



General Assembly

February Session, 2018

Raised Bill No. 5163

LCO No. 891



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

**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2 general statutes is repealed and the following is substituted in lieu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10 repealed and the following is substituted in lieu thereof (*Effective*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19 repealed and the following is substituted in lieu thereof (*Effective*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 20-126*l* 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;

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] may meet to:

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

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

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

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 Section 19a-490o of the general statutes is repealed and the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

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

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

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

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

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

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

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

429 (h) (1) The advisory committee shall examine and evaluate (A)
430 possible approaches that would aid in the utilization of an existing
431 data collection system for cardiac outcomes, and (B) the potential for

432 state-wide use of a data collection system for cardiac outcomes, for the
433 purpose of continuing the delivery of quality cardiac care services in
434 the state.

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

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

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

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

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

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

462 [On or before January 1, 1977, and annually thereafter, the] The
463 Department of Public Health shall [publish a report,] make available to
464 the public [.] on the department's Internet web site a list that shall
465 include, but need not be limited to, [a list of] (1) all nursing home
466 facilities and residential care homes in this state; [whether such
467 nursing home facilities and residential care homes are proprietary or
468 nonproprietary;] (2) the classification of each such nursing home
469 facility and residential care home; [the name of the owner or owners,
470 including the name of any partnership, corporation, trust, individual
471 proprietorship or other legal entity that owns or controls, directly or
472 indirectly, such facility or residential care homes; the total number of
473 beds; the number of private and semiprivate rooms; the religious
474 affiliation, and religious services offered, if any, in the nursing home
475 facility or residential care home; the cost per diem for private patients;
476 the languages spoken by the administrator and staff of such nursing
477 home facility or residential care home; the number of full-time
478 employees and their professions; whether or not such nursing home
479 facility or residential care home accepts Medicare and Medicaid
480 patients; recreational and other programs available and the number
481 and nature of any class A or class B citation issued against such
482 nursing home facility or residential care home in the previous year] (3)
483 the number and effective date of the license issued to each such
484 nursing home facility and residential care home; and (4) the address of
485 each such nursing home facility and residential care home.

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

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

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

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

530 definition of response time, as provided in regulations adopted
531 pursuant to section 19a-179; and (v) the number of passed calls,
532 cancelled calls and mutual aid calls during the reporting year. The
533 commissioner shall prepare such report in a format that categorizes
534 such data for each municipality in which the emergency medical
535 services were provided, with each such municipality grouped
536 according to urban, suburban and rural classifications.

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

558 (D) The commissioner shall collect the data required by
559 subparagraph (A) of this subdivision, in the manner provided in said
560 subparagraph, from each emergency medical service organization
561 licensed or certified pursuant to this chapter. Any such emergency
562 medical service organization that fails to comply with the provisions of
563 this section shall be liable for a civil penalty not to exceed one hundred

564 dollars per day for each failure to report the required data regarding
565 emergency medical services provided to a patient, as determined by
566 the commissioner. The civil penalties set forth in this subparagraph
567 shall be assessed only after the department provides a written notice of
568 deficiency and the organization is afforded the opportunity to respond
569 to such notice. An organization shall have not more than fifteen
570 business days after the date of receiving such notice to provide a
571 written response to the department. The commissioner may adopt
572 regulations, in accordance with chapter 54, concerning the
573 development, implementation, monitoring and collection of
574 emergency medical service system data. All state agencies licensed or
575 certified as emergency medical service organizations shall be exempt
576 from the civil penalties set forth in this subparagraph;

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

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

585 The Department of Public Health may, [without examination, issue
586 a license to any dentist who is licensed in some other state or territory,
587 if such other state or territory has requirements for admission
588 determined by the department to be similar to or higher than the
589 requirements of this state, upon certification from the board of
590 examiners or like board of the state or territory in which such dentist
591 was a practitioner certifying to his competency and upon payment of a
592 fee of five hundred sixty-five dollars to said department] upon receipt
593 of an application and a fee of five hundred sixty-five dollars, issue a
594 license without examination to a practicing dentist in another state or
595 territory who (1) holds a current valid license in good professional
596 standing issued after examination by another state or territory that

597 maintains licensing standards which, except for the practical
598 examination, are commensurate with the state's standards, and (2) has
599 worked continuously as a licensed dentist in an academic or clinical
600 setting in another state or territory for a period of not less than five
601 years immediately preceding the application for licensure without
602 examination. No license shall be issued under this section to any
603 applicant against whom professional disciplinary action is pending or
604 who is the subject of an unresolved complaint. The department shall
605 inform the Dental Commission annually of the number of applications
606 it receives for licensure under this section.

