

**Proposed Substitute
Bill No. 807**

LCO No. 4699

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

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

1 Section 1. Subsection (b) of section 10a-109gg of the general statutes
2 is repealed and the following is substituted in lieu thereof (*Effective*
3 *from passage*):

4 (b) The proceeds of the sale of the bond issuance described in
5 subsection (a) of this section shall be used by the Office of Policy and
6 Management, in consultation with the chairperson of the Board of
7 Trustees of the university, for the purpose of the UConn health
8 network initiatives in the following manner: (1) Five million dollars of
9 such proceeds shall be used by Hartford Hospital to develop a
10 simulation and conference center on the Hartford Hospital campus to
11 be run exclusively by Hartford Hospital; [,] (2) five million dollars of
12 such proceeds shall be used to fulfill the initiative for a primary care
13 institute on the Saint Francis Hospital and Medical Center campus; [,]
14 (3) five million dollars of such proceeds shall be used to fulfill the
15 initiatives for a comprehensive cancer center and The University of
16 Connecticut-sponsored health disparities institute; (4) five million
17 dollars of such proceeds shall be used to fulfill the initiatives for the
18 planning, design, land acquisition, development and construction of
19 (A) a cancer treatment center to be constructed by, or in partnership
20 with, The Hospital of Central Connecticut, provided such cancer
21 treatment center is located entirely within the legal boundaries of the
22 city of New Britain, (B) renovations and upgrades to the oncology unit

23 at The Hospital of Central Connecticut, and (C) if certificate of need
24 approval is received, a Permanent Regional Phase One Clinical Trials
25 Unit located at The Hospital of Central Connecticut in New Britain;
26 and (5) two million dollars of such proceeds shall be used to fulfill the
27 initiatives for patient room renovations at Bristol Hospital. In the event
28 that the cancer treatment center authorized pursuant to subdivision (4)
29 of this subsection is built in whole or in part outside the legal
30 boundaries of the city of New Britain, The Hospital of Central
31 Connecticut shall repay the entire amount of the proceeds used to
32 fulfill the initiatives for the planning, design, development and
33 construction of such center.

34 Sec. 2. Subsection (a) of section 17a-217a of the general statutes is
35 repealed and the following is substituted in lieu thereof (*Effective from*
36 *passage*):

37 (a) There shall be a Camp Harkness Advisory Committee to advise
38 the Commissioner of Developmental Services with respect to issues
39 concerning the health and safety of persons who attend and utilize the
40 facilities at Camp Harkness. The advisory committee shall be
41 composed of twelve members as follows: (1) Six members appointed
42 by the Governor, one of whom shall be the director of Camp Harkness,
43 who shall serve *ex officio*, one of whom shall represent the
44 Southeastern Connecticut Association for Developmental Disabilities,
45 one of whom shall represent the Southbury Training School, one of
46 whom shall represent the Arc of New London County, one of whom
47 [who is] shall be a person who uses the camp on a residential basis and
48 one of whom [is] shall be a relative or guardian of a person who uses
49 the camp; and (2) six members appointed by the General Assembly,
50 one of whom shall be a relative or guardian of a person who uses the
51 camp, who shall be appointed by the president pro tempore of the
52 Senate; one of whom shall be a member of the Family Support Council
53 established pursuant to section 17a-219c and represent persons who
54 use the camp on a day basis, who shall be appointed by the speaker of
55 the House of Representatives; one of whom shall represent the board
56 of selectmen of the town of Waterford, who shall be appointed by the

57 majority leader of the House of Representatives; one of whom shall
58 represent a private nonprofit corporation that is: (A) Tax exempt under
59 Section 501(c)(3) of the Internal Revenue Code of 1986, or any
60 subsequent internal revenue code of the United States, as amended
61 from time to time, and (B) established to promote and support Camp
62 Harkness and its camping programs, who shall be appointed by the
63 majority leader of the Senate; one of whom shall represent the
64 Connecticut Institute for the Blind and the Oak Hill School, who shall
65 be appointed by the minority leader of the House of Representatives;
66 and one of whom shall represent the United Cerebral Palsy
67 Association, who shall be appointed by the minority leader of the
68 Senate.

69 Sec. 3. Subsection (c) of section 17b-337 of the general statutes is
70 repealed and the following is substituted in lieu thereof (*Effective from*
71 *passage*):

72 (c) The Long-Term Care Planning Committee shall consist of: (1)
73 The chairpersons and ranking members of the joint standing
74 committees of the General Assembly having cognizance of matters
75 relating to human services, public health, elderly services and long-
76 term care; (2) the Commissioner of Social Services, or the
77 commissioner's designee; (3) one member of the Office of Policy and
78 Management appointed by the Secretary of the Office of Policy and
79 Management; (4) one member from the Department of Public Health
80 appointed by the Commissioner of Public Health; (5) one member
81 from the Department of Housing appointed by the Commissioner of
82 Housing; (6) one member from the Department of Developmental
83 Services appointed by the Commissioner of Developmental Services;
84 (7) one member from the Department of Mental Health and Addiction
85 Services appointed by the Commissioner of Mental Health and
86 Addiction Services; (8) one member from the Department of
87 Transportation appointed by the Commissioner of Transportation; (9)
88 one member from the Department of Children and Families appointed
89 by the Commissioner of Children and Families; [and] (10) one member
90 from the Health Systems Planning Unit of the Office of Health Strategy

