deems advisable.

968 (e) If, upon inspection by the Department of Public Health, it is  
969 found that such building, equipment or instruments are in such an  
970 unsanitary condition as to be detrimental to public health, the board  
971 shall give to the applicant or operator of the funeral service business  
972 notice and opportunity for hearing as provided in the regulations  
973 adopted by the Commissioner of Public Health. At any such hearing,  
974 the Commissioner of Public Health or his designee shall be considered  
975 a member of the board and entitled to a vote. The board, or the  
976 Department of Public Health or his designee acting upon the board's  
977 finding or determination, may, after such hearing, revoke or refuse to  
978 issue or renew any such [certificate] funeral home license upon cause  
979 found after hearing. Any person aggrieved by the finding of said  
980 board or action taken by the Department of Public Health may appeal  
981 therefrom in accordance with the provisions of section 4-183.

982 (f) Any of the inspections provided for in this section may be made  
983 by a person designated by the Department of Public Health or by a  
984 representative of the Commissioner of Public Health.

985 (g) Any person, firm, partnership or corporation engaged in the  
986 funeral service business shall maintain at the address of record of the  
987 funeral service business identified on the [certificate of inspection]  
988 funeral home license the following:

989 (1) All records relating to contracts for funeral services, prepaid  
990 funeral service contracts or escrow accounts for a period of not less  
991 than six years after the death of the individual for whom funeral  
992 services were provided;

993 (2) Copies of all death certificates, burial permits, authorizations for  
994 cremation, documentation of receipt of cremated remains and written  
995 agreements used in making arrangements for final disposition of dead  
996 human bodies, including, but not limited to, copies of the final bill and  
997 other written evidence of agreement or obligation furnished to  
998 consumers, for a period of not less than six years after such final  
999 disposition; and

1000 (3) Copies of price lists, for a period of not less than six years from  
1001 the last date such lists were distributed to consumers.

1002 Sec. 31. Section 20-222a of the general statutes is repealed and the  
1003 following is substituted in lieu thereof (*Effective October 1, 2018*):

1004 (a) Each embalmer's license [,] and funeral director's license [and  
1005 inspection certificate] issued pursuant to the provisions of this chapter  
1006 shall be renewed, except for cause, by the Department of Public Health  
1007 upon the payment to said Department of Public Health by each  
1008 applicant (1) for license renewal of the sum of one hundred fifteen  
1009 dollars in the case of an embalmer, and (2) two hundred thirty-five  
1010 dollars in the case of a funeral director, [, and (2) for inspection  
1011 certificate renewal of the sum of one hundred ninety dollars for each  
1012 certificate to be renewed. Fees for renewal of inspection certificates  
1013 shall be given to the Department of Public Health on or before July  
1014 first in each year and the renewal of inspection certificates shall begin  
1015 on July first of each year and shall be valid for one calendar year.]  
1016 Licenses shall be renewed in accordance with the provisions of section  
1017 19a-88, as amended by this act.

1018 (b) Each funeral home license issued pursuant to the provisions of  
1019 this chapter shall be renewed on an annual basis, except for cause, by  
1020 the Department of Public Health upon payment to said department in



1021 the amount of one hundred ninety dollars for each funeral home  
1022 license renewed. Fees for renewal of a funeral home license shall be  
1023 given to the Department of Public Health on or before July first in each  
1024 year and the renewal of the funeral home license shall begin on July  
1025 first of each year and be valid for one calendar year. The department  
1026 shall complete an inspection, not less than triennially, of each place of  
1027 business that has been issued a funeral home license.

1028 Sec. 32. Section 20-222c of the general statutes is repealed and the  
1029 following is substituted in lieu thereof (*Effective October 1, 2018*):

1030 Upon the transfer of more than a fifty per cent ownership share,  
1031 discontinuance or termination of a funeral service business, the person,  
1032 firm, partnership or corporation to whom the [inspection certificate]  
1033 funeral home license has been issued shall:

1034 (1) Notify each person who has purchased a prepaid funeral service  
1035 contract from such funeral service business of such transfer,  
1036 discontinuance or termination;

1037 (2) Mail a letter to each person for whom the funeral service  
1038 business is storing cremated remains notifying such person of such  
1039 transfer, discontinuance or termination; and

1040 (3) Provide the Department of Public Health with a notice of such  
1041 transfer, discontinuance or termination and a list of all unclaimed  
1042 cremated remains held by the funeral service business at the time of  
1043 such transfer, discontinuance or termination not later than ten days  
1044 after any such transfer, discontinuance or termination.

1045 Sec. 33. Section 20-227 of the general statutes is repealed and the  
1046 following is substituted in lieu thereof (*Effective October 1, 2018*):

1047 The Department of Public Health may refuse to grant a license [or  
1048 inspection certificate] or the board may take any of the actions set forth  
1049 in section 19a-17 against a licensee [,] or registrant [or holder of an  
1050 inspection certificate] if it finds the existence of any of the following  
1051 grounds: (1) The practice of any fraud or deceit in obtaining or

1052 attempting to obtain a license [.] or registration; [or inspection  
1053 certificate;] (2) violation of the statutes or regulations of said  
1054 department relative to the business of embalming or funeral directing  
1055 in this state; (3) the conviction of a crime in the course of professional  
1056 activities; (4) incompetency, negligence or misconduct in the carrying  
1057 on of such business or profession; (5) violation of or noncompliance  
1058 with the provisions of this chapter or the rules established hereunder;  
1059 (6) loaning, borrowing or using a license [or inspection certificate] of  
1060 another, or knowingly aiding or abetting in any way the granting of an  
1061 improper license; [or inspection certificate;] (7) aiding or abetting the  
1062 practice of embalming or funeral directing by an unlicensed person; (8)  
1063 physical or mental illness, emotional disorder or loss of motor skill,  
1064 including but not limited to, deterioration through the aging process;  
1065 or (9) abuse or excessive use of drugs, including alcohol, narcotics or  
1066 chemicals. The Commissioner of Public Health may order a license  
1067 holder to submit to a reasonable physical or mental examination if his  
1068 physical or mental capacity to practice safely is the subject of an  
1069 investigation. Said commissioner may petition the superior court for  
1070 the judicial district of Hartford to enforce such order of any action  
1071 taken pursuant to section 19a-17. The Department of Public Health  
1072 shall not refuse to renew any license [or inspection certificate] nor shall  
1073 the board suspend any such license [.] or registration [or inspection  
1074 certificate] until the holder thereof has been given notice and  
1075 opportunity for hearing in accordance with the regulations adopted by  
1076 the Commissioner of Public Health. Any person aggrieved by the  
1077 action of said department in refusing to renew a license [or inspection  
1078 certificate] or by the action of said board in suspending or revoking  
1079 any license [.] or registration [or inspection certificate] under the  
1080 provisions of this chapter or action taken under section 19a-17 may  
1081 appeal therefrom in accordance with the provisions of section 4-183.  
1082 No person whose license [.] or registration [or inspection certificate] is  
1083 suspended or revoked shall, during such suspension or revocation,  
1084 enter or engage, either personally or through any corporation,  
1085 partnership or other organization, or through any agent, in any of the  
1086 activities which such license [.] or registration [or inspection certificate]