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

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

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

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

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

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

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

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

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

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

659 (7) "Cold holding" means maintained at a temperature of forty-one

660 degrees Fahrenheit or below;

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

663 (9) "Contact hour" means a minimum of fifty minutes of a training
664 activity;

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

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

669 (12) "Food code" means the food code administered under section
670 19a-36h;

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

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

688 (15) "Food inspection training officer" means a certified food
689 inspector who has received training developed or approved by the

690 commissioner and been authorized by the commissioner to train
691 candidates for food inspector certification;

692 (16) "Food-borne illness" means illness, including, but not limited to,
693 illness due to heavy metal intoxications, staphylococcal food
694 poisoning, botulism, salmonellosis, shigellosis, Clostridium
695 perfringens intoxication and hepatitis A, acquired through the
696 ingestion of a common-source food or water contaminated with a
697 chemical, infectious agent or the toxic products of a chemical or
698 infectious agent;

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

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

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

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

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

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

718 (23) "Variance" means a written document issued by the
719 commissioner that authorizes a modification or waiver of one or more

720 requirements of the food code.

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

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

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

733 (c) The provisions of the food code that concern the employment of
734 a certified food protection manager and any reporting requirements
735 relative to such certified food protection manager (1) shall not apply to
736 (A) an owner or operator of a soup kitchen that relies exclusively on
737 services provided by volunteers, (B) any volunteer who serves meals
738 from a nonprofit organization, including a temporary food service
739 establishment and a special event sponsored by a nonprofit civic
740 organization, including, but not limited to, school sporting events,
741 little league food booths, church suppers and fairs, or (C) any person
742 who serves meals to individuals at a registered congregate meal site
743 funded under Title III of the Older Americans Act of 1965, as amended
744 from time to time, that were prepared under the supervision of a
745 certified food protection manager, and (2) shall not prohibit the sale or
746 distribution of food at (A) a bed and breakfast establishment that
747 prepares and offers food to guests, provided the operation is owner-
748 occupied and the total building occupant load is not more than sixteen
749 persons, including the owner and occupants, has no provisions for
750 cooking or warming food in the guest rooms, breakfast is the only
751 meal offered and the consumer of such operation is informed by

752 statements contained in published advertisements, mailed brochures
753 and placards posted in the registration area that the food is prepared in
754 a kitchen that is not regulated and inspected by the local health
755 director, and (B) a noncommercial function, including, but not limited
756 to, an educational, religious, political or charitable organization's bake
757 sale or potluck supper, provided the seller or person distributing the
758 food maintains the food at the temperature, pH level and water
759 activity level conditions that will inhibit the growth of infectious or
760 toxigenic microorganisms. For the purposes of this subsection,
761 "noncommercial function" means a function where food is sold or
762 distributed by a person not regularly engaged in the business of selling
763 such food for profit.

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

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

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

785 the food [service] establishment an invoice that indicates the source
786 and date of purchase of the farm products at the time of the sale.

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

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

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

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

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

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

816 same manner as before such detention.

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

820 (a) Not later than September first, annually, the Secretary of the
821 Office of Policy and Management, in consultation with the
822 Commissioner of Public Health, shall (1) determine the amounts
823 appropriated for the syringe services program, AIDS services, breast
824 and cervical cancer detection and treatment, x-ray screening and
825 tuberculosis care, and [venereal] sexually transmitted disease control;
826 and (2) inform the Insurance Commissioner of such amounts.

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

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

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

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

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

877 (a) The court before which is pending any case involving a violation
878 of any provision of sections 53a-65 to 53a-89, inclusive, may, before
879 final disposition of such case, order the examination of the accused
880 person or, in a delinquency proceeding, the accused child to determine

881 whether or not the accused person or child is suffering from any
882 [venereal] sexually transmitted disease, unless the court from which
883 such case has been transferred has ordered the examination of the
884 accused person or child for such purpose, in which event the court to
885 which such transfer is taken may determine that a further examination
886 is unnecessary.

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

908 (c) A report of the result of such examination or test shall be filed
909 with the Department of Public Health on a form supplied by it. If such
910 examination discloses the presence of [venereal] sexually transmitted
911 disease or if such test discloses the presence of the etiologic agent for
912 acquired immune deficiency syndrome or human immunodeficiency
913 virus, the court may make such order with reference to the
914 continuance of the case or treatment or other disposition of such

915 person as the public health and welfare require. Such examination or
916 test shall be conducted at the expense of the Department of Public
917 Health. Any person who fails to comply with any order of any court
918 under the provisions of this section shall be guilty of a class C
919 misdemeanor.