91 appointed by the executive director of the Office of Health Strategy;
92 and (11) one member from the Department of Rehabilitation Services
93 appointed by the Commissioner of Rehabilitation Services. The
94 committee shall convene no later than ninety days after June 4, 1998.
95 Any vacancy shall be filled by the appointing authority. The
96 chairperson shall be elected from among the members of the
97 committee. The committee shall seek the advice and participation of
98 any person, organization or state or federal agency it deems necessary
99 to carry out the provisions of this section.

100 Sec. 4. Subsection (d) of section 19a-36i of the general statutes is
101 repealed and the following is substituted in lieu thereof (*Effective from*
102 *passage*):

103 (d) Each class 2 food establishment, class 3 food establishment and
104 class 4 food establishment shall employ a certified food protection
105 manager. No person shall serve as a certified food protection manager
106 unless such person has satisfactorily passed a test as part of a food
107 protection manager certification program that is evaluated and
108 approved by an accrediting agency recognized by the Conference for
109 Food Protection as conforming to its standards for accreditation of
110 food protection manager certification programs. A certified food
111 inspector shall verify that the food protection manager is certified
112 upon inspection of the food establishment. The owner or manager of
113 the food service establishment shall designate an alternate person or
114 persons to be in charge at all times when the certified food protection
115 manager cannot be present. The alternate person or persons in charge
116 shall be responsible for ensuring the following: [(A)] (1) All employees
117 are in compliance with the requirements of this section; [(B)] (2) foods
118 are safely prepared in accordance with the requirements of the food
119 code; [(C)] (3) emergencies are managed properly; [(D)] (4) a food
120 inspector is admitted into the food establishment upon request; and
121 [(E)] (5) he or she receives and signs inspection reports.

122 Sec. 5. Subsection (c) of section 19a-59i of the general statutes is
123 repealed and the following is substituted in lieu thereof (*Effective from*

124 *passage*):

125 (c) The maternal mortality review committee may include, but need
126 not be limited to, any of the following members, as needed, depending
127 on the maternal death case being reviewed:

128 (1) A physician licensed pursuant to chapter 370 who specializes in
129 obstetrics and gynecology, appointed by the Connecticut State Medical
130 Society;

131 (2) A physician licensed pursuant to chapter 370 who is a
132 pediatrician, appointed by the Connecticut State Medical Society;

133 (3) A community health worker, appointed by the Commission on
134 Equity and Opportunity;

135 (4) A nurse-midwife licensed pursuant to chapter 377, appointed by
136 the Connecticut Nurses Association;

137 (5) A clinical social worker licensed pursuant to chapter 383b,
138 appointed by the Connecticut Chapter of the National Association of
139 Social Workers;

140 (6) A psychiatrist licensed pursuant to chapter 370, appointed by the
141 Connecticut Psychiatric Society;

142 (7) A psychologist licensed pursuant to chapter 20-136, appointed
143 by the Connecticut Psychological Association;

144 (8) The Chief Medical Examiner, or the Chief Medical Examiner's
145 designee;

146 (9) A member of the Connecticut Hospital Association;

147 (10) A representative of a community or regional program or facility
148 providing services for persons with psychiatric disabilities or persons
149 with substance use disorders, appointed by the Commissioner of
150 Public Health;

151 (11) A representative of The University of Connecticut-sponsored
152 health disparities institute; or

153 (12) Any additional member the cochairpersons determine would be
154 beneficial to serve as a member of the committee.

155 Sec. 6. Subparagraphs (D) and (E) of subdivision (8) of section 19a-
156 177 of the general statutes are repealed and the following is substituted
157 in lieu thereof (*Effective from passage*):

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

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

183 Sec. 7. Section 19a-575 of the general statutes is repealed and the
184 following is substituted in lieu thereof (*Effective from passage*):

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

190 DOCUMENT CONCERNING HEALTH CARE AND
191 WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

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

197 "I, ... (Name), request that, if my condition is deemed terminal or if
198 it is determined that I will be permanently unconscious, I be allowed to
199 die and not be kept alive through life support systems. By terminal
200 condition, I mean that I have an incurable or irreversible medical
201 condition which, without the administration of life support systems,
202 will, in the opinion of my attending physician or advanced practice
203 registered nurse, result in death within a relatively short time. By
204 permanently unconscious I mean that I am in a permanent coma or
205 persistent vegetative state which is an irreversible condition in which I
206 am at no time aware of myself or the environment and show no
207 behavioral response to the environment. The life support systems
208 which I do not want include, but are not limited to:

- T1 Artificial respiration
- T2 Cardiopulmonary resuscitation
- T3 Artificial means of providing nutrition and hydration

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

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

212 If I am pregnant:

213 (Place a check to indicate option (1) or (2) or specify alternative
214 instructions after (3))

T4 (1) I intend to accept life support systems if my doctor
T5 believes that doing so would allow my fetus to reach a live birth.