1087 entitled [him] such person to engage in; nor shall any such person  
1088 receive any money or any other valuable consideration on account of  
1089 engaging in any of such activities. No person shall pay, promise, offer  
1090 or give to anyone whose license [,] or registration [or inspection  
1091 certificate] is suspended or revoked any money or other valuable  
1092 consideration for engaging in any of the activities which such license  
1093 [,] or registration [or inspection certificate] entitled [him] such person  
1094 to engage in.

1095 Sec. 34. Section 19a-570 of the general statutes is repealed and the  
1096 following is substituted in lieu thereof (*Effective October 1, 2018*):

1097 For purposes of this section and sections 19a-571 to [19a-580c] 19a-  
1098 580g, inclusive:

1099 (1) "Advance health care directive" or "advance directive" means a  
1100 writing executed in accordance with the provisions of this chapter,  
1101 including, but not limited to, a living will, or an appointment of health  
1102 care representative, or both;

1103 (2) "Appointment of health care representative" means a document  
1104 executed in accordance with section 19a-575a, as amended by this act,  
1105 or 19a-577, as amended by this act, that appoints a health care  
1106 representative to make health care decisions for the declarant in the  
1107 event the declarant becomes incapacitated;

1108 (3) "Advanced practice registered nurse" means an advanced  
1109 practice registered nurse licensed pursuant to chapter 378 who is  
1110 selected by, or assigned to, the patient, who has primary responsibility  
1111 for the treatment and care of the patient;

1112 [(3)] (4) "Attending physician" means [the] a physician licensed  
1113 pursuant to chapter 370 who is selected by, or assigned to, the patient,  
1114 who has primary responsibility for the treatment and care of the  
1115 patient;

1116 [(4)] (5) "Beneficial medical treatment" includes the use of medically  
1117 appropriate treatment, including surgery, treatment, medication and

1118 the utilization of artificial technology to sustain life;

1119 [(5)] (6) "Health care representative" means the individual  
1120 appointed by a declarant pursuant to an appointment of health care  
1121 representative for the purpose of making health care decisions on  
1122 behalf of the declarant;

1123 [(6)] (7) "Incapacitated" means being unable to understand and  
1124 appreciate the nature and consequences of health care decisions,  
1125 including the benefits and disadvantages of such treatment, and to  
1126 reach and communicate an informed decision regarding the treatment;

1127 [(7)] (8) "Life support system" means any medical procedure or  
1128 intervention which, when applied to an individual, would serve only  
1129 to postpone the moment of death or maintain the individual in a state  
1130 of permanent unconsciousness, including, but not limited to,  
1131 mechanical or electronic devices, including artificial means of  
1132 providing nutrition or hydration;

1133 [(8)] (9) "Living will" means a written statement in compliance with  
1134 section 19a-575a, as amended by this act, containing a declarant's  
1135 wishes concerning any aspect of his or her health care, including the  
1136 withholding or withdrawal of life support systems;

1137 [(9)] (10) "Next of kin" means any member of the following classes of  
1138 persons, in the order of priority listed: (A) The spouse of the patient;  
1139 (B) an adult son or daughter of the patient; (C) either parent of the  
1140 patient; (D) an adult brother or sister of the patient; and (E) a  
1141 grandparent of the patient;

1142 [(10)] (11) "Permanently unconscious" means an irreversible  
1143 condition in which the individual is at no time aware of himself or  
1144 herself or the environment and shows no behavioral response to the  
1145 environment and includes permanent coma and persistent vegetative  
1146 state;

1147 [(11)] (12) "Terminal condition" means the final stage of an incurable  
1148 or irreversible medical condition which, without the administration of

1149 a life support system, will result in death within a relatively short time  
1150 period, in the opinion of the attending physician.

1151 Sec. 35. Section 19a-575 of the general statutes is repealed and the  
1152 following is substituted in lieu thereof (*Effective October 1, 2018*):

1153 Any person eighteen years of age or older may execute a document  
1154 that contains directions as to any aspect of health care, including the  
1155 withholding or withdrawal of life support systems. Such document  
1156 shall be signed and dated by the maker with at least two witnesses and  
1157 may be in substantially the following form:

T1 DOCUMENT CONCERNING HEALTH CARE  
T2 AND WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT  
SYSTEMS.

1158 If the time comes when I am incapacitated to the point when I can  
1159 no longer actively take part in decisions for my own life, and am  
1160 unable to direct my physician or advanced practice registered nurse as  
1161 to my own medical care, I wish this statement to stand as a testament  
1162 of my wishes.

1163 "I, ... (Name), request that, if my condition is deemed terminal or if  
1164 it is determined that I will be permanently unconscious, I be allowed to  
1165 die and not be kept alive through life support systems. By terminal  
1166 condition, I mean that I have an incurable or irreversible medical  
1167 condition which, without the administration of life support systems,  
1168 will, in the opinion of my attending physician or advanced practice  
1169 registered nurse, result in death within a relatively short time. By  
1170 permanently unconscious I mean that I am in a permanent coma or  
1171 persistent vegetative state which is an irreversible condition in which I  
1172 am at no time aware of myself or the environment and show no  
1173 behavioral response to the environment. The life support systems  
1174 which I do not want include, but are not limited to:

- T3 Artificial respiration
- T4 Cardiopulmonary resuscitation

T5 Artificial means of providing nutrition and hydration

1175 (Cross out and initial life support systems you want administered)

1176 I do not intend any direct taking of my life, but only that my dying  
1177 not be unreasonably prolonged."

1178 Other specific requests:

1179 "This request is made, after careful reflection, while I am of sound  
1180 mind."

