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:

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 Subdivision (3) of subsection (a) of section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

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(B) of subdivision (15) of subsection (a) of section 19a-14 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

(B) Not further disclose patient medical records received pursuant to the provisions of this subdivision or personnel records received during the course of the investigation. Patient records received pursuant to this subdivision or personnel records received during the course of the investigation shall not be subject to disclosure under section 1-210.

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repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

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 Subdivision (2) of subsection (a) of section 20-126l of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

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

(b) The committee shall be composed of the following members:
(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-based health center services;

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

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

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

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

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

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

(8) Three appointed by the Commissioner of Public Health, who one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;
(9) The Commissioner of Public Health, or the commissioner's designee;

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

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

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

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

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

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

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

(c) For deaths occurring [after December 31, 2001] on or after July 1, 1997, the Social Security number [, occupation, business or industry, race, Hispanic origin if applicable, and educational level] of the deceased person [, if known,] shall be recorded in the "administrative purposes" section of the death certificate. Such administrative purposes section, and the Social Security number contained therein, shall be restricted and disclosed only to the following eligible parties:

(1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator,
surviving spouse, physician and town clerk, [shall have access to the
Social Security numbers of the decedent as well as other information
contained in the "administrative purposes" section specified on the
original death certificate] for the purpose of processing the certificate,
[. For any death occurring after July 1, 1997, only] (2) the surviving
spouse, (3) the next of kin, or (4) any state and federal agencies
authorized by federal law. [may receive a certified copy of a death
certificate with the decedent's Social Security number or the complete
"administrative purposes" section included on the certificate. Any] The
department shall provide any other individual, researcher or state or
federal agency requesting a certified or uncertified death certificate, or
the information contained within such certificate, for a death occurring
on or after July 1, 1997, [may obtain the information included in the
"administrative purposes" section of such certificate, except that the]
such certificate or information. The decedent's Social Security number
shall be removed or redacted from such certificate or information or
the administrative purposes section shall be omitted from such
certificate.

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

 [(a) (1) Within available appropriations, the Commissioner of Public
Health, in consultation with the Commissioner of Social Services, shall
establish a pilot program for the early identification and treatment of
pediatric asthma. The Commissioner of Public Health shall make
grants-in-aid under the pilot program for projects to be established in
two municipalities to identify, screen and refer children with asthma
for treatment. Such projects shall work cooperatively with providers of
maternal and child health, including, but not limited to, local health
departments, community health centers, Healthy Start and the
Nurturing Families Network established pursuant to section 17b-751b,
to target children who were born prematurely, premature infants or
pregnant women at risk of premature delivery for early identification
of asthma. Such projects may utilize private resources through public-
private partnerships to establish a public awareness program and innovative outreach initiatives targeting urban areas to encourage early screening of children at risk of asthma.

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

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

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

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

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

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

(b) Each local or regional board of education shall require each child
to have a health assessment prior to public school enrollment. The
assessment shall include: (1) A physical examination which shall
include hematocrit or hemoglobin tests, height, weight, blood
pressure, and, beginning with the 2003-2004 school year, a chronic
disease assessment which shall include, but not be limited to, asthma,
[as defined by the Commissioner of Public Health pursuant to
subsection (c) of section 19a-62a.] The assessment form shall include
(A) a check box for the provider conducting the assessment, as
provided in subsection (a) of this section, to indicate an asthma
diagnosis, (B) screening questions relating to appropriate public health
concerns to be answered by the parent or guardian, and (C) screening
questions to be answered by such provider; (2) an updating of
immunizations as required under section 10-204a, provided a
registered nurse may only update said immunizations pursuant to a
written order by a physician or physician assistant, licensed pursuant
to chapter 370, or an advanced practice registered nurse, licensed
pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

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

(f) On and after October 1, 2017, each local or regional board of education shall report to the local health department and the Department of Public Health, on an triennial basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, [2004] 2021, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of section 11-4a and shall include, but not be limited to, (A) trends and findings based on pupil age, gender, race, ethnicity,
school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located, and (B) activities of the asthma screening monitoring system maintained under section 19a-62a, as amended by this act.

