



General Assembly

Substitute Bill No. 5163

February Session, 2018



**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2 general statutes is repealed and the following is substituted in lieu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10 repealed and the following is substituted in lieu thereof (*Effective*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19 repealed and the following is substituted in lieu thereof (*Effective*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-6*i* of the 2018 supplement to the
47 general statutes is repealed and the following is substituted in lieu
48 thereof (*Effective October 1, 2018*):

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

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

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

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

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

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

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

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

71 (8) [One] Three appointed by the Commissioner of Public Health,
72 [who] one of whom shall be a representative of a school-based health
73 center that is sponsored by a local health department, one of whom
74 shall be from a municipality that has a population of at least fifty
75 thousand but less than one hundred thousand and that operates a
76 school-based health center and one of whom shall be from a
77 municipality that has a population of at least one hundred thousand
78 and that operates a school-based health center;

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

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

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

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

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

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

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

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

99 (c) For deaths occurring [after December 31, 2001] on or after July 1,
100 1997, the Social Security number [, occupation, business or industry,
101 race, Hispanic origin if applicable, and educational level] of the
102 deceased person [, if known,] shall be recorded in the "administrative
103 purposes" section of the death certificate. Such administrative
104 purposes section, and the Social Security number contained therein,
105 shall be restricted and disclosed only to the following eligible parties:
106 (1) All parties specified on the death certificate, including the
107 informant, licensed funeral director, licensed embalmer, conservator,

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

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

128 [(a) (1) Within available appropriations, the Commissioner of Public
129 Health, in consultation with the Commissioner of Social Services, shall
130 establish a pilot program for the early identification and treatment of
131 pediatric asthma. The Commissioner of Public Health shall make
132 grants-in-aid under the pilot program for projects to be established in
133 two municipalities to identify, screen and refer children with asthma
134 for treatment. Such projects shall work cooperatively with providers of
135 maternal and child health, including, but not limited to, local health
136 departments, community health centers, Healthy Start and the
137 Nurturing Families Network established pursuant to section 17b-751b,
138 to target children who were born prematurely, premature infants or
139 pregnant women at risk of premature delivery for early identification
140 of asthma. Such projects may utilize private resources through public-

141 private partnerships to establish a public awareness program and
142 innovative outreach initiatives targeting urban areas to encourage
143 early screening of children at risk of asthma.

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

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

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

171 (d) Not later than October 1, 2003, and annually thereafter, the
172 commissioner shall submit a report of the status and results of the

173 monitoring system established under subsection (b) of this section and
174 the state-wide asthma plan established under subsection (c) of this
175 section to the joint standing committee of the General Assembly
176 having cognizance of matters relating to public health, in accordance
177 with the provisions of section 11-4a.] screening information reported to
178 the Department of Public Health pursuant to subsection (f) of section
179 10-206, as amended by this act.

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

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

189 (b) Each local or regional board of education shall require each child
190 to have a health assessment prior to public school enrollment. The
191 assessment shall include: (1) A physical examination which shall
192 include hematocrit or hemoglobin tests, height, weight, blood
193 pressure, and, beginning with the 2003-2004 school year, a chronic
194 disease assessment which shall include, but not be limited to, asthma,
195 [as defined by the Commissioner of Public Health pursuant to
196 subsection (c) of section 19a-62a.] The assessment form shall include
197 (A) a check box for the provider conducting the assessment, as
198 provided in subsection (a) of this section, to indicate an asthma
199 diagnosis, (B) screening questions relating to appropriate public health
200 concerns to be answered by the parent or guardian, and (C) screening
201 questions to be answered by such provider; (2) an updating of
202 immunizations as required under section 10-204a, provided a
203 registered nurse may only update said immunizations pursuant to a
204 written order by a physician or physician assistant, licensed pursuant
205 to chapter 370, or an advanced practice registered nurse, licensed

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

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

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

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

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

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

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

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

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

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

303 (a) As used in this section [, "commissioner"] and section 19a-490o,

304 as amended by this act:

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

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

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

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

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

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

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

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

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

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

364 (3) Identify, evaluate and recommend to the Department of Public
365 Health appropriate methods for increasing public awareness about
366 effective measures to reduce the spread of infections in communities

367 and in hospital settings and any other health care settings deemed
368 appropriate by the committee.]