T6 .... (Signature)

T7 .... (Date)

1181 This document was signed in our presence, by the above-named ...  
1182 (Name) who appeared to be eighteen years of age or older, of sound  
1183 mind and able to understand the nature and consequences of health  
1184 care decisions at the time the document was signed.

T8 .... (Witness)

T9 .... (Address)

T10 .... (Witness)

T11 .... (Address)

1185 Sec. 36. Section 19a-575a of the general statutes is repealed and the  
1186 following is substituted in lieu thereof (*Effective October 1, 2018*):

1187 (a) Any person eighteen years of age or older may execute a  
1188 document that contains health care instructions, the appointment of a  
1189 health care representative, the designation of a conservator of the  
1190 person for future incapacity and a document of anatomical gift. Any  
1191 such document shall be signed and dated by the maker with at least  
1192 two witnesses and may be in the substantially following form:

1193 THESE ARE MY HEALTH CARE INSTRUCTIONS.  
1194 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,  
1195 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON  
1196 FOR MY FUTURE INCAPACITY

1197  
1198

AND  
MY DOCUMENT OF ANATOMICAL GIFT

1199 To any physician or advanced practice registered nurse who is  
1200 treating me: These are my health care instructions including those  
1201 concerning the withholding or withdrawal of life support systems,  
1202 together with the appointment of my health care representative, the  
1203 designation of my conservator of the person for future incapacity and  
1204 my document of anatomical gift. As my physician or advanced  
1205 practice registered nurse, you may rely on these health care  
1206 instructions and any decision made by my health care representative  
1207 or conservator of my person, if I am incapacitated to the point when I  
1208 can no longer actively take part in decisions for my own life, and am  
1209 unable to direct my physician or advanced practice registered nurse as  
1210 to my own medical care.

1211 I, ..., the author of this document, request that, if my condition is  
1212 deemed terminal or if I am determined to be permanently  
1213 unconscious, I be allowed to die and not be kept alive through life  
1214 support systems. By terminal condition, I mean that I have an  
1215 incurable or irreversible medical condition which, without the  
1216 administration of life support systems, will, in the opinion of my  
1217 attending physician or advanced practice registered nurse, result in  
1218 death within a relatively short time. By permanently unconscious I  
1219 mean that I am in a permanent coma or persistent vegetative state  
1220 which is an irreversible condition in which I am at no time aware of  
1221 myself or the environment and show no behavioral response to the  
1222 environment. The life support systems which I do not want include,  
1223 but are not limited to: Artificial respiration, cardiopulmonary  
1224 resuscitation and artificial means of providing nutrition and hydration.  
1225 I do want sufficient pain medication to maintain my physical comfort.  
1226 I do not intend any direct taking of my life, but only that my dying not  
1227 be unreasonably prolonged.

1228 I appoint ... to be my health care representative. If my attending  
1229 physician or advanced practice registered nurse determines that I am

1230 unable to understand and appreciate the nature and consequences of  
 1231 health care decisions and unable to reach and communicate an  
 1232 informed decision regarding treatment, my health care representative  
 1233 is authorized to make any and all health care decisions for me,  
 1234 including (1) the decision to accept or refuse any treatment, service or  
 1235 procedure used to diagnose or treat my physical or mental condition,  
 1236 except as otherwise provided by law such as for psychosurgery or  
 1237 shock therapy, as defined in section 17a-540, and (2) the decision to  
 1238 provide, withhold or withdraw life support systems. I direct my health  
 1239 care representative to make decisions on my behalf in accordance with  
 1240 my wishes, as stated in this document or as otherwise known to my  
 1241 health care representative. In the event my wishes are not clear or a  
 1242 situation arises that I did not anticipate, my health care representative  
 1243 may make a decision in my best interests, based upon what is known  
 1244 of my wishes.

1245 If .... is unwilling or unable to serve as my health care  
 1246 representative, I appoint .... to be my alternative health care  
 1247 representative.

1248 If a conservator of my person should need to be appointed, I  
 1249 designate .... be appointed my conservator. If .... is unwilling or unable  
 1250 to serve as my conservator, I designate ..... I designate .... to be  
 1251 successor conservator. No bond shall be required of either of them in  
 1252 any jurisdiction.

1253 I hereby make this anatomical gift, if medically acceptable, to take  
 1254 effect upon my death.

1255 I give: (check one)

T12 .... (1) any needed organs or parts

T13 .... (2) only the following organs or parts ....

1256 to be donated for: (check one)

T14 (1) .... any of the purposes stated in subsection (a) of section 19a-289j



T15 (2) .... these limited purposes ....

1257 These requests, appointments, and designations are made after  
1258 careful reflection, while I am of sound mind. Any party receiving a  
1259 duly executed copy or facsimile of this document may rely upon it  
1260 unless such party has received actual notice of my revocation of it.

T16 Date ....., 20..

T17 .... L.S.

1261 This document was signed in our presence by .... the author of this  
1262 document, who appeared to be eighteen years of age or older, of sound  
1263 mind and able to understand the nature and consequences of health  
1264 care decisions at the time this document was signed. The author  
1265 appeared to be under no improper influence. We have subscribed this  
1266 document in the author's presence and at the author's request and in  
1267 the presence of each other.

T18 ....

T19 (Witness) (Witness)

T20 ....

T21 (Number and Street) (Number and Street)

T22 ....

T23 (City, State and Zip Code) (City, State and Zip Code)

T24 STATE OF CONNECTICUT  
T25 }  
T26 } ss. ....  
T27 COUNTY OF ....

