



General Assembly

February Session, 2018

Raised Bill No. 295

LCO No. 700



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'
RECOMMENDATIONS REGARDING TECHNICAL REVISIONS TO THE
PUBLIC HEALTH STATUTES.***

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

1 Section 1. Subsection (a) of section 16-247e of the 2018 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective from passage*):

4 (a) In order to ensure the universal availability of affordable, high
5 quality telecommunications services to all residents and businesses
6 throughout the state regardless of income, disability or location, the
7 authority shall (1) periodically investigate and determine, after notice
8 and hearing, local service options, including the definition and
9 components of any basic telecommunications services, necessary to
10 achieve universal service and meet customer needs; and (2) establish
11 lifeline and telecommunications relay service programs funded by all
12 telecommunications carriers that provide intrastate
13 telecommunications services, as such terms are defined in 47 USC 153,
14 as amended from time to time, sufficient to provide low-income

15 households or individuals or [speech and] persons who are hard of
16 hearing or speech impaired with a level of telecommunications service
17 or package of telecommunications services that supports participation
18 in the economy and society of the state. The authority shall apportion
19 the funding for the lifeline and telecommunications relay service
20 programs among telecommunications carriers on an equitable basis
21 based on the gross revenues of each telecommunications carrier that
22 are generated in Connecticut, both interstate and intrastate. The lifeline
23 and telecommunications relay service programs shall be administered
24 by an entity authorized, and subject to oversight, by the authority. The
25 authority shall determine by order which customers qualify for the
26 lifeline program. Recipients of lifeline funds shall use such funds to
27 pay for telecommunications services provided by any
28 telecommunications carrier.

29 Sec. 2. Subsections (b) to (e), inclusive, of section 17a-667a of the
30 2018 supplement to the general statutes are repealed and the following
31 is substituted in lieu thereof (*Effective from passage*):

32 (b) On or before October 1, 2017, the Connecticut Alcohol and Drug
33 Policy Council, established under section 17a-667, shall develop (1) a
34 one-page fact sheet that includes, in clear and readily understandable
35 language in at least twelve-point font size, the risks of taking an opioid
36 drug, the symptoms of opioid use disorder and services available in
37 the state for persons who experience symptoms of or are otherwise
38 affected by opioid use disorder, and (2) strategies to encourage health
39 care providers and pharmacists to disseminate the one-page fact sheet.
40 Such one-page fact sheet shall be made available on the Internet web
41 site of the Department of Mental Health and Addiction Services for use
42 by health care providers and pharmacists to disseminate to any person
43 (A) whom such provider treats for symptoms of opioid use disorder,
44 (B) to whom such provider issues a prescription for or administers an
45 opioid drug or opioid antagonist, or (C) to whom such pharmacist
46 dispenses an opioid drug or opioid antagonist or issues a prescription
47 for an opioid antagonist.

48 (c) (1) The Connecticut Alcohol and Drug Policy Council shall
49 examine the feasibility of the following:

50 (A) Developing a marketing campaign and making monthly public
51 service announcements on the Internet web sites and social media
52 accounts of the appropriate state agencies, as designated by the
53 council, and any radio station and television station broadcasting to
54 persons in the state, regarding (i) the risks of taking opioid drugs, (ii)
55 symptoms of opioid use disorder, (iii) the availability of opioid
56 antagonists in the state, and (iv) services in the state for persons with
57 or affected by opioid use disorder; and

58 (B) Establishing a publicly accessible electronic information portal,
59 in the form of an Internet web site or application, as a single point of
60 entry for information regarding the availability of (i) beds at a facility
61 in the state for persons in need of medical treatment for (I)
62 detoxification for potentially life-threatening symptoms of withdrawal
63 from alcohol or drugs, and (II) rehabilitation or treatment for alcohol
64 dependency, drug dependency or intoxication, and (ii) slots for
65 outpatient treatment using opioid medication that is used to treat
66 opioid use disorder, including methadone and buprenorphine. Such
67 examination shall include the ability of the portal to (I) provide real-
68 time data on the availability of beds and slots, including, but not
69 limited to, the types of beds and slots available, the location of such
70 beds and slots and the wait times, if available, for such beds and slots,
71 and (II) be accessible to the public.

72 (2) Not later than January 1, 2019, the council shall report, in
73 accordance with the provisions of section 11-4a, to the joint standing
74 committee of the General Assembly having cognizance of matters
75 relating to public health on the outcome of such examination.