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

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

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

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

399 staphylococcus aureus (MRSA) infections and Clostridium difficile (C.
400 difficile) infections. Such report shall be posted on the department's
401 Internet web site and made available to the public.

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

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

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

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

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

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

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

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

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

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

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

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

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

491 (8) (A) Develop an emergency medical services data collection
492 system. Each emergency medical service organization licensed or
493 certified pursuant to chapter 386d shall submit data to the
494 commissioner, on a quarterly basis, from each licensed ambulance

495 service, certified ambulance service or paramedic intercept service that
496 provides emergency medical services. Such submitted data shall
497 include, but not be limited to: (i) The total number of calls for
498 emergency medical services received by such licensed ambulance
499 service, certified ambulance service or paramedic intercept service
500 through the 9-1-1 system during the reporting period; (ii) each level of
501 emergency medical services, as defined in regulations adopted
502 pursuant to section 19a-179, required for each such call; (iii) the
503 response time for each licensed ambulance service, certified ambulance
504 service or paramedic intercept service during the reporting period; (iv)
505 the number of passed calls, cancelled calls and mutual aid calls, both
506 made and received, during the reporting period; and (v) for the
507 reporting period, the prehospital data for the nonscheduled transport
508 of patients required by regulations adopted pursuant to subdivision
509 (6) of this section. The data required under this subdivision may be
510 submitted in any written or electronic form selected by such licensed
511 ambulance service, certified ambulance service or paramedic intercept
512 service and approved by the commissioner, provided the
513 commissioner shall take into consideration the needs of such licensed
514 ambulance service, certified ambulance service or paramedic intercept
515 service in approving such written or electronic form. The
516 commissioner may conduct an audit of any such licensed ambulance
517 service, certified ambulance service or paramedic intercept service as
518 the commissioner deems necessary in order to verify the accuracy of
519 such reported data.

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

529 during the reporting year; (iv) the response time, by time ranges or
530 fractile response times, for each licensed ambulance service, certified
531 ambulance service or paramedic intercept service, using a common
532 definition of response time, as provided in regulations adopted
533 pursuant to section 19a-179; and (v) the number of passed calls,
534 cancelled calls and mutual aid calls during the reporting year. The
535 commissioner shall prepare such report in a format that categorizes
536 such data for each municipality in which the emergency medical
537 services were provided, with each such municipality grouped
538 according to urban, suburban and rural classifications.

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

560 (D) The commissioner shall collect the data required by
561 subparagraph (A) of this subdivision, in the manner provided in said

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

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

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

587 The Department of Public Health may, [without examination, issue
588 a license to any dentist who is licensed in some other state or territory,
589 if such other state or territory has requirements for admission
590 determined by the department to be similar to or higher than the
591 requirements of this state, upon certification from the board of
592 examiners or like board of the state or territory in which such dentist
593 was a practitioner certifying to his competency and upon payment of a
594 fee of five hundred sixty-five dollars to said department] upon receipt

595 of an application and a fee of five hundred sixty-five dollars, issue a
596 license without examination to a practicing dentist in another state or
597 territory who (1) holds a current valid license in good professional
598 standing issued after examination by another state or territory that
599 maintains licensing standards which, except for the practical
600 examination, are commensurate with the state's standards, and (2) has
601 worked continuously as a licensed dentist in an academic or clinical
602 setting in another state or territory for a period of not less than five
603 years immediately preceding the application for licensure without
604 examination. No license shall be issued under this section to any
605 applicant against whom professional disciplinary action is pending or
606 who is the subject of an unresolved complaint. The department shall
607 inform the Dental Commission annually of the number of applications
608 it receives for licensure under this section.