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

(c) Nothing in this [section] chapter shall prohibit: (1) A student enrolled in a doctoral or master's degree program accredited by the Council on Social Work Education from performing such work as is incidental to his course of study, provided such person is designated by a title which clearly indicates his status as a student; (2) a person licensed or certified in this state in a field other than clinical social work from practicing within the scope of such license or certification; (3) a person enrolled in an educational program or fulfilling other state requirements leading to licensure or certification in a field other than social work from engaging in work in such other field; (4) a person who is employed or retained as a social work designee, social worker, or social work consultant by a nursing home or rest home licensed under section 19a-490 and who meets the qualifications prescribed by the department in its regulations from performing the duties required of them in accordance with state and federal laws governing those duties; (5) for the period from October 1, 2010, to October 1, 2013, inclusive, a master social worker from engaging in independent practice; (6) a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients; [and] (7) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions; and (8) a person licensed pursuant to chapter 383b who holds a professional educator certificate issued by the State Board.
of Education pursuant to section 10-145b, with a school social worker
derendorsement, from using the title of school social worker to describe
such person's activities while working in a public or nonpublic school
in the state.

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

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

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

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

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

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

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

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

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

(b) There is established an Advisory Committee on Healthcare Associated Infections [, which] and Antimicrobial Resistance for purposes of advising the Department of Public Health on issues related to health care associated infections. The advisory committee shall consist of the commissioner or the commissioner's designee, and the following members appointed by the commissioner: Two members representing the Connecticut Hospital Association; two members representing outpatient hemodialysis centers; two members representing long-term acute care hospitals; two members representing nursing home facilities; two members representing surgical facilities; two members from organizations representing health care consumers; two members who are either hospital-based infectious disease specialists or epidemiologists with demonstrated
knowledge and competence in infectious disease related issues; one representative of the Connecticut State Medical Society; one representative of the Connecticut Infectious Disease Society; one representative of a clinical microbiology laboratory; one representative of a labor organization representing hospital based nurses; and two public members. [All appointments to the committee shall be made no later than August 1, 2006, and the committee shall convene its first meeting no later than September 1, 2006.]

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

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

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

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

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

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

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

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

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

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

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

(g) On or before April 1, 2004, the Commissioner of Public Health shall prepare a report, available to the public, that compares all licensed hospitals in the state based on the quality performance measures developed under the quality of care program.
(h) (1) The advisory committee shall examine and evaluate (A) possible approaches that would aid in the utilization of an existing data collection system for cardiac outcomes, and (B) the potential for state-wide use of a data collection system for cardiac outcomes, for the purpose of continuing the delivery of quality cardiac care services in the state.

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

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

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

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

The Department of Public Health is authorized to receive, hold and use real estate and to receive, hold, invest and disburse money, securities, supplies or equipment offered it for the protection and preservation of the public health and welfare by the federal government, another state or by any person, corporation or association, provided such real estate, money, securities, supplies or equipment shall be used only for the purposes designated by the federal government or such state, person, corporation or association. [Said department shall include in its annual report an account of the property so received, the names of its donors, its location, the use made thereof and the amount of unexpended balances on hand.]
Sec. 16. Section 19a-538 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

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

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the commissioner, on a quarterly basis, from each licensed ambulance
service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) [The] On or before December 31, 2018, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished...
during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

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

(D) The commissioner shall collect the data required by subparagraph (A) of this subdivision, in the manner provided in said
paragraph, from each emergency medical service organization licensed or certified pursuant to this chapter. Any such emergency medical service organization that fails to comply with the provisions of this section shall be liable for a civil penalty not to exceed one hundred dollars per day for each failure to report the required data regarding emergency medical services provided to a patient, as determined by the commissioner. The civil penalties set forth in this subparagraph shall be assessed only after the department provides a written notice of deficiency and the organization is afforded the opportunity to respond to such notice. An organization shall have not more than fifteen business days after the date of receiving such notice to provide a written response to the department. The commissioner may adopt regulations, in accordance with chapter 54, concerning the development, implementation, monitoring and collection of emergency medical service system data. All state agencies licensed or certified as emergency medical service organizations shall be exempt from the civil penalties set forth in this subparagraph;