920 Sec. 30. Section 20-222 of the general statutes is repealed and the
921 following is substituted in lieu thereof (*Effective October 1, 2018*):

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

939 (b) Upon receipt of an initial application for [an inspection
940 certificate or renewal thereof] a funeral home license, the Department
941 of Public Health shall make an inspection of each building or part
942 thereof wherein a funeral service business is conducted or is intended
943 to be conducted, and satisfactory proof shall be furnished the
944 Department of Public Health that the building or part thereof, in which
945 it is intended to conduct the funeral service business, contains an
946 adequate sanitary preparation room equipped with tile, cement or
947 composition flooring, necessary ventilation, sink, and hot and cold

948 running water, sewage facilities, and such instruments and supplies
949 for the preparing or embalming of dead human bodies for burial,
950 transportation or other disposition as the Commissioner of Public
951 Health, with advice and assistance from the board, deems necessary
952 and suitable for the conduct and maintenance of such business.

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

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

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

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

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

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

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

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

1000 Sec. 31. Section 20-222a of the general statutes is repealed and the
1001 following is substituted in lieu thereof (*Effective October 1, 2018*):

1002 (a) Each embalmer's license [,] and funeral director's license [and
1003 inspection certificate] issued pursuant to the provisions of this chapter
1004 shall be renewed, except for cause, by the Department of Public Health
1005 upon the payment to said Department of Public Health by each
1006 applicant (1) for license renewal of the sum of one hundred fifteen
1007 dollars in the case of an embalmer, and (2) two hundred thirty-five
1008 dollars in the case of a funeral director, [, and (2) for inspection
1009 certificate renewal of the sum of one hundred ninety dollars for each
1010 certificate to be renewed. Fees for renewal of inspection certificates

1011 shall be given to the Department of Public Health on or before July
1012 first in each year and the renewal of inspection certificates shall begin
1013 on July first of each year and shall be valid for one calendar year.]
1014 Licenses shall be renewed in accordance with the provisions of section
1015 19a-88, as amended by this act.

1016 (b) Each funeral home license issued pursuant to the provisions of
1017 this chapter shall be renewed on an annual basis, except for cause, by
1018 the Department of Public Health upon payment to said department in
1019 the amount of one hundred ninety dollars for each funeral home
1020 license renewed. Fees for renewal of a funeral home license shall be
1021 given to the Department of Public Health on or before July first in each
1022 year and the renewal of the funeral home license shall begin on July
1023 first of each year and be valid for one calendar year. The department
1024 shall complete an inspection, not less than triennially, of each place of
1025 business that has been issued a funeral home license.

1026 Sec. 32. Section 20-222c of the general statutes is repealed and the
1027 following is substituted in lieu thereof (*Effective October 1, 2018*):

1028 Upon the transfer of more than a fifty per cent ownership share,
1029 discontinuance or termination of a funeral service business, the person,
1030 firm, partnership or corporation to whom the [inspection certificate]
1031 funeral home license has been issued shall:

1032 (1) Notify each person who has purchased a prepaid funeral service
1033 contract from such funeral service business of such transfer,
1034 discontinuance or termination;

1035 (2) Mail a letter to each person for whom the funeral service
1036 business is storing cremated remains notifying such person of such
1037 transfer, discontinuance or termination; and

1038 (3) Provide the Department of Public Health with a notice of such
1039 transfer, discontinuance or termination and a list of all unclaimed
1040 cremated remains held by the funeral service business at the time of
1041 such transfer, discontinuance or termination not later than ten days

1042 after any such transfer, discontinuance or termination.

1043 Sec. 33. Section 20-227 of the general statutes is repealed and the
1044 following is substituted in lieu thereof (*Effective October 1, 2018*):

1045 The Department of Public Health may refuse to grant a license [or
1046 inspection certificate] or the board may take any of the actions set forth
1047 in section 19a-17 against a licensee [] or registrant [or holder of an
1048 inspection certificate] if it finds the existence of any of the following
1049 grounds: (1) The practice of any fraud or deceit in obtaining or
1050 attempting to obtain a license [] or registration; [or inspection
1051 certificate;] (2) violation of the statutes or regulations of said
1052 department relative to the business of embalming or funeral directing
1053 in this state; (3) the conviction of a crime in the course of professional
1054 activities; (4) incompetency, negligence or misconduct in the carrying
1055 on of such business or profession; (5) violation of or noncompliance
1056 with the provisions of this chapter or the rules established hereunder;
1057 (6) loaning, borrowing or using a license [or inspection certificate] of
1058 another, or knowingly aiding or abetting in any way the granting of an
1059 improper license; [or inspection certificate;] (7) aiding or abetting the
1060 practice of embalming or funeral directing by an unlicensed person; (8)
1061 physical or mental illness, emotional disorder or loss of motor skill,
1062 including but not limited to, deterioration through the aging process;
1063 or (9) abuse or excessive use of drugs, including alcohol, narcotics or
1064 chemicals. The Commissioner of Public Health may order a license
1065 holder to submit to a reasonable physical or mental examination if his
1066 physical or mental capacity to practice safely is the subject of an
1067 investigation. Said commissioner may petition the superior court for
1068 the judicial district of Hartford to enforce such order of any action
1069 taken pursuant to section 19a-17. The Department of Public Health
1070 shall not refuse to renew any license [or inspection certificate] nor shall
1071 the board suspend any such license [] or registration [or inspection
1072 certificate] until the holder thereof has been given notice and
1073 opportunity for hearing in accordance with the regulations adopted by
1074 the Commissioner of Public Health. Any person aggrieved by the
1075 action of said department in refusing to renew a license [or inspection