1268 We, the subscribing witnesses, being duly sworn, say that we  
1269 witnessed the execution of these health care instructions, the  
1270 appointments of a health care representative, the designation of a  
1271 conservator for future incapacity and a document of anatomical gift by  
1272 the author of this document; that the author subscribed, published and  
1273 declared the same to be the author's instructions, appointments and  
1274 designation in our presence; that we thereafter subscribed the

1275 document as witnesses in the author's presence, at the author's request,  
1276 and in the presence of each other; that at the time of the execution of  
1277 said document the author appeared to us to be eighteen years of age or  
1278 older, of sound mind, able to understand the nature and consequences  
1279 of said document, and under no improper influence, and we make this  
1280 affidavit at the author's request this .... day of .... 20...

T28 . . . . .  
T29 (Witness) (Witness)

1281 Subscribed and sworn to before me this .... day of .... 20..

T30  
T31 Commissioner of the Superior Court  
T32 Notary Public  
T33 My commission expires: ....

1282 (Print or type name of all persons signing under all signatures)

1283 (b) Except as provided in section 19a-579b, an appointment of health  
1284 care representative may only be revoked by the declarant, in writing,  
1285 and the writing shall be signed by the declarant and two witnesses.

1286 (c) The attending physician or other health care provider shall make  
1287 the revocation of an appointment of health care representative a part of  
1288 the declarant's medical record.

1289 (d) In the absence of knowledge of the revocation of an appointment  
1290 of health care representative, a person who carries out an advance  
1291 directive pursuant to the provisions of this chapter shall not be subject  
1292 to civil or criminal liability or discipline for unprofessional conduct for  
1293 carrying out such advance directive.

1294 (e) The revocation of an appointment of health care representative  
1295 does not, of itself, revoke the living will of the declarant.

1296 Sec. 37. Section 19a-576 of the general statutes is repealed and the  
1297 following is substituted in lieu thereof (*Effective October 1, 2018*):

1298 (a) Any person eighteen years of age or older may appoint a health  
1299 care representative by executing a document in accordance with  
1300 section 19a-575a, as amended by this act, or section 19a-577, as  
1301 amended by this act, signed and dated by such person in the presence  
1302 of two adult witnesses who shall also sign the document. The person  
1303 appointed as representative shall not act as witness to the execution of  
1304 such document or sign such document.

1305 (b) For persons who reside in facilities operated or licensed by the  
1306 Department of Mental Health and Addiction Services, at least one  
1307 witness shall be an individual who is not affiliated with the facility and  
1308 at least one witness shall be a physician, advanced practice registered  
1309 nurse or licensed clinical psychologist with specialized training in  
1310 treating mental illness.

1311 (c) For persons who reside in facilities operated or licensed by the  
1312 Department of Developmental Services, at least one witness shall be an  
1313 individual who is not affiliated with the facility and at least one  
1314 witness shall be a physician, advanced practice registered nurse or  
1315 licensed clinical psychologist with specialized training in  
1316 developmental disabilities.

1317 (d) An operator, administrator or employee of a hospital, residential  
1318 care home, rest home with nursing supervision or chronic and  
1319 convalescent nursing home may not be appointed as a health care  
1320 representative by any person who, at the time of the appointment, is a  
1321 patient or a resident of, or has applied for admission to, one of the  
1322 foregoing facilities. An administrator or employee of a government  
1323 agency that is financially responsible for a person's medical care may  
1324 not be appointed as a health care representative for such person. This  
1325 restriction shall not apply if such operator, administrator or employee  
1326 is related to the principal by blood, marriage or adoption.

1327 (e) A physician or advanced practice registered nurse shall not act  
1328 as both health care representative for a principal and attending  
1329 physician or advanced practice registered nurse for the principal.

1330 Sec. 38. Section 19a-577 of the general statutes is repealed and the  
1331 following is substituted in lieu thereof (*Effective October 1, 2018*):

1332 Any person eighteen years of age or older may execute a document  
1333 that may, but need not be, in substantially the following form:

1334 DOCUMENT CONCERNING THE APPOINTMENT  
1335 OF HEALTH CARE REPRESENTATIVE

1336 "I understand that, as a competent adult, I have the right to make  
1337 decisions about my health care. There may come a time when I am  
1338 unable, due to incapacity, to make my own health care decisions. In  
1339 these circumstances, those caring for me will need direction and will  
1340 turn to someone who knows my values and health care wishes. By  
1341 signing this appointment of health care representative, I appoint a  
1342 health care representative with legal authority to make health care  
1343 decisions on my behalf in such case or at such time.

1344 I appoint ... (Name) to be my health care representative. If my  
1345 attending physician or advanced practice registered nurse determines  
1346 that I am unable to understand and appreciate the nature and  
1347 consequences of health care decisions and to reach and communicate  
1348 an informed decision regarding treatment, my health care  
1349 representative is authorized to (1) accept or refuse any treatment,  
1350 service or procedure used to diagnose or treat my physical or mental  
1351 condition, except as otherwise provided by law, such as for  
1352 psychosurgery or shock therapy, as defined in section 17a-540, and (2)  
1353 make the decision to provide, withhold or withdraw life support  
1354 systems. I direct my health care representative to make decisions on  
1355 my behalf in accordance with my wishes as stated in a living will, or as  
1356 otherwise known to my health care representative. In the event my  
1357 wishes are not clear or a situation arises that I did not anticipate, my  
1358 health care representative may make a decision in my best interests,  
1359 based upon what is known of my wishes.

1360 If this person is unwilling or unable to serve as my health care  
1361 representative, I appoint ... (Name) to be my alternative health care

1362 representative."

1363 "This request is made, after careful reflection, while I am of sound  
1364 mind."

T34 .... (Signature)

T35 .... (Date)

1365 This document was signed in our presence, by the above-named ....  
1366 (Name) who appeared to be eighteen years of age or older, of sound  
1367 mind and able to understand the nature and consequences of health  
1368 care decisions at the time the document was signed.

T36 .... (Witness)

T37 .... (Address)

T38 .... (Witness)

T39 .... (Address)

1369 Sec. 39. Section 19a-579 of the general statutes is repealed and the  
1370 following is substituted in lieu thereof (*Effective October 1, 2018*):

1371 A living will or appointment of health care representative becomes  
1372 operative when (1) the document is furnished to the attending  
1373 physician or advanced practice registered nurse, and (2) the declarant  
1374 is determined by the attending physician or advanced practice  
1375 registered nurse to be incapacitated. At any time after the appointment  
1376 of a health care representative, the attending physician or advanced  
1377 practice registered nurse shall disclose such determination of  
1378 incapacity, in writing, upon the request of the person named as the  
1379 health care representative.