76 (d) The Connecticut Alcohol and Drug Policy Council shall convene
77 a working group to advise the council of any recommendations for
78 statutory or policy changes that would enable first responders or

79 health care providers to safely dispose of a person's opioid drugs upon
80 their death. Not later than February 1, 2018, the council shall report, in
81 accordance with the provisions of section 11-4a, to the joint standing
82 committee of the General Assembly having cognizance of matters
83 relating to public health regarding the recommendations of the
84 working group.

85 (e) The Connecticut Alcohol and Drug Policy Council shall convene
86 a working group to study substance abuse treatment referral programs
87 that have been established by municipal police departments to refer
88 persons with an opioid use disorder or seeking recovery from drug
89 addiction to substance abuse treatment facilities. The working group
90 shall (1) examine such referral programs, (2) identify any barriers faced
91 by such referral programs, and (3) determine the feasibility of
92 implementing such programs on a state-wide basis. Not later than
93 February 1, 2018, the council shall report, in accordance with the
94 provisions of section 11-4a, to the joint standing committees of the
95 General Assembly having cognizance of matters relating to public
96 health and public safety and security regarding the findings of the
97 working group.

98 Sec. 3. Subdivision (8) of subsection (c) of section 17b-28 of the 2018
99 supplement to the general statutes is repealed and the following is
100 substituted in lieu thereof (*Effective from passage*):

101 (8) The executive director of the Commission on Women, Children
102 and Seniors, or the executive director's designee;

103 Sec. 4. Subdivision (10) of subsection (b) of section 19a-14 of the 2018
104 supplement to the general statutes is repealed and the following is
105 substituted in lieu thereof (*Effective from passage*):

106 (10) The Connecticut Board of Examiners of Embalmers and Funeral
107 Directors, established under section 20-208;

108 Sec. 5. Section 19a-36k of the 2018 supplement to the general statutes

109 is repealed and the following is substituted in lieu thereof (*Effective*
110 *from passage*):

111 If a director of health has reasonable cause to suspect the possibility
112 of a food-borne illness or food-borne outbreak, such director shall
113 complete an investigation and take action to control the illness or
114 outbreak. Such action may include, but [shall] need not be limited to,
115 securing employee morbidity histories, requiring medical and
116 laboratory examinations of an employee, modification of a menu and
117 any other restriction or action deemed necessary by such director of
118 health to control the illness or outbreak. A person who violates any
119 provision of sections 19a-36h to 19a-36m, inclusive, section 22-6r, as
120 amended by this act, or section 22-6s, or who provides false
121 information during an investigation, refuses to cooperate with an
122 investigation or otherwise impedes an investigation that is conducted
123 under this section or section 19a-36i or 19a-36j shall be guilty of a class
124 C misdemeanor.

125 Sec. 6. Subsection (d) of section 19a-755b of the 2018 supplement to
126 the general statutes is repealed and the following is substituted in lieu
127 thereof (*Effective from passage*):

128 (d) Not later than January 1, 2018, and annually thereafter, to the
129 extent practicable, the Health Information Technology Officer shall
130 issue a report, in a manner to be decided by the officer, that includes
131 the (1) billed and allowed amounts paid to health care providers in
132 each health carrier's network for each service and procedure [service]
133 included pursuant to subsection (c) of this section, and (2) out-of-
134 pocket costs for each such service and procedure.

135 Sec. 7. Subdivision (5) of section 20-65f of the 2018 supplement to
136 the general statutes is repealed and the following is substituted in lieu
137 thereof (*Effective from passage*):

138 (5) "Physically active individual" means any person who is (A) (i) a
139 member of any professional, amateur, school, collegiate or other sports

140 organization, (ii) a regular participant in a sports activity, or (iii) a
141 participant in an exercise, recreational or employment activity that
142 requires strength, agility, flexibility, range of motion, speed or stamina
143 that is comparable to the strength, agility, flexibility, range [or] of
144 motion, speed or stamina required of a regular participant in a sports
145 activity, and (B) deemed healthy by a health care provider;

146 Sec. 8. Subsection (d) of section 20-65k of the 2018 supplement to the
147 general statutes is repealed and the following is substituted in lieu
148 thereof (*Effective from passage*):

149 (d) For registration periods beginning on [or] and after October 1,
150 2017, a licensee who provides direct patient care services and who is
151 applying for license renewal shall maintain professional liability
152 insurance, or other indemnity against liability for professional
153 malpractice, unless such insurance or other indemnity is provided by
154 the licensee's employer. The amount of insurance that each such
155 licensee shall carry as insurance or indemnity against claims for injury
156 or death for professional malpractice shall not be less than five
157 hundred thousand dollars for one person, per occurrence, with an
158 aggregate of not less than one million five hundred thousand dollars.