1076 certificate] or by the action of said board in suspending or revoking
1077 any license [,] or registration [or inspection certificate] under the
1078 provisions of this chapter or action taken under section 19a-17 may
1079 appeal therefrom in accordance with the provisions of section 4-183.
1080 No person whose license [,] or registration [or inspection certificate] is
1081 suspended or revoked shall, during such suspension or revocation,
1082 enter or engage, either personally or through any corporation,
1083 partnership or other organization, or through any agent, in any of the
1084 activities which such license [,] or registration [or inspection certificate]
1085 entitled [him] such person to engage in; nor shall any such person
1086 receive any money or any other valuable consideration on account of
1087 engaging in any of such activities. No person shall pay, promise, offer
1088 or give to anyone whose license [,] or registration [or inspection
1089 certificate] is suspended or revoked any money or other valuable
1090 consideration for engaging in any of the activities which such license
1091 [,] or registration [or inspection certificate] entitled [him] such person
1092 to engage in.

1093 Sec. 34. Section 19a-570 of the general statutes is repealed and the
1094 following is substituted in lieu thereof (*Effective October 1, 2018*):

1095 For purposes of this section and sections 19a-571 to [19a-580c] 19a-
1096 580g, inclusive:

1097 (1) "Advance health care directive" or "advance directive" means a
1098 writing executed in accordance with the provisions of this chapter,
1099 including, but not limited to, a living will, or an appointment of health
1100 care representative, or both;

1101 (2) "Appointment of health care representative" means a document
1102 executed in accordance with section 19a-575a, as amended by this act,
1103 or 19a-577, as amended by this act, that appoints a health care
1104 representative to make health care decisions for the declarant in the
1105 event the declarant becomes incapacitated;

1106 (3) "Advanced practice registered nurse" means an advanced
1107 practice registered nurse licensed pursuant to chapter 378 who is

1108 selected by, or assigned to, the patient, who has primary responsibility
1109 for the treatment and care of the patient;

1110 [(3)] (4) "Attending physician" means [the] a physician licensed
1111 pursuant to chapter 370 who is selected by, or assigned to, the patient,
1112 who has primary responsibility for the treatment and care of the
1113 patient;

1114 [(4)] (5) "Beneficial medical treatment" includes the use of medically
1115 appropriate treatment, including surgery, treatment, medication and
1116 the utilization of artificial technology to sustain life;

1117 [(5)] (6) "Health care representative" means the individual
1118 appointed by a declarant pursuant to an appointment of health care
1119 representative for the purpose of making health care decisions on
1120 behalf of the declarant;

1121 [(6)] (7) "Incapacitated" means being unable to understand and
1122 appreciate the nature and consequences of health care decisions,
1123 including the benefits and disadvantages of such treatment, and to
1124 reach and communicate an informed decision regarding the treatment;

1125 [(7)] (8) "Life support system" means any medical procedure or
1126 intervention which, when applied to an individual, would serve only
1127 to postpone the moment of death or maintain the individual in a state
1128 of permanent unconsciousness, including, but not limited to,
1129 mechanical or electronic devices, including artificial means of
1130 providing nutrition or hydration;

1131 [(8)] (9) "Living will" means a written statement in compliance with
1132 section 19a-575a, as amended by this act, containing a declarant's
1133 wishes concerning any aspect of his or her health care, including the
1134 withholding or withdrawal of life support systems;

1135 [(9)] (10) "Next of kin" means any member of the following classes of
1136 persons, in the order of priority listed: (A) The spouse of the patient;
1137 (B) an adult son or daughter of the patient; (C) either parent of the

1138 patient; (D) an adult brother or sister of the patient; and (E) a
1139 grandparent of the patient;

1140 [(10)] (11) "Permanently unconscious" means an irreversible
1141 condition in which the individual is at no time aware of himself or
1142 herself or the environment and shows no behavioral response to the
1143 environment and includes permanent coma and persistent vegetative
1144 state;

1145 [(11)] (12) "Terminal condition" means the final stage of an incurable
1146 or irreversible medical condition which, without the administration of
1147 a life support system, will result in death within a relatively short time
1148 period, in the opinion of the attending physician.