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

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

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

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

624 (1) "Catering food service establishment" means a business that is
625 involved in the (A) sale or distribution of food and drink prepared in

626 bulk in one geographic location for retail service in individual portions
627 in another location, or (B) preparation and service of food in a public
628 or private venue that is not under the ownership or control of the
629 operator of such business;

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

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

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

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

654 (6) "Class 4 food establishment" means a retail food establishment
655 that serves a population that is highly susceptible to food-borne
656 illnesses, including, but not limited to, preschool students, hospital

657 patients and nursing home patients or residents, or that conducts
658 specialized food processes, including, but not limited to, smoking,
659 curing or reduced oxygen packaging for the purposes of extending the
660 shelf life of the food;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

735 (c) The provisions of the food code that concern the employment of
736 a certified food protection manager and any reporting requirements
737 relative to such certified food protection manager (1) shall not apply to
738 (A) an owner or operator of a soup kitchen that relies exclusively on
739 services provided by volunteers, (B) any volunteer who serves meals
740 from a nonprofit organization, including a temporary food service
741 establishment and a special event sponsored by a nonprofit civic
742 organization, including, but not limited to, school sporting events,
743 little league food booths, church suppers and fairs, or (C) any person
744 who serves meals to individuals at a registered congregate meal site
745 funded under Title III of the Older Americans Act of 1965, as amended
746 from time to time, that were prepared under the supervision of a
747 certified food protection manager, and (2) shall not prohibit the sale or

748 distribution of food at (A) a bed and breakfast establishment that
749 prepares and offers food to guests, provided the operation is owner-
750 occupied and the total building occupant load is not more than sixteen
751 persons, including the owner and occupants, has no provisions for
752 cooking or warming food in the guest rooms, breakfast is the only
753 meal offered and the consumer of such operation is informed by
754 statements contained in published advertisements, mailed brochures
755 and placards posted in the registration area that the food is prepared in
756 a kitchen that is not regulated and inspected by the local health
757 director, and (B) a noncommercial function, including, but not limited
758 to, an educational, religious, political or charitable organization's bake
759 sale or potluck supper, provided the seller or person distributing the
760 food maintains the food at the temperature, pH level and water
761 activity level conditions that will inhibit the growth of infectious or
762 toxigenic microorganisms. For the purposes of this subsection,
763 "noncommercial function" means a function where food is sold or
764 distributed by a person not regularly engaged in the business of selling
765 such food for profit.

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

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

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

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

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

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

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

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

804 When the medical officer of, or any physician or advanced practice
805 registered nurse employed in, any correctional or charitable institution
806 reports in writing to the warden, superintendent or other officer in
807 charge of such institution that any inmate thereof committed thereto
808 by any court or supported therein in whole or in part at public expense
809 is afflicted with any [venereal] sexually transmitted disease so that
810 [his] such inmate's discharge from such institution would be
811 dangerous to the public health, such inmate shall, with the approval of

812 such warden, superintendent or other officer in charge, be detained in
813 such institution until such medical officer, physician or advanced
814 practice registered nurse reports in writing to the warden,
815 superintendent or officer in charge of such institution that such inmate
816 may be discharged therefrom without danger to the public health.
817 During detention the person so detained shall be supported in the
818 same manner as before such detention.

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

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

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

832 (a) Any municipal health department, state institution or facility,
833 licensed physician or public or private hospital or clinic, may examine
834 or provide treatment for [venereal] sexually transmitted disease for a
835 minor, if the physician or facility is qualified to provide such
836 examination or treatment. The consent of the parents or guardian of
837 the minor shall not be a prerequisite to the examination or treatment.
838 The physician in charge or other appropriate authority of the facility or
839 the licensed physician concerned shall prescribe an appropriate course
840 of treatment for the minor. The fact of consultation, examination or
841 treatment of a minor under the provisions of this section shall be
842 confidential and shall not be divulged by the facility or physician,
843 including the sending of a bill for the services to any person other than

844 the minor, except for purposes of reports under section 19a-215, and
845 except that, if the minor is not more than twelve years of age, the
846 facility or physician shall report the name, age and address of that
847 minor to the Commissioner of Children and Families or the
848 commissioner's designee who shall proceed thereon as in reports
849 under section 17a-101g.