159 Sec. 9. Subsection (a) of section 20-185i of the 2018 supplement to the
160 general statutes, as amended by section 188 of public act 17-2 of the
161 June special session, is repealed and the following is substituted in lieu
162 thereof (*Effective July 1, 2018*):

163 (a) As used in this section and sections 10-76ii, 10-145t, 19a-14, as
164 amended by this act, [subdivision (1) of subsection (e) of section 19a-
165 88,] sections 20-185j to 20-185m, inclusive, and section 20-413:

166 (1) "Behavior Analyst Certification Board" means the nonprofit
167 corporation established to meet the professional credentialing needs of
168 behavior analysts, governments and consumers of behavior analysis
169 services and accredited by the National Council for Certifying
170 Agencies in Washington, D.C., or any successor national accreditation

171 organization;

172 (2) "Behavior analysis" means the design, implementation and
173 evaluation of environmental modifications, using behavior stimuli and
174 consequences, including the use of direct observation, measurement
175 and functional analysis of the relationship between the environment
176 and behavior, to produce socially significant improvement in human
177 behavior, but does not include: (A) Psychological testing, (B)
178 neuropsychology, (C) cognitive therapy, (D) sex therapy, (E)
179 psychoanalysis, (F) hypnotherapy, (G) cognitive behavioral therapy,
180 (H) psychotherapy, or (I) long-term counseling as treatment
181 modalities;

182 (3) "Behavior analyst" means a person who is licensed to practice
183 behavior analysis under the provisions of section 20-185k or 20-185l;
184 and

185 (4) "Assistant behavior analyst" means a person who has been
186 certified as an assistant behavior analyst by the Behavior Analyst
187 Certification Board to assist in the practice of behavior analysis under
188 the supervision of a behavior analyst.

189 Sec. 10. Subsection (a) of section 20-195f of the 2018 supplement to
190 the general statutes is repealed and the following is substituted in lieu
191 thereof (*Effective from passage*):

192 (a) No license as a marital and family therapist shall be required of:
193 (1) A student pursuing a course of study in an educational institution
194 meeting the requirements of section 20-195c if such activities constitute
195 a part of his or her supervised course of study; (2) a faculty member
196 within an institution of higher learning performing duties consistent
197 with his or her position; (3) a person holding a graduate degree in
198 marriage and family therapy; provided (A) the activities performed or
199 services provided by the person constitute part of the supervised work
200 experience required for licensure under subdivision (3) of subsection
201 (a) of section 20-195c, and (B) the exemption to the licensure

202 requirement shall cease for a person who has completed the work
203 experience required for licensure and received notification that he or
204 she did not successfully complete the licensing examination, as
205 required under subdivision (4) of subsection (a) of said section, one
206 year after completion of such work experience; or (4) a person licensed
207 or certified in this state in a field other than marital and family therapy
208 practicing within the scope of such license or certification.

209 Sec. 11. Subdivision (16) of section 20-474 of the 2018 supplement to
210 the general statutes is repealed and the following is substituted in lieu
211 thereof (*Effective from passage*):

212 (16) "Lead inspector risk assessor" means an individual who (A)
213 performs (i) lead inspection risk assessments for the purpose of
214 determining the presence, type, severity and location of lead-based
215 paint hazards, including lead hazards in paint, dust, drinking water
216 and soil, through the use of on-site testing, including, but not limited
217 to, x-ray [(XRF)] fluorescence (XRF) analysis with portable
218 instruments, and (ii) the collection of samples for laboratory analysis,
219 and (B) provides suggested ways to control any identified lead
220 hazards;

221 Sec. 12. Subdivision (2) of subsection (b) of section 20-477 of the 2018
222 supplement to the general statutes is repealed and the following is
223 substituted in lieu thereof (*Effective from passage*):

224 (2) A lead training provider may offer any training course or
225 refresher training course as desired, provided each course is approved
226 by the department. Only lead training providers who have already
227 received approval for a training course in a particular discipline, or are
228 concurrently seeking such approval, may seek approval for a refresher
229 training course in that discipline.