1149 Sec. 35. Section 19a-575 of the general statutes is repealed and the
1150 following is substituted in lieu thereof (*Effective October 1, 2018*):

1151 Any person eighteen years of age or older may execute a document
1152 that contains directions as to any aspect of health care, including the
1153 withholding or withdrawal of life support systems. Such document
1154 shall be signed and dated by the maker with at least two witnesses and
1155 may be in substantially the following form:

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

1156 If the time comes when I am incapacitated to the point when I can
1157 no longer actively take part in decisions for my own life, and am
1158 unable to direct my physician or advanced practice registered nurse as
1159 to my own medical care, I wish this statement to stand as a testament
1160 of my wishes.

1161 "I, (Name), request that, if my condition is deemed terminal or if
1162 it is determined that I will be permanently unconscious, I be allowed to

1163 die and not be kept alive through life support systems. By terminal
1164 condition, I mean that I have an incurable or irreversible medical
1165 condition which, without the administration of life support systems,
1166 will, in the opinion of my attending physician or advanced practice
1167 registered nurse, result in death within a relatively short time. By
1168 permanently unconscious I mean that I am in a permanent coma or
1169 persistent vegetative state which is an irreversible condition in which I
1170 am at no time aware of myself or the environment and show no
1171 behavioral response to the environment. The life support systems
1172 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

1173 (Cross out and initial life support systems you want administered)

1174 I do not intend any direct taking of my life, but only that my dying
1175 not be unreasonably prolonged."

1176 Other specific requests:

1177 "This request is made, after careful reflection, while I am of sound
1178 mind."

T6 (Signature)
T7 (Date)

1179 This document was signed in our presence, by the above-named
1180 (Name) who appeared to be eighteen years of age or older, of sound
1181 mind and able to understand the nature and consequences of health
1182 care decisions at the time the document was signed.

T8 (Witness)
T9 (Address)
T10 (Witness)
T11 (Address)

1183 Sec. 36. Section 19a-575a of the general statutes is repealed and the
1184 following is substituted in lieu thereof (*Effective October 1, 2018*):

1185 (a) Any person eighteen years of age or older may execute a
1186 document that contains health care instructions, the appointment of a
1187 health care representative, the designation of a conservator of the
1188 person for future incapacity and a document of anatomical gift. Any
1189 such document shall be signed and dated by the maker with at least
1190 two witnesses and may be in the substantially following form:

1191 THESE ARE MY HEALTH CARE INSTRUCTIONS.

1192 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
1193 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

1194 FOR MY FUTURE INCAPACITY

1195 AND

1196 MY DOCUMENT OF ANATOMICAL GIFT

1197 To any physician or advanced practice registered nurse who is
1198 treating me: These are my health care instructions including those
1199 concerning the withholding or withdrawal of life support systems,
1200 together with the appointment of my health care representative, the
1201 designation of my conservator of the person for future incapacity and
1202 my document of anatomical gift. As my physician or advanced
1203 practice registered nurse, you may rely on these health care
1204 instructions and any decision made by my health care representative

1205 or conservator of my person, if I am incapacitated to the point when I
1206 can no longer actively take part in decisions for my own life, and am
1207 unable to direct my physician or advanced practice registered nurse as
1208 to my own medical care.

1209 I, ..., the author of this document, request that, if my condition is
1210 deemed terminal or if I am determined to be permanently
1211 unconscious, I be allowed to die and not be kept alive through life
1212 support systems. By terminal condition, I mean that I have an
1213 incurable or irreversible medical condition which, without the
1214 administration of life support systems, will, in the opinion of my
1215 attending physician or advanced practice registered nurse, result in
1216 death within a relatively short time. By permanently unconscious I
1217 mean that I am in a permanent coma or persistent vegetative state
1218 which is an irreversible condition in which I am at no time aware of
1219 myself or the environment and show no behavioral response to the
1220 environment. The life support systems which I do not want include,
1221 but are not limited to: Artificial respiration, cardiopulmonary
1222 resuscitation and artificial means of providing nutrition and hydration.
1223 I do want sufficient pain medication to maintain my physical comfort.
1224 I do not intend any direct taking of my life, but only that my dying not
1225 be unreasonably prolonged.