1380 Sec. 40. Subsection (a) of section 19a-491 of the 2018 supplement to  
1381 the general statutes is repealed and the following is substituted in lieu  
1382 thereof (*Effective October 1, 2018*):

1383 (a) No person acting individually or jointly with any other person  
1384 shall establish, conduct, operate or maintain an institution in this state  
1385 without a license as required by this chapter, except for persons issued

1386 a license by the Commissioner of Children and Families pursuant to  
1387 section 17a-145 for the operation of (1) a substance abuse treatment  
1388 facility, or (2) a facility for the purpose of caring for women during  
1389 pregnancies and for women and their infants following such  
1390 pregnancies. Application for such license shall (A) be made to the  
1391 Department of Public Health upon forms provided by it, (B) be  
1392 accompanied by the fee required under subsection (c), (d) or (e) of this  
1393 section, [and] (C) contain such information as the department requires,  
1394 which may include affirmative evidence of ability to comply with  
1395 reasonable standards and regulations prescribed under the provisions  
1396 of this chapter, and (D) not be required to be notarized. The  
1397 commissioner may require as a condition of licensure that an applicant  
1398 sign a consent order providing reasonable assurances of compliance  
1399 with the Public Health Code. The commissioner may issue more than  
1400 one chronic disease hospital license to a single institution until such  
1401 time as the state offers a rehabilitation hospital license.

1402 Sec. 41. Section 31-44 of the general statutes is repealed and the  
1403 following is substituted in lieu thereof (*Effective October 1, 2018*):

1404 Each owner, lessee or occupant of a factory or other building  
1405 included within the provisions of this chapter, or owning or  
1406 controlling the use of any room in such building, shall, for the  
1407 violation of any provision of section 31-42, [or 31-43,] or for obstructing  
1408 or hindering the commissioner or the commissioner's deputies in  
1409 carrying out the duties imposed on them by law, be fined not more  
1410 than fifty dollars; but no prosecution shall be brought for any such  
1411 violation until four weeks after notice has been given by the  
1412 commissioner to such owner, lessee or occupant of any changes  
1413 necessary to be made to comply with the provisions of said sections,  
1414 and not then if, in the meantime, such changes have been made in  
1415 accordance with such notification. Nothing herein shall limit the right  
1416 of a person injured to bring an action to recover damages.

1417 Sec. 42. Sections 19a-59e, 21-7, 31-43 and 38a-558 of the general  
1418 statutes are repealed. (*Effective October 1, 2018*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2018	19a-72(a)(3)
Sec. 2	October 1, 2018	19a-14(a)(15)(B)
Sec. 3	October 1, 2018	19a-499(b)
Sec. 4	October 1, 2018	20-126l(a)(2)
Sec. 5	October 1, 2018	19a-6i(b)
Sec. 6	October 1, 2018	7-51a(c)
Sec. 7	October 1, 2018	19a-62a
Sec. 8	October 1, 2018	10-206(b)
Sec. 9	October 1, 2018	10-206(f)
Sec. 10	October 1, 2018	20-195q(c)
Sec. 11	October 1, 2018	19a-496(b)
Sec. 12	October 1, 2018	19a-490n
Sec. 13	October 1, 2018	19a-490o
Sec. 14	October 1, 2018	19a-127l(f) to (j)
Sec. 15	October 1, 2018	19a-32
Sec. 16	October 1, 2018	19a-538
Sec. 17	October 1, 2018	19a-177(8)
Sec. 18	October 1, 2018	20-110
Sec. 19	October 1, 2018	19a-88(e)(3)
Sec. 20	October 1, 2018	19a-36g
Sec. 21	October 1, 2018	19a-36m
Sec. 22	October 1, 2018	22-6r(d)
Sec. 23	October 1, 2018	19a-36f(a)
Sec. 24	October 1, 2018	4-106
Sec. 25	October 1, 2018	18-94
Sec. 26	October 1, 2018	19a-7p(a)
Sec. 27	October 1, 2018	19a-216(a)
Sec. 28	October 1, 2018	21a-114
Sec. 29	October 1, 2018	54-102a
Sec. 30	October 1, 2018	20-222
Sec. 31	October 1, 2018	20-222a
Sec. 32	October 1, 2018	20-222c
Sec. 33	October 1, 2018	20-227
Sec. 34	October 1, 2018	19a-570
Sec. 35	October 1, 2018	19a-575
Sec. 36	October 1, 2018	19a-575a
Sec. 37	October 1, 2018	19a-576
Sec. 38	October 1, 2018	19a-577

Sec. 39	October 1, 2018	19a-579
Sec. 40	October 1, 2018	19a-491(a)
Sec. 41	October 1, 2018	31-44
Sec. 42	October 1, 2018	Repealer section

**Statement of Legislative Commissioners:**

In Section 12(a)(4), "and" was added after "chapter;" for consistency with standard drafting conventions; in Section 12(c) "and Antimicrobial Resistance" was added after "Infections" for consistency; and in Section 12(c)(1), "and antimicrobial resistance" was added after "infections" for accuracy.

**PH**      *Joint Favorable Subst. -LCO*



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

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***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

This bill, which makes various revisions to public health statutes, does not result in a fiscal impact to the state or municipalities.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

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**OLR Bill Analysis****sHB 5163****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.**