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

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

The Department of Public Health may, without examination, issue a license to any dentist who is licensed in some other state or territory, if such other state or territory has requirements for admission determined by the department to be similar to or higher than the requirements of this state, upon certification from the board of examiners or like board of the state or territory in which such dentist was a practitioner certifying to his competency and upon payment of a fee of five hundred sixty-five dollars to said department] upon receipt
of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a practicing dentist in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with the state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than five years immediately preceding the application for licensure without examination. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the Dental Commission annually of the number of applications it receives for licensure under this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(13) "Food establishment" means an operation that (A) stores,
prepares, packages, serves, vend directly to the consumer or
otherwise provides food for human consumption, including, but not
limited to, a restaurant, catering food service establishment, food
service establishment, temporary food service establishment, itinerant
food vending establishment, market, conveyance used to transport
people, institution or food bank, or (B) relinquishes possession of food
to a consumer directly, or indirectly through a delivery service,
including, but not limited to, home delivery of grocery orders or
restaurant takeout orders or a delivery service that is provided by
common carriers. "Food establishment" does not include a vending
machine, as defined in section 21a-34, a private residential dwelling in
which food is prepared under section 21a-62a or a food manufacturing
establishment, as defined in section 21a-151;
(14) "Food inspector" means a director of health, or his or her
authorized agent, or a registered sanitarian who has been certified as a
food inspector by the commissioner;

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

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

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

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

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

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

(21) "Temporary food service establishment" means a food
establishment that operates for a period of not more than fourteen
consecutive days in conjunction with a single event or celebration;
(22) "Time or temperature controlled for safety" means maintained at a certain temperature or maintained for a certain length of time, or both, to prevent microbial growth and toxin production; and

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

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

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

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

(c) The provisions of the food code that concern the employment of a certified food protection manager and any reporting requirements relative to such certified food protection manager (1) shall not apply to (A) an owner or operator of a soup kitchen that relies exclusively on services provided by volunteers, (B) any volunteer who serves meals from a nonprofit organization, including a temporary food service establishment and a special event sponsored by a nonprofit civic organization, including, but not limited to, school sporting events, little league food booths, church suppers and fairs, or (C) any person who serves meals to individuals at a registered congregate meal site funded under Title III of the Older Americans Act of 1965, as amended from time to time, that were prepared under the supervision of a certified food protection manager, and (2) shall not prohibit the sale or
distribution of food at (A) a bed and breakfast establishment that prepares and offers food to guests, provided the operation is owner-occupied and the total building occupant load is not more than sixteen persons, including the owner and occupants, has no provisions for cooking or warming food in the guest rooms, breakfast is the only meal offered and the consumer of such operation is informed by statements contained in published advertisements, mailed brochures and placards posted in the registration area that the food is prepared in a kitchen that is not regulated and inspected by the local health director, and (B) a noncommercial function, including, but not limited to, an educational, religious, political or charitable organization's bake sale or potluck supper, provided the seller or person distributing the food maintains the food at the temperature, pH level and water activity level conditions that will inhibit the growth of infectious or toxigenic microorganisms. For the purposes of this subsection, "noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit.

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

Sec. 22. Subsection (d) of section 22-6r of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):
(d) A food establishment, as defined in section 19a-36g, as amended by this act, may purchase farm products that have been produced and are sold in conformance with the applicable regulations of Connecticut state agencies at a farmers' market, provided such establishment requests and obtains an invoice from the farmer or person selling farm products. The farmer or person selling farm products shall provide to the food establishment an invoice that indicates the source and date of purchase of the farm products at the time of the sale.