1226 I appoint to be my health care representative. If my attending
1227 physician or advanced practice registered nurse determines that I am
1228 unable to understand and appreciate the nature and consequences of
1229 health care decisions and unable to reach and communicate an
1230 informed decision regarding treatment, my health care representative
1231 is authorized to make any and all health care decisions for me,
1232 including (1) the decision to accept or refuse any treatment, service or
1233 procedure used to diagnose or treat my physical or mental condition,
1234 except as otherwise provided by law such as for psychosurgery or
1235 shock therapy, as defined in section 17a-540, and (2) the decision to
1236 provide, withhold or withdraw life support systems. I direct my health
1237 care representative to make decisions on my behalf in accordance with
1238 my wishes, as stated in this document or as otherwise known to my

1239 health care representative. In the event my wishes are not clear or a
1240 situation arises that I did not anticipate, my health care representative
1241 may make a decision in my best interests, based upon what is known
1242 of my wishes.

1243 If is unwilling or unable to serve as my health care
1244 representative, I appoint to be my alternative health care
1245 representative.

1246 If a conservator of my person should need to be appointed, I
1247 designate be appointed my conservator. If is unwilling or unable
1248 to serve as my conservator, I designate I designate to be
1249 successor conservator. No bond shall be required of either of them in
1250 any jurisdiction.

1251 I hereby make this anatomical gift, if medically acceptable, to take
1252 effect upon my death.

1253 I give: (check one)

T12 (1) any needed organs or parts

T13 (2) only the following organs or parts

1254 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

1255 These requests, appointments, and designations are made after
1256 careful reflection, while I am of sound mind. Any party receiving a
1257 duly executed copy or facsimile of this document may rely upon it
1258 unless such party has received actual notice of my revocation of it.

T16 Date ..., 20..

T17 ... L.S.

1259 This document was signed in our presence by ... the author of this
1260 document, who appeared to be eighteen years of age or older, of sound
1261 mind and able to understand the nature and consequences of health
1262 care decisions at the time this document was signed. The author
1263 appeared to be under no improper influence. We have subscribed this
1264 document in the author's presence and at the author's request and in
1265 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

1266 We, the subscribing witnesses, being duly sworn, say that we
1267 witnessed the execution of these health care instructions, the
1268 appointments of a health care representative, the designation of a
1269 conservator for future incapacity and a document of anatomical gift by
1270 the author of this document; that the author subscribed, published and
1271 declared the same to be the author's instructions, appointments and
1272 designation in our presence; that we thereafter subscribed the

1273 document as witnesses in the author's presence, at the author's request,
1274 and in the presence of each other; that at the time of the execution of
1275 said document the author appeared to us to be eighteen years of age or
1276 older, of sound mind, able to understand the nature and consequences
1277 of said document, and under no improper influence, and we make this
1278 affidavit at the author's request this day of 20...

T28
T29 (Witness) (Witness)

1279 Subscribed and sworn to before me this day of 20..

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

1280 (Print or type name of all persons signing under all signatures)

1281 (b) Except as provided in section 19a-579b, an appointment of health
1282 care representative may only be revoked by the declarant, in writing,
1283 and the writing shall be signed by the declarant and two witnesses.

1284 (c) The attending physician or other health care provider shall make
1285 the revocation of an appointment of health care representative a part of
1286 the declarant's medical record.

1287 (d) In the absence of knowledge of the revocation of an appointment
1288 of health care representative, a person who carries out an advance
1289 directive pursuant to the provisions of this chapter shall not be subject
1290 to civil or criminal liability or discipline for unprofessional conduct for
1291 carrying out such advance directive.

1292 (e) The revocation of an appointment of health care representative

1293 does not, of itself, revoke the living will of the declarant.

1294 Sec. 37. Section 19a-576 of the general statutes is repealed and the
1295 following is substituted in lieu thereof (*Effective October 1, 2018*):

1296 (a) Any person eighteen years of age or older may appoint a health
1297 care representative by executing a document in accordance with
1298 section 19a-575a, as amended by this act, or section 19a-577, as
1299 amended by this act, signed and dated by such person in the presence
1300 of two adult witnesses who shall also sign the document. The person
1301 appointed as representative shall not act as witness to the execution of
1302 such document or sign such document.

1303 (b) For persons who reside in facilities operated or licensed by the
1304 Department of Mental Health and Addiction Services, at least one
1305 witness shall be an individual who is not affiliated with the facility and
1306 at least one witness shall be a physician, advanced practice registered
1307 nurse or licensed clinical psychologist with specialized training in
1308 treating mental illness.