## TABLE OF CONTENTS:

SUMMARY§ 1 — TECHNICAL CHANGE*Makes a technical change by correcting a statutory citation*§§ 2 & 3 — NONDISCLOSURE OF PERSONNEL RECORDS*Prohibits DPH from disclosing personnel records it receives during an investigation*§ 4 — DENTAL HYGIENISTS*Allows dental hygienists with at least two years' experience to practice at a senior center without a dentist's general supervision*§ 5 — SCHOOL-BASED HEALTH CENTER (SBHC) ADVISORY COMMITTEE*Adds three members to the school-based health center advisory committee*§ 6 — DEATH CERTIFICATES*Expands access to data on a death certificate except for the decedent's social security number*§§ 7-9 — ASTHMA PROGRAM*Consolidates certain DPH reporting requirements related to asthma screening and makes related changes*§ 10 — SCHOOL SOCIAL WORKERS*Specifies that school social workers with the appropriate credentials may use that title*§ 11 — CORRECTION PLAN*Gives a health care institution more time to submit a correction plan after receiving a notice of noncompliance*§§ 12 & 13 — HEALTH CARE ASSOCIATED INFECTIONS*Expands the scope of DPH's mandatory reporting system for health care associated infections, adds to the membership of the advisory committee on such matters, and makes related changes*§ 14 — QUALITY OF CARE PROGRAM*Eliminates the requirement for the DPH commissioner to annually report on the department's quality of care program*

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### § 15 — DONATED PROPERTY

*Eliminates a requirement that DPH report on certain matters related to donated property*

### § 16 — NURSING HOME AND RESIDENTIAL CARE HOME INFORMATION

*Eliminates a requirement for DPH to annually publish a report on nursing homes and residential care homes and instead requires the department to post certain related information online*

### § 17 — EMERGENCY MEDICAL SERVICES (EMS) DATA

*Requires the DPH commissioner to adopt specified national standards for trauma data collection and provides that an existing reporting requirement applies annually starting by December 1, 2018*

### § 18 — DENTIST LICENSURE BY ENDORSEMENT

*Allows DPH to issue a dentist license without examination to a dentist licensed in another state who has worked as such for the past five years, even if the other state does not require a practical examination for licensure*

### § 19 — LEAD TRAINING PROVIDERS AND ASBESTOS TRAINING PROVIDERS

*Specifies that lead training providers and asbestos training providers must apply to renew their certificates during the anniversary month of their initial certification*

### §§ 20-23 — FOOD CODE

*Exempts certain residential care homes from the food code's requirements and modifies the definition of a class 1 food establishment to, among other things, prohibit such an establishment from selling commercially prepackaged food that is not time or temperature controlled*

### §§ 24-29 — TECHNICAL CHANGES TO TERMINOLOGY

*Replaces statutory references to "venereal disease" with references to "sexually transmitted disease"*

### §§ 30-33 — FUNERAL HOME LICENSES AND INSPECTIONS

*Updates terminology related to funeral home licensure and decreases the required frequency of DPH inspections of funeral homes*

### §§ 34-39 — ADVANCED PRACTICE REGISTERED NURSES (APRNs) AND ADVANCE DIRECTIVES

*Adds APRNs into the laws on living wills and other advance directives, authorizing them to perform certain functions that currently may be performed only by a physician*

### § 40 — INSTITUTIONAL LICENSING APPLICATIONS

*Prohibits DPH from requiring that a health care institution licensure application be notarized*

### § 41 — CONFORMING CHANGE

*Makes a conforming change*

### § 42 — REPEALER

*Repeals certain outdated or obsolete statutes*

## BACKGROUND

*Information on bills related to § 4 on dental hygienists and §§ 34-39 on advance directives*

## **SUMMARY**

This bill makes various substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs. These changes address:

1. various DPH programs, such as those on asthma monitoring and health care associated infections, and DPH reporting requirements, such as those for emergency medical services call data;
2. various DPH-credentialed professionals or entities, including dentists and dental hygienists, social workers, lead or asbestos training providers, funeral homes, and advanced practice registered nurses; and
3. other topics, such as record confidentiality, the school-based health center advisory committee, death certificates, health care institutional licensing and correction plans, and the food code.

EFFECTIVE DATE: October 1, 2018

### **§ 1 — TECHNICAL CHANGE**

*Makes a technical change by correcting a statutory citation*

The bill makes a technical correction in a statutory citation in the tumor registry statute.

### **§§ 2 & 3 — NONDISCLOSURE OF PERSONNEL RECORDS**

*Prohibits DPH from disclosing personnel records it receives during an investigation*

The bill prohibits DPH, unless required by federal law, from disclosing personnel records it receives during an investigation of a person DPH licenses, certifies, or regulates. It provides that such records are not subject to disclosure under the Freedom of Information Act (FOIA). These provisions already apply to patient medical records DPH receives during an investigation or disciplinary proceeding of such a person.

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**§ 4 — DENTAL HYGIENISTS**

*Allows dental hygienists with at least two years' experience to practice at a senior center without a dentist's general supervision*

The bill permits dental hygienists with two years of experience to practice without a dentist's general supervision at senior centers. Hygienists with this experience can already practice without such supervision at DPH-licensed health care institutions; community health centers; group homes; schools; preschools operated by local school boards; Head Start programs; and programs offered or sponsored by the Women, Infants, and Children (WIC) program (collectively, "public health facilities").

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at senior centers to refer to a dentist any patients with needs outside of the hygienist's scope of practice (CGS § 20-126l(f)).

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126l(g)).

**§ 5 — SCHOOL-BASED HEALTH CENTER (SBHC) ADVISORY COMMITTEE**

*Adds three members to the school-based health center advisory committee*

The bill adds three members to the SBHC Advisory Committee, increasing its membership to 20.

The bill adds to the committee the Department of Children and Families commissioner or her designee. It also adds two members, appointed by the DPH commissioner, from municipalities that operate SBHCs — one from a municipality with a population of at least 50,000 but under 100,000 people, and the other from a municipality with a population of at least 100,000. (Under existing law, the commissioner also appoints a third member who represents an SBHC sponsored by a local health department.)

By law, the committee advises the DPH commissioner on minimum service standards and other matters concerning SBHCs and expanded school health sites.

## § 6 — DEATH CERTIFICATES

*Expands access to data on a death certificate except for the decedent's social security number*

The bill allows any adult to access all data listed on a death certificate, except it continues to restrict access to the social security number to only certain parties, as under current law. Under the bill, for deaths occurring on or after July 1, 1997, the administrative purposes section of a death certificate includes only the decedent's social security number, and only the following parties can access the full death certificate with that section:

1. the parties listed on the certificate (e.g., the funeral director, physician, and town clerk), for purposes of processing it; and
2. the surviving spouse, next of kin, and state and federal agencies authorized by federal law.

The bill requires DPH to remove or redact the social security number when providing a death certificate to any other individual, researcher, or state or federal agency.