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

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

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

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

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

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

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

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

941 (b) Upon receipt of an initial application for [an inspection
942 certificate or renewal thereof] a funeral home license, the Department

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

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

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

968 (e) If, upon inspection by the Department of Public Health, it is
969 found that such building, equipment or instruments are in such an
970 unsanitary condition as to be detrimental to public health, the board
971 shall give to the applicant or operator of the funeral service business
972 notice and opportunity for hearing as provided in the regulations
973 adopted by the Commissioner of Public Health. At any such hearing,
974 the Commissioner of Public Health or his designee shall be considered
975 a member of the board and entitled to a vote. The board, or the

976 Department of Public Health or his designee acting upon the board's
977 finding or determination, may, after such hearing, revoke or refuse to
978 issue or renew any such [certificate] funeral home license upon cause
979 found after hearing. Any person aggrieved by the finding of said
980 board or action taken by the Department of Public Health may appeal
981 therefrom in accordance with the provisions of section 4-183.

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

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

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

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

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

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

1004 (a) Each embalmer's license [,] and funeral director's license [and
1005 inspection certificate] issued pursuant to the provisions of this chapter

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

1018 (b) Each funeral home license issued pursuant to the provisions of
1019 this chapter shall be renewed on an annual basis, except for cause, by
1020 the Department of Public Health upon payment to said department in
1021 the amount of one hundred ninety dollars for each funeral home
1022 license renewed. Fees for renewal of a funeral home license shall be
1023 given to the Department of Public Health on or before July first in each
1024 year and the renewal of the funeral home license shall begin on July
1025 first of each year and be valid for one calendar year. The department
1026 shall complete an inspection, not less than triennially, of each place of
1027 business that has been issued a funeral home license.

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

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

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

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

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

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

1047 The Department of Public Health may refuse to grant a license [or
1048 inspection certificate] or the board may take any of the actions set forth
1049 in section 19a-17 against a licensee [] or registrant [or holder of an
1050 inspection certificate] if it finds the existence of any of the following
1051 grounds: (1) The practice of any fraud or deceit in obtaining or
1052 attempting to obtain a license [] or registration; [or inspection
1053 certificate;] (2) violation of the statutes or regulations of said
1054 department relative to the business of embalming or funeral directing
1055 in this state; (3) the conviction of a crime in the course of professional
1056 activities; (4) incompetency, negligence or misconduct in the carrying
1057 on of such business or profession; (5) violation of or noncompliance
1058 with the provisions of this chapter or the rules established hereunder;
1059 (6) loaning, borrowing or using a license [or inspection certificate] of
1060 another, or knowingly aiding or abetting in any way the granting of an
1061 improper license; [or inspection certificate;] (7) aiding or abetting the
1062 practice of embalming or funeral directing by an unlicensed person; (8)
1063 physical or mental illness, emotional disorder or loss of motor skill,
1064 including but not limited to, deterioration through the aging process;
1065 or (9) abuse or excessive use of drugs, including alcohol, narcotics or
1066 chemicals. The Commissioner of Public Health may order a license
1067 holder to submit to a reasonable physical or mental examination if his
1068 physical or mental capacity to practice safely is the subject of an
1069 investigation. Said commissioner may petition the superior court for

1070 the judicial district of Hartford to enforce such order of any action
1071 taken pursuant to section 19a-17. The Department of Public Health
1072 shall not refuse to renew any license [or inspection certificate] nor shall
1073 the board suspend any such license [.] or registration [or inspection
1074 certificate] until the holder thereof has been given notice and
1075 opportunity for hearing in accordance with the regulations adopted by
1076 the Commissioner of Public Health. Any person aggrieved by the
1077 action of said department in refusing to renew a license [or inspection
1078 certificate] or by the action of said board in suspending or revoking
1079 any license [.] or registration [or inspection certificate] under the
1080 provisions of this chapter or action taken under section 19a-17 may
1081 appeal therefrom in accordance with the provisions of section 4-183.
1082 No person whose license [.] or registration [or inspection certificate] is
1083 suspended or revoked shall, during such suspension or revocation,
1084 enter or engage, either personally or through any corporation,
1085 partnership or other organization, or through any agent, in any of the
1086 activities which such license [.] or registration [or inspection certificate]
1087 entitled [him] such person to engage in; nor shall any such person
1088 receive any money or any other valuable consideration on account of
1089 engaging in any of such activities. No person shall pay, promise, offer
1090 or give to anyone whose license [.] or registration [or inspection
1091 certificate] is suspended or revoked any money or other valuable
1092 consideration for engaging in any of the activities which such license
1093 [.] or registration [or inspection certificate] entitled [him] such person
1094 to engage in.