1309 (c) For persons who reside in facilities operated or licensed by the
1310 Department of Developmental Services, at least one witness shall be an
1311 individual who is not affiliated with the facility and at least one
1312 witness shall be a physician, advanced practice registered nurse or
1313 licensed clinical psychologist with specialized training in
1314 developmental disabilities.

1315 (d) An operator, administrator or employee of a hospital, residential
1316 care home, rest home with nursing supervision or chronic and
1317 convalescent nursing home may not be appointed as a health care
1318 representative by any person who, at the time of the appointment, is a
1319 patient or a resident of, or has applied for admission to, one of the
1320 foregoing facilities. An administrator or employee of a government
1321 agency that is financially responsible for a person's medical care may
1322 not be appointed as a health care representative for such person. This
1323 restriction shall not apply if such operator, administrator or employee
1324 is related to the principal by blood, marriage or adoption.

1325 (e) A physician or advanced practice registered nurse shall not act
1326 as both health care representative for a principal and attending
1327 physician or advanced practice registered nurse for the principal.

1328 Sec. 38. Section 19a-577 of the general statutes is repealed and the
1329 following is substituted in lieu thereof (*Effective October 1, 2018*):

1330 Any person eighteen years of age or older may execute a document
1331 that may, but need not be, in substantially the following form:

1332 DOCUMENT CONCERNING THE APPOINTMENT
1333 OF HEALTH CARE REPRESENTATIVE

1334 "I understand that, as a competent adult, I have the right to make
1335 decisions about my health care. There may come a time when I am
1336 unable, due to incapacity, to make my own health care decisions. In
1337 these circumstances, those caring for me will need direction and will
1338 turn to someone who knows my values and health care wishes. By
1339 signing this appointment of health care representative, I appoint a
1340 health care representative with legal authority to make health care
1341 decisions on my behalf in such case or at such time.

1342 I appoint (Name) to be my health care representative. If my
1343 attending physician or advanced practice registered nurse determines
1344 that I am unable to understand and appreciate the nature and
1345 consequences of health care decisions and to reach and communicate
1346 an informed decision regarding treatment, my health care
1347 representative is authorized to (1) accept or refuse any treatment,
1348 service or procedure used to diagnose or treat my physical or mental
1349 condition, except as otherwise provided by law, such as for
1350 psychosurgery or shock therapy, as defined in section 17a-540, and (2)
1351 make the decision to provide, withhold or withdraw life support
1352 systems. I direct my health care representative to make decisions on
1353 my behalf in accordance with my wishes as stated in a living will, or as
1354 otherwise known to my health care representative. In the event my
1355 wishes are not clear or a situation arises that I did not anticipate, my

1356 health care representative may make a decision in my best interests,
1357 based upon what is known of my wishes.

1358 If this person is unwilling or unable to serve as my health care
1359 representative, I appoint (Name) to be my alternative health care
1360 representative."

1361 "This request is made, after careful reflection, while I am of sound
1362 mind."

T34 (Signature)

T35 (Date)

1363 This document was signed in our presence, by the above-named
1364 (Name) who appeared to be eighteen years of age or older, of sound
1365 mind and able to understand the nature and consequences of health
1366 care decisions at the time the document was signed.

T36 (Witness)

T37 (Address)

T38 (Witness)

T39 (Address)

1367 Sec. 39. Section 19a-579 of the general statutes is repealed and the
1368 following is substituted in lieu thereof (*Effective October 1, 2018*):

1369 A living will or appointment of health care representative becomes
1370 operative when (1) the document is furnished to the attending
1371 physician or advanced practice registered nurse, and (2) the declarant
1372 is determined by the attending physician or advanced practice
1373 registered nurse to be incapacitated. At any time after the appointment
1374 of a health care representative, the attending physician or advanced

1375 practice registered nurse shall disclose such determination of
1376 incapacity, in writing, upon the request of the person named as the
1377 health care representative.

1378 Sec. 40. Subsection (a) of section 19a-491 of the 2018 supplement to
1379 the general statutes is repealed and the following is substituted in lieu
1380 thereof (*Effective October 1, 2018*):

1381 (a) No person acting individually or jointly with any other person
1382 shall establish, conduct, operate or maintain an institution in this state
1383 without a license as required by this chapter, except for persons issued
1384 a license by the Commissioner of Children and Families pursuant to
1385 section 17a-145 for the operation of (1) a substance abuse treatment
1386 facility, or (2) a facility for the purpose of caring for women during
1387 pregnancies and for women and their infants following such
1388 pregnancies. Application for such license shall (A) be made to the
1389 Department of Public Health upon forms provided by it, (B) be
1390 accompanied by the fee required under subsection (c), (d) or (e) of this
1391 section, [and] (C) contain such information as the department requires,
1392 which may include affirmative evidence of ability to comply with
1393 reasonable standards and regulations prescribed under the provisions
1394 of this chapter, and (D) not be required to be notarized. The
1395 commissioner may require as a condition of licensure that an applicant
1396 sign a consent order providing reasonable assurances of compliance
1397 with the Public Health Code. The commissioner may issue more than
1398 one chronic disease hospital license to a single institution until such
1399 time as the state offers a rehabilitation hospital license.