Under current law, the administrative purposes section also includes the decedent's occupation, business or industry, race, Hispanic origin if applicable, and educational level, if known. (Presumably, such information will still be included on death certificates.) Current law allows (1) only the parties listed above to access the full information in the administrative purposes section and (2) researchers to access such information, other than the social security number.

## §§ 7-9 — ASTHMA PROGRAM

*Consolidates certain DPH reporting requirements related to asthma screening and makes related changes*

Current law requires DPH to (1) maintain an asthma monitoring

system, and annually report on the status and results of the system and statewide asthma plan and (2) report every three years on the asthma screening information provided to DPH by school districts (i.e., the total number of students per school and per district with asthma upon enrollment and in specified grades). The bill eliminates the annual report and instead incorporates, into the triennial report, information on the activities of the asthma monitoring system.

It extends the due date for the next triennial report from October 1, 2019 to October 1, 2021. It requires DPH, starting by that date and every three years after that, to post on its website the activities of the asthma monitoring system, including the information the department collects from school districts.

The bill removes certain specific requirements for the asthma monitoring system, such as that (1) it include reports of asthma visits and the number of people with asthma, as voluntarily reported by health care providers and (2) the commissioner use the system to estimate the annual incidence and distribution of asthma in the state, including based on certain demographic criteria.

The bill also removes certain obsolete provisions and makes other technical changes.

## **§ 10 — SCHOOL SOCIAL WORKERS**

*Specifies that school social workers with the appropriate credentials may use that title*

The bill specifies that if a licensed social worker holds a professional educator certificate with a school social worker endorsement, the person may use the title “school social worker” to describe his or her activities while working at a public or private school.

## **§ 11 — CORRECTION PLAN**

*Gives a health care institution more time to submit a correction plan after receiving a notice of noncompliance*

Under existing law, a licensed health care institution must submit a correction plan to DPH if the department, after an inspection, issues a notice that the institution was out of compliance with applicable laws

or regulations. The bill requires the institution to submit the plan within 10 business days after receiving the notice of noncompliance, rather than 10 calendar days as under current law.

## **§§ 12 & 13 — HEALTH CARE ASSOCIATED INFECTIONS**

*Expands the scope of DPH's mandatory reporting system for health care associated infections, adds to the membership of the advisory committee on such matters, and makes related changes*

### ***Mandatory Reporting System***

The bill expands the scope of DPH's mandatory reporting system for health care associated infections to also include antimicrobial resistance. It specifies that the system must be based on nationally recognized and recommended standards.

In practice, under the current program, DPH collects data on health care associated infections at acute care and long-term acute care hospitals, inpatient rehabilitation facilities, and outpatient dialysis facilities. The bill appears to expand the program to include other health care facilities.

Current law requires DPH to (1) annually report to the Public Health Committee on the information collected through the system, (2) make such reports available online, and (3) post online information on health care associated infections to help the public learn about them and compare infection rates at Connecticut facilities. The bill eliminates the annual reporting requirement, and instead requires DPH to annually post online the information it collects through the mandatory reporting system. It requires such information to include:

1. the number and type of health care associated infections and antimicrobial resistance reported by each health care facility (current law requires the report to include the number and type of such infections, including certain specific types);
2. links to the National Centers for Disease Control and Prevention's health care associated infection data reports and the federal Centers for Medicare and Medicaid Services' (CMS)



quality improvement program website (current law requires DPH's website to include a link to CMS's hospital compare website); and

3. information to help the public learn about health care associated infections and antimicrobial resistance and how to prevent such infections and resistance.

### **Advisory Committee**

Under current law, an advisory committee advises DPH on the health care associated infection monitoring program. To correspond with the expanded scope of the program, the bill renames the committee as the "advisory committee on health care associated infections and antimicrobial resistance." It also adds the following 10 members to the committee, to be appointed by the DPH commissioner:

1. two members each representing outpatient hemodialysis centers, long-term acute care hospitals, nursing home facilities, and surgical facilities; and
2. one member each representing the Connecticut Infectious Disease Society and a clinical microbiology laboratory.

Current law requires the committee to meet at unspecified intervals. The bill instead specifies that the committee may meet upon the commissioner's request. It modifies the purposes for which the committee may meet to include identifying, evaluating, and recommending reporting measures and processes designed to prevent antimicrobial resistance, not just health care associated infections as under current law.

The bill eliminates from the committee's purview recommending appropriate methods to increase public awareness about how to reduce the spread of infections.

## **§ 14 — QUALITY OF CARE PROGRAM**

*Eliminates the requirement for the DPH commissioner to annually report on the department's quality of care program*

The bill eliminates the requirement for the DPH commissioner to annually report on DPH's quality of care program to the governor and Public Health Committee. It also removes certain obsolete provisions on one-time reporting requirements.

#### **§ 15 — DONATED PROPERTY**

*Eliminates a requirement that DPH report on certain matters related to donated property*

The bill eliminates the requirement that DPH annually report on certain matters related to real estate or other property donated to the department, such as the donors' names and how the property is being used.

#### **§ 16 — NURSING HOME AND RESIDENTIAL CARE HOME INFORMATION**

*Eliminates a requirement for DPH to annually publish a report on nursing homes and residential care homes and instead requires the department to post certain related information online*

The bill eliminates a requirement for DPH to annually publish a report that lists and classifies all nursing homes and residential care homes in the state, and instead requires the department to post the information on its website.

It requires the posted information to include the number and effective date of the license and the address for each such facility. It does not require other information currently required for the published report, such as the total number of beds; number of private and semiprivate rooms; religious affiliation, and religious services offered, if any, in the facility; and per diem cost for private patients.

#### **§ 17 — EMERGENCY MEDICAL SERVICES (EMS) DATA**

*Requires the DPH commissioner to adopt specified national standards for trauma data collection and provides that an existing reporting requirement applies annually starting by December 1, 2018*

Existing law requires the DPH commissioner to report to the Emergency Medical Services Advisory Board on specified EMS call data categorized by municipality, such as the total number of calls by each ambulance or paramedic intercept service, the EMS level required for each call, and response times. The bill requires the commissioner to

report the data annually, starting by December 31, 2018.