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

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

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

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

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

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

1116 [(4)] (5) "Beneficial medical treatment" includes the use of medically
1117 appropriate treatment, including surgery, treatment, medication and
1118 the utilization of artificial technology to sustain life;

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

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

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

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

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

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

1147 [(11)] (12) "Terminal condition" means the final stage of an incurable
1148 or irreversible medical condition which, without the administration of
1149 a life support system, will result in death within a relatively short time
1150 period, in the opinion of the attending physician.

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

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

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

1158 If the time comes when I am incapacitated to the point when I can
1159 no longer actively take part in decisions for my own life, and am

1160 unable to direct my physician or advanced practice registered nurse as
1161 to my own medical care, I wish this statement to stand as a testament
1162 of my wishes.

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

- T3 Artificial respiration
- T4 Cardiopulmonary resuscitation
- T5 Artificial means of providing nutrition and hydration

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

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

1178 Other specific requests:

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

T6 (Signature)
T7 (Date)

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

1184 care decisions at the time the document was signed.

T8 (Witness)

T9 (Address)

T10 (Witness)

T11 (Address)

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

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

1193 THESE ARE MY HEALTH CARE INSTRUCTIONS.
1194 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
1195 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
1196 FOR MY FUTURE INCAPACITY
1197 AND
1198 MY DOCUMENT OF ANATOMICAL GIFT

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

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

1228 I appoint to be my health care representative. If my attending
1229 physician or advanced practice registered nurse determines that I am
1230 unable to understand and appreciate the nature and consequences of
1231 health care decisions and unable to reach and communicate an
1232 informed decision regarding treatment, my health care representative
1233 is authorized to make any and all health care decisions for me,
1234 including (1) the decision to accept or refuse any treatment, service or
1235 procedure used to diagnose or treat my physical or mental condition,
1236 except as otherwise provided by law such as for psychosurgery or
1237 shock therapy, as defined in section 17a-540, and (2) the decision to
1238 provide, withhold or withdraw life support systems. I direct my health
1239 care representative to make decisions on my behalf in accordance with
1240 my wishes, as stated in this document or as otherwise known to my
1241 health care representative. In the event my wishes are not clear or a
1242 situation arises that I did not anticipate, my health care representative
1243 may make a decision in my best interests, based upon what is known
1244 of my wishes.

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

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

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

1255 I give: (check one)

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

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

1256 to be donated for: (check one)

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

T15 (2) these limited purposes

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

T16 Date ..., 20..

T17 ... L.S.

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

1267 the presence of each other.

T18
T19	(Witness)	(Witness)
T20
T21	(Number and Street)	(Number and Street)
T22
T23	(City, State and Zip Code)	(City, State and Zip Code)

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

1268 We, the subscribing witnesses, being duly sworn, say that we
 1269 witnessed the execution of these health care instructions, the
 1270 appointments of a health care representative, the designation of a
 1271 conservator for future incapacity and a document of anatomical gift by
 1272 the author of this document; that the author subscribed, published and
 1273 declared the same to be the author's instructions, appointments and
 1274 designation in our presence; that we thereafter subscribed the
 1275 document as witnesses in the author's presence, at the author's request,
 1276 and in the presence of each other; that at the time of the execution of
 1277 said document the author appeared to us to be eighteen years of age or
 1278 older, of sound mind, able to understand the nature and consequences
 1279 of said document, and under no improper influence, and we make this
 1280 affidavit at the author's request this day of 20...

T28
T29	(Witness)	(Witness)

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

T30
T31	Commissioner of the Superior Court
T32	Notary Public

T33

My commission expires:

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

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

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

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

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

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

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

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

1310 treating mental illness.