1400 Sec. 41. Section 31-44 of the general statutes is repealed and the
1401 following is substituted in lieu thereof (*Effective October 1, 2018*):

1402 Each owner, lessee or occupant of a factory or other building
1403 included within the provisions of this chapter, or owning or
1404 controlling the use of any room in such building, shall, for the
1405 violation of any provision of section 31-42, [or 31-43,] or for obstructing
1406 or hindering the commissioner or the commissioner's deputies in

1407 carrying out the duties imposed on them by law, be fined not more
 1408 than fifty dollars; but no prosecution shall be brought for any such
 1409 violation until four weeks after notice has been given by the
 1410 commissioner to such owner, lessee or occupant of any changes
 1411 necessary to be made to comply with the provisions of said sections,
 1412 and not then if, in the meantime, such changes have been made in
 1413 accordance with such notification. Nothing herein shall limit the right
 1414 of a person injured to bring an action to recover damages.

1415 Sec. 42. Sections 19a-59e, 21-7, 31-43 and 38a-558 of the general
 1416 statutes are repealed. (*Effective October 1, 2018*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2018</i>	19a-72(a)(3)
Sec. 2	<i>October 1, 2018</i>	19a-14(a)(15)(B)
Sec. 3	<i>October 1, 2018</i>	19a-499(b)
Sec. 4	<i>October 1, 2018</i>	20-126l(a)(2)
Sec. 5	<i>October 1, 2018</i>	19a-6i(b)
Sec. 6	<i>October 1, 2018</i>	7-51a(c)
Sec. 7	<i>October 1, 2018</i>	19a-62a
Sec. 8	<i>October 1, 2018</i>	10-206(b)
Sec. 9	<i>October 1, 2018</i>	10-206(f)
Sec. 10	<i>October 1, 2018</i>	20-195q(c)
Sec. 11	<i>October 1, 2018</i>	19a-496(b)
Sec. 12	<i>October 1, 2018</i>	19a-490n
Sec. 13	<i>October 1, 2018</i>	19a-490o
Sec. 14	<i>October 1, 2018</i>	19a-127l(f) to (j)
Sec. 15	<i>October 1, 2018</i>	19a-32
Sec. 16	<i>October 1, 2018</i>	19a-538
Sec. 17	<i>October 1, 2018</i>	19a-177(8)
Sec. 18	<i>October 1, 2018</i>	20-110
Sec. 19	<i>October 1, 2018</i>	19a-88(e)(3)
Sec. 20	<i>October 1, 2018</i>	19a-36g
Sec. 21	<i>October 1, 2018</i>	19a-36m
Sec. 22	<i>October 1, 2018</i>	22-6r(d)
Sec. 23	<i>October 1, 2018</i>	19a-36f(a)
Sec. 24	<i>October 1, 2018</i>	4-106
Sec. 25	<i>October 1, 2018</i>	18-94

Sec. 26	<i>October 1, 2018</i>	19a-7p(a)
Sec. 27	<i>October 1, 2018</i>	19a-216(a)
Sec. 28	<i>October 1, 2018</i>	21a-114
Sec. 29	<i>October 1, 2018</i>	54-102a
Sec. 30	<i>October 1, 2018</i>	20-222
Sec. 31	<i>October 1, 2018</i>	20-222a
Sec. 32	<i>October 1, 2018</i>	20-222c
Sec. 33	<i>October 1, 2018</i>	20-227
Sec. 34	<i>October 1, 2018</i>	19a-570
Sec. 35	<i>October 1, 2018</i>	19a-575
Sec. 36	<i>October 1, 2018</i>	19a-575a
Sec. 37	<i>October 1, 2018</i>	19a-576
Sec. 38	<i>October 1, 2018</i>	19a-577
Sec. 39	<i>October 1, 2018</i>	19a-579
Sec. 40	<i>October 1, 2018</i>	19a-491(a)
Sec. 41	<i>October 1, 2018</i>	31-44
Sec. 42	<i>October 1, 2018</i>	Repealer section

Statement of Purpose:

To implement the Department of Public Health's recommendations regarding various revisions to the public health statutes.

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