

**Proposed Substitute  
Bill No. 295**

LCO No. 2864

**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2 to the general statutes is repealed and the following is substituted in  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30 2018 supplement to the general statutes are repealed and the following  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<sub>z</sub> 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<sub>z</sub> 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.

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)

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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)