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

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

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

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

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

1334 DOCUMENT CONCERNING THE APPOINTMENT
1335 OF HEALTH CARE REPRESENTATIVE

1336 "I understand that, as a competent adult, I have the right to make
1337 decisions about my health care. There may come a time when I am
1338 unable, due to incapacity, to make my own health care decisions. In
1339 these circumstances, those caring for me will need direction and will

1340 turn to someone who knows my values and health care wishes. By
1341 signing this appointment of health care representative, I appoint a
1342 health care representative with legal authority to make health care
1343 decisions on my behalf in such case or at such time.

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

1360 If this person is unwilling or unable to serve as my health care
1361 representative, I appoint (Name) to be my alternative health care
1362 representative."

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

T34 (Signature)
T35 (Date)

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

T36 (Witness)
T37 (Address)
T38 (Witness)
T39 (Address)

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

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

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

1383 (a) No person acting individually or jointly with any other person
1384 shall establish, conduct, operate or maintain an institution in this state
1385 without a license as required by this chapter, except for persons issued
1386 a license by the Commissioner of Children and Families pursuant to
1387 section 17a-145 for the operation of (1) a substance abuse treatment
1388 facility, or (2) a facility for the purpose of caring for women during
1389 pregnancies and for women and their infants following such
1390 pregnancies. Application for such license shall (A) be made to the
1391 Department of Public Health upon forms provided by it, (B) be
1392 accompanied by the fee required under subsection (c), (d) or (e) of this
1393 section, [and] (C) contain such information as the department requires,
1394 which may include affirmative evidence of ability to comply with
1395 reasonable standards and regulations prescribed under the provisions
1396 of this chapter, and (D) not be required to be notarized. The

1397 commissioner may require as a condition of licensure that an applicant
 1398 sign a consent order providing reasonable assurances of compliance
 1399 with the Public Health Code. The commissioner may issue more than
 1400 one chronic disease hospital license to a single institution until such
 1401 time as the state offers a rehabilitation hospital license.

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<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>	20-1261(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	October 1, 2018	10-206(f)
Sec. 10	October 1, 2018	20-195q(c)
Sec. 11	October 1, 2018	19a-496(b)
Sec. 12	October 1, 2018	19a-490n
Sec. 13	October 1, 2018	19a-490o
Sec. 14	October 1, 2018	19a-1271(f) to (j)
Sec. 15	October 1, 2018	19a-32
Sec. 16	October 1, 2018	19a-538
Sec. 17	October 1, 2018	19a-177(8)
Sec. 18	October 1, 2018	20-110
Sec. 19	October 1, 2018	19a-88(e)(3)
Sec. 20	October 1, 2018	19a-36g
Sec. 21	October 1, 2018	19a-36m
Sec. 22	October 1, 2018	22-6r(d)
Sec. 23	October 1, 2018	19a-36f(a)
Sec. 24	October 1, 2018	4-106
Sec. 25	October 1, 2018	18-94
Sec. 26	October 1, 2018	19a-7p(a)
Sec. 27	October 1, 2018	19a-216(a)
Sec. 28	October 1, 2018	21a-114
Sec. 29	October 1, 2018	54-102a
Sec. 30	October 1, 2018	20-222
Sec. 31	October 1, 2018	20-222a
Sec. 32	October 1, 2018	20-222c
Sec. 33	October 1, 2018	20-227
Sec. 34	October 1, 2018	19a-570
Sec. 35	October 1, 2018	19a-575
Sec. 36	October 1, 2018	19a-575a
Sec. 37	October 1, 2018	19a-576
Sec. 38	October 1, 2018	19a-577
Sec. 39	October 1, 2018	19a-579
Sec. 40	October 1, 2018	19a-491(a)
Sec. 41	October 1, 2018	31-44
Sec. 42	October 1, 2018	Repealer section

Statement of Legislative Commissioners:

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

and in Section 12(c)(1), "and antimicrobial resistance" was added after "infections" for accuracy.

PH *Joint Favorable Subst. -LCO*