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

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

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

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

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

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

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

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

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

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

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

The advertisement of a drug or device representing it to have any
effect in albuminuria, appendicitis, arteriosclerosis, blood poison, bone
disease, Bright's disease, cancer, carbuncles, cholecystitis, diabetes,
diphtheria, dropsy, erysipelas, gallstones, heart and vascular diseases,
high blood pressure, mastoiditis, measles, meningitis, mumps,
nephritis, otitis media, paralysis, pneumonia, poliomyelitis (infantile
paralysis), prostate gland disorders, pyelitis, scarlet fever, sexual
impotence, sinus infection, smallpox, tuberculosis, tumors, typhoid,
uremia or [venereal] sexually transmitted disease, shall also be deemed
to be false; except that no advertisement not in violation of section 21a-
113 shall be deemed to be false under this section if it is disseminated
only to members of the medical, dental or veterinary profession, or
appears only in the scientific periodicals of these professions, or is
disseminated only for the purpose of public health education by
persons not commercially interested, directly or indirectly, in the sale
of such drugs or devices; provided, whenever the commissioner and
director, acting jointly, agree that an advance in medical science has
made any type of self-medication safe as to any of the diseases named
above, the commissioner and director, acting jointly, shall, by
regulation, authorize the advertisement of drugs having curative or
therapeutic effect for such disease, subject to such conditions and
restrictions as the commissioner and director, acting jointly, deem
necessary in the interests of public health; and provided this section
shall not be construed as indicating that self-medication for diseases
other than those named herein is safe or efficacious.
Sec. 29. Section 54-102a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

(b) Notwithstanding the provisions of section 19a-582, the court before which is pending any case involving a violation of section 53-21 or any provision of sections 53a-65 to 53a-89, inclusive, that involved a sexual act, as defined in section 54-102b, may, before final disposition of such case, order the testing of the accused person or, in a delinquency proceeding, the accused child for the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, unless the court from which such case has been transferred has ordered the testing of the accused person or child for such purpose, in which event the court to which such transfer is taken may determine that a further test is unnecessary. If the victim of the offense requests that the accused person or child be tested, the court may order the testing of the accused person or child in accordance with this subsection and the results of such test may be disclosed to the victim. The provisions of sections 19a-581 to 19a-585, inclusive, and section 19a-590, except any provision requiring the subject of an HIV-related test to provide informed consent prior to the performance of such test and any provision that would prohibit or limit the disclosure of the results of such test to the victim under this subsection, shall apply to a test ordered under this subsection and the disclosure of the results of such test.
(c) A report of the result of such examination or test shall be filed with the Department of Public Health on a form supplied by it. If such examination discloses the presence of venereal sexually transmitted disease or if such test discloses the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, the court may make such order with reference to the continuance of the case or treatment or other disposition of such person as the public health and welfare require. Such examination or test shall be conducted at the expense of the Department of Public Health. Any person who fails to comply with any order of any court under the provisions of this section shall be guilty of a class C misdemeanor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Notify each person who has purchased a prepaid funeral service contract from such funeral service business of such transfer, discontinuance or termination;
(2) Mail a letter to each person for whom the funeral service business is storing cremated remains notifying such person of such transfer, discontinuance or termination; and

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

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

The Department of Public Health may refuse to grant a license [or inspection certificate] or the board may take any of the actions set forth in section 19a-17 against a licensee [,] or registrant [,] or holder of an inspection certificate] if it finds the existence of any of the following grounds: (1) The practice of any fraud or deceit in obtaining or attempting to obtain a license [,] or registration; [or inspection certificate;] (2) violation of the statutes or regulations of said department relative to the business of embalming or funeral directing in this state; (3) the conviction of a crime in the course of professional activities; (4) incompetency, negligence or misconduct in the carrying on of such business or profession; (5) violation of or noncompliance with the provisions of this chapter or the rules established hereunder; (6) loaning, borrowing or using a license [or inspection certificate] of another, or knowingly aiding or abetting in any way the granting of an improper license; [or inspection certificate;] (7) aiding or abetting the practice of embalming or funeral directing by an unlicensed person; (8) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; or (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for
the judicial district of Hartford to enforce such order of any action
taken pursuant to section 19a-17. The Department of Public Health
shall not refuse to renew any license [or inspection certificate] nor shall
the board suspend any such license [ ] or registration [or inspection
certificate] until the holder thereof has been given notice and
opportunity for hearing in accordance with the regulations adopted by
the Commissioner of Public Health. Any person aggrieved by the
action of said department in refusing to renew a license [or inspection
certificate] or by the action of said board in suspending or revoking
any license [ ] or registration [or inspection certificate] under the
provisions of this chapter or action taken under section 19a-17 may
appeal therefrom in accordance with the provisions of section 4-183.
No person whose license [ ] or registration [or inspection certificate] is
suspended or revoked shall, during such suspension or revocation,
enter or engage, either personally or through any corporation,
partnership or other organization, or through any agent, in any of the
activities which such license [ ] or registration [or inspection certificate]
entitled [him] such person to engage in; nor shall any such person
receive any money or any other valuable consideration on account of
engaging in any of such activities. No person shall pay, promise, offer
or give to anyone whose license [ ] or registration [or inspection
certificate] is suspended or revoked any money or other valuable
consideration for engaging in any of the activities which such license
[ ] or registration [or inspection certificate] entitled [him] such person
to engage in.