It also requires the commissioner, with the board's recommendation, to adopt for use in trauma data collection the most recent version of the National Trauma Data Bank's National Trauma Data Standards and Data Dictionary and nationally recognized guidelines for field triage of injured patients.

### **§ 18 — DENTIST LICENSURE BY ENDORSEMENT**

*Allows DPH to issue a dentist license without examination to a dentist licensed in another state who has worked as such for the past five years, even if the other state does not require a practical examination for licensure*

Under current law, DPH may issue a license, without examination, to a dentist licensed in another state or territory, provided the other jurisdiction's licensure requirements are similar or higher to Connecticut's. The bill instead allows DPH to issue a license without examination to a dentist licensed and practicing in another state or territory if he or she:

1. holds a license issued after examination by another state with licensing standards that, except for the practical examination, are commensurate with Connecticut's standards, and
2. has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for at least five years immediately preceding the application for licensure without examination.

### **§ 19 — LEAD TRAINING PROVIDERS AND ASBESTOS TRAINING PROVIDERS**

*Specifies that lead training providers and asbestos training providers must apply to renew their certificates during the anniversary month of their initial certification*

By law, lead training providers and asbestos training providers must be certified by DPH, subject to annual renewal. The bill specifies that they must apply for renewal during the month of their initial certification.

### **§§ 20-23 — FOOD CODE**

*Exempts certain residential care homes from the food code's requirements and modifies the definition of a class 1 food establishment to, among other things, prohibit such an establishment from selling commercially prepackaged food that is not time or temperature controlled*

PA 17-93 required DPH, by July 1, 2018, to adopt the Food and Drug Administration's Food Code as the state's food code for regulating food establishments.

The bill exempts certain residential care homes from the food code's requirements. Specifically, it exempts such a home with 30 or fewer beds, as long as the home's administrator or his or her designee has passed a test as part of a food protection manager certification program approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its accreditation standards. The exemption does not apply to such a home that (1) enters into a service contract with a food establishment or (2) lends, rents, or leases any area of its facility to any person or entity for the purpose of preparing or selling food.

Under current law, there are four classifications of food establishments in the food code. The bill amends the definition of a class 1 establishment by prohibiting these establishments from:

1. serving a population that is highly susceptible to foodborne illnesses or
2. offering for retail sale prepacked food that is not time or temperature controlled, unless the food is prepared at the establishment.

The bill makes a minor change to the definition of a class 3 establishment and makes other minor and technical changes to certain provisions related to the food code.

#### **§§ 24-29 — TECHNICAL CHANGES TO TERMINOLOGY**

*Replaces statutory references to "venereal disease" with references to "sexually transmitted disease"*

The bill makes technical changes by replacing several statutory

references to “venereal disease” with “sexually transmitted disease.”

### **§§ 30-33 — FUNERAL HOME LICENSES AND INSPECTIONS**

*Updates terminology related to funeral home licensure and decreases the required frequency of DPH inspections of funeral homes*

Under current law, a funeral service business may not operate unless it receives a DPH-issued inspection certificate. The bill replaces the term “inspection certificate” with “funeral home license.”

It also decreases the required frequency of DPH inspections of funeral homes, from annually to at least once every three years.

### **§§ 34-39 — ADVANCED PRACTICE REGISTERED NURSES (APRNs) AND ADVANCE DIRECTIVES**

*Adds APRNs into the laws on living wills and other advance directives, authorizing them to perform certain functions that currently may be performed only by a physician*

The bill incorporates APRNs into the laws on living wills and other advance directives. In doing so, it extends to APRNs the authority to perform certain functions that currently may be performed only by a physician or, in some cases, other specified providers.

For example, current law provides that a living will or appointment of a health care representative becomes operative when the document is given to the attending physician and the physician determines the person to be incapacitated. The bill provides that such a document also takes effect when given to a patient’s APRN who determines the person to be incapacitated.

The bill makes several corresponding and conforming changes. For example, it adds references to APRNs into the law’s standard forms for advance directives (e.g., form language stating that the patient’s APRN, not just physician as under current law, may rely on the document’s health care instructions and decisions made by the patient’s health care representative).

It provides in the forms that an APRN, not just a physician, may make the determination that a patient is suffering from a terminal condition, but it does not make a corresponding change to the existing

definition of “terminal condition” for these purposes (see § 34).

Current law provides that, if a resident of a facility operated or licensed by the Department of Mental Health and Addiction Services or Department of Developmental Services seeks to execute a document appointing a health care representative, at least one witness must be a physician or clinical psychologist with specialized training in treating mental illness or developmental disabilities, respectively. In both situations, the bill adds APRNs to the list of eligible witnesses (§ 37).

#### **§ 40 — INSTITUTIONAL LICENSING APPLICATIONS**

*Prohibits DPH from requiring that a health care institution licensure application be notarized*

The bill prohibits DPH from requiring that a health care institution licensure application be notarized.

#### **§ 41 — CONFORMING CHANGE**

*Makes a conforming change*

The bill makes a conforming change to reflect a statutory repeal in section 42.

#### **§ 42 — REPEALER**

*Repeals certain outdated or obsolete statutes*

The bill repeals laws requiring:

1. DPH and the Department of Social Services to create a media campaign to reduce teen pregnancy (CGS § 19a-59e),
2. a DPH permit for public exhibitions of still or motion pictures relating to sexually transmitted diseases (CGS § 21-7), and
3. the Office of Health Care Access to adopt regulations on specified matters concerning state professional standard review organizations (CGS § 38a-558).

The bill also repeals a law on public laundries that, among other things, (1) classifies a public laundry as a manufacturing establishment

(thus setting limits on hours for certain workers at such establishments) and (2) prohibits public laundry employers from allowing employees to work if they have certain communicable diseases (CGS § 31-43).

**BACKGROUND**

*Information on bills related to § 4 on dental hygienists and §§ 34-39 on advance directives*

**Related Bills**

HB 5148, reported favorably by the Public Health Committee, allows pregnant women age 18 or older to exercise living wills and other advance directives.

sHB 5213, reported favorably by the Public Health Committee, allows dental hygienists with at least two years' experience to practice at child care centers without a dentist's general supervision.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 24    Nay 0    (03/23/2018)