230 Sec. 13. Subsection (g) of section 20-477 of the 2018 supplement to
231 the general statutes is repealed and the following is substituted in lieu
232 thereof (*Effective from passage*):

233 (g) The department may, after opportunity for hearing, suspend,
234 revoke or withdraw approval of a training or refresher training course
235 upon a finding that a lead training course provider has committed any
236 of the following acts: (1) Misrepresentation or concealment of a
237 material fact in the obtaining of approval or reapproval of a training or
238 a refresher training course; (2) failure to submit required information
239 or notifications in a timely manner; (3) failure to maintain requisite
240 records; (4) falsification of records, instructor qualifications or other
241 approval information; (5) failure to adhere to the training standards
242 and requirements of this section; (6) failure on the part of the training
243 manager or other person with supervisory authority over the delivery
244 of training to comply with federal, state or local lead statutes or
245 regulations; or (7) fraudulent issuance of a course completion
246 document to a person who has failed to successfully complete the
247 course or course examination. Notice of any contemplated action
248 under this subsection, the cause of action and the date of a hearing on
249 the action shall be given and an opportunity for hearing afforded in
250 accordance with the provisions of chapter 54. The commissioner may
251 petition the superior court for the judicial district of Hartford to
252 enforce any order or action taken pursuant to this subsection. The
253 provisions of this subsection shall not apply to applications for
254 approval or reapproval filed pursuant to this section.

255 Sec. 14. Subsection (d) of section 22-6r of the 2018 supplement to the
256 general statutes is repealed and the following is substituted in lieu
257 thereof (*Effective from passage*):

258 (d) A food establishment, as defined in section 19a-36g, may
259 purchase farm products that have been produced and are sold in
260 conformance with the applicable regulations of Connecticut state
261 agencies at a farmers' market, provided such establishment requests
262 and obtains an invoice from the farmer or person selling farm
263 products. The farmer or person selling farm products shall provide to
264 the food [service] establishment an invoice that indicates the source
265 and date of purchase of the farm products at the time of the sale.

266 Sec. 15. Subsection (d) of section 51-245 of the 2018 supplement to
267 the general statutes is repealed and the following is substituted in lieu
268 thereof (*Effective from passage*):

269 (d) Notwithstanding the provisions of subsections (a) and (b) of this
270 section, if any juror is deaf or hard of hearing, such juror shall have the
271 assistance of a qualified interpreter who shall be present throughout
272 the proceeding and when the jury assembles for deliberation. Such
273 interpreter shall be provided by the Department of Rehabilitation
274 Services at the request of the juror or the court. Such interpreter shall
275 be subject to rules adopted pursuant to section 51-245a.

276 Sec. 16. Subdivision (6) of subsection (b) of section 19a-755a of the
277 2018 supplement to the general statutes is repealed and the following
278 is substituted in lieu thereof (*Effective from passage*):

279 (6) The Health Information Technology Officer may (A) in
280 consultation with the [All-Payer Claims Database Advisory Group set
281 forth in] State Health Information Technology Advisory Council
282 established pursuant to section 17b-59f, enter into a contract with a
283 person or entity to plan, implement or administer the all-payer claims
284 database program, (B) enter into a contract or take any action that is
285 necessary to obtain data that is the same data required to be submitted
286 by reporting entities under Medicare Part A or Part B, (C) enter into a
287 contract for the collection, management or analysis of data received
288 from reporting entities, and (D) in accordance with subdivision (4) of
289 this subsection, enter into a contract or take any action that is necessary
290 to obtain Medicaid data. Any such contract for the collection,
291 management or analysis of such data shall expressly prohibit the
292 disclosure of such data for purposes other than the purposes described
293 in this subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	16-247e(a)

Sec. 2	<i>from passage</i>	17a-667a(b) to (e)
Sec. 3	<i>from passage</i>	17b-28(c)(8)
Sec. 4	<i>from passage</i>	19a-14(b)(10)
Sec. 5	<i>from passage</i>	19a-36k
Sec. 6	<i>from passage</i>	19a-755b(d)
Sec. 7	<i>from passage</i>	20-65f(5)
Sec. 8	<i>from passage</i>	20-65k(d)
Sec. 9	<i>July 1, 2018</i>	20-185i(a)
Sec. 10	<i>from passage</i>	20-195f(a)
Sec. 11	<i>from passage</i>	20-474(16)
Sec. 12	<i>from passage</i>	20-477(b)(2)
Sec. 13	<i>from passage</i>	20-477(g)
Sec. 14	<i>from passage</i>	22-6r(d)
Sec. 15	<i>from passage</i>	51-245(d)
Sec. 16	<i>from passage</i>	19a-755a(b)(6)

Statement of Purpose:

To make technical revisions to certain public health statutes.

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