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

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

(1) "Advance health care directive" or "advance directive" means a
writing executed in accordance with the provisions of this chapter,
including, but not limited to, a living will, or an appointment of health
care representative, or both;
(2) "Appointment of health care representative" means a document executed in accordance with section 19a-575a, as amended by this act, or 19a-577, as amended by this act, that appoints a health care representative to make health care decisions for the declarant in the event the declarant becomes incapacitated;

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

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

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

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

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

[(7)] (8) "Life support system" means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness, including, but not limited to, mechanical or electronic devices, including artificial means of providing nutrition or hydration;
"Living will" means a written statement in compliance with section 19a-575a, as amended by this act, containing a declarant's wishes concerning any aspect of his or her health care, including the withholding or withdrawal of life support systems;

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

"Permanently unconscious" means an irreversible condition in which the individual is at no time aware of himself or herself or the environment and shows no behavioral response to the environment and includes permanent coma and persistent vegetative state;

"Terminal condition" means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short time period, in the opinion of the attending physician.

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

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

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

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

"I, .... (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems 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

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

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

Other specific requests:

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

.... (Signature)

.... (Date)

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

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

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

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

THESE ARE MY HEALTH CARE INSTRUCTIONS.
MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
FOR MY FUTURE INCAPACITY
AND
MY DOCUMENT OF ANATOMICAL GIFT

To any physician or advanced practice registered nurse who is treating me: These are my health care instructions including those concerning the withholding or withdrawal of life support systems, together with the appointment of my health care representative, the designation of my conservator of the person for future incapacity and my document of anatomical gift. As my physician or advanced practice registered nurse, you may rely on these health care instructions and any decision made by my health care representative or conservator of my person, if I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician or advanced practice registered nurse as to my own medical care.
I, ..., the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to: Artificial respiration, cardiopulmonary resuscitation and artificial means of providing nutrition and hydration. I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

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

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

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

I give: (check one)

T12 .... (1) any needed organs or parts
T13 .... (2) only the following organs or parts ....

T16 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 ....

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

T16 Date ...., 20..
T17 .... L.S.

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

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

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

Commissioner of the Superior Court

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

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

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

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

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

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

(b) For persons who reside in facilities operated or licensed by the Department of Mental Health and Addiction Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician, advanced practice registered 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
turn to someone who knows my values and health care wishes. By
signing this appointment of health care representative, I appoint a
health care representative with legal authority to make health care
decisions on my behalf in such case or at such time.

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

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

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

.... (Signature)
.... (Date)

This document was signed in our presence, by the above-named ....
(Name) who appeared to be eighteen years of age or older, of sound
mind and able to understand the nature and consequences of health
care decisions at the time the document was signed.
Sec. 39. Section 19a-579 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2018):

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

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

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

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

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

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

This act shall take effect as follows and shall amend the following
sections:

<table>
<thead>
<tr>
<th>Section</th>
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<th>Repealed Section</th>
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<td>19a-72(a)(3)</td>
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<td>2</td>
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<td>Repealer section</td>
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**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