T6 (2) I intend this document to apply without modifications.

T7 (3) I intend this document to apply as follows:"

215 Other specific requests:

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

T8 (Signature)

T9 (Date)

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

T10 (Witness)

T11 (Address)

T12 (Witness)

T13 (Address)

222 Sec. 8. Subsection (a) of section 19a-575a of the general statutes is
223 repealed and the following is substituted in lieu thereof (*Effective from*
224 *passage*):

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

231 THESE ARE MY HEALTH CARE INSTRUCTIONS.
232 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
233 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
234 FOR MY FUTURE INCAPACITY
235 AND
236 MY DOCUMENT OF ANATOMICAL GIFT

237 To any physician or advanced practice registered nurse who is
238 treating me: These are my health care instructions including those
239 concerning the withholding or withdrawal of life support systems,
240 together with the appointment of my health care representative, the
241 designation of my conservator of the person for future incapacity and
242 my document of anatomical gift. As my physician or advanced
243 practice registered nurse, you may rely on these health care
244 instructions and any decision made by my health care representative
245 or conservator of my person, if I am incapacitated to the point when I
246 can no longer actively take part in decisions for my own life, and am
247 unable to direct my physician or advanced practice registered nurse as
248 to my own medical care.

249 I, ..., the author of this document, request that, if my condition is
250 deemed terminal or if I am determined to be permanently
251 unconscious, I be allowed to die and not be kept alive through life
252 support systems. By terminal condition, I mean that I have an
253 incurable or irreversible medical condition which, without the
254 administration of life support systems, will, in the opinion of my
255 attending physician or advanced practice registered nurse, result in

256 death within a relatively short time. By permanently unconscious I
257 mean that I am in a permanent coma or persistent vegetative state
258 which is an irreversible condition in which I am at no time aware of
259 myself or the environment and show no behavioral response to the
260 environment. The life support systems which I do not want include,
261 but are not limited to: Artificial respiration, cardiopulmonary
262 resuscitation and artificial means of providing nutrition and hydration.
263 I do want sufficient pain medication to maintain my physical comfort.
264 I do not intend any direct taking of my life, but only that my dying not
265 be unreasonably prolonged.

266 If I am pregnant:

267 (Place a check to indicate option (1) or (2) or specify alternative
268 instructions after (3))

T14 (1) I intend to accept life support systems if my doctor
T15 believes that doing so would allow my fetus to reach a live
birth.

T16 (2) I intend this document to apply without modifications.

T17 (3) I intend this document to apply as follows:

269 I appoint to be my health care representative. If my attending
270 physician or advanced practice registered nurse determines that I am
271 unable to understand and appreciate the nature and consequences of
272 health care decisions and unable to reach and communicate an
273 informed decision regarding treatment, my health care representative
274 is authorized to make any and all health care decisions for me,
275 including (1) the decision to accept or refuse any treatment, service or
276 procedure used to diagnose or treat my physical or mental condition,
277 except as otherwise provided by law such as for psychosurgery or
278 shock therapy, as defined in section 17a-540, and (2) the decision to
279 provide, withhold or withdraw life support systems. I direct my health
280 care representative to make decisions on my behalf in accordance with
281 my wishes, as stated in this document or as otherwise known to my
282 health care representative. In the event my wishes are not clear or a

283 situation arises that I did not anticipate, my health care representative
284 may make a decision in my best interests, based upon what is known
285 of my wishes.

286 If is unwilling or unable to serve as my health care
287 representative, I appoint to be my alternative health care
288 representative.

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

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

296 I give: (check one)

T18 (1) any needed organs or parts

T19 (2) only the following organs or parts

297 to be donated for: (check one)

T20 (1) any of the purposes stated in subsection (a) of section 19a-289j

T21 (2) these limited purposes

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

T22 Date, 20..

T23

.... L.S.

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

T24

....

....

T25

(Witness)

(Witness)

T26

....

....

T27

(Number and Street)

(Number and Street)

T28

....

....

T29

(City, State and Zip Code)

(City, State and Zip Code)

T30

STATE OF CONNECTICUT

T31

T32

T33

COUNTY OF

} ss.

309 We, the subscribing witnesses, being duly sworn, say that we
310 witnessed the execution of these health care instructions, the
311 appointments of a health care representative, the designation of a
312 conservator for future incapacity and a document of anatomical gift by
313 the author of this document; that the author subscribed, published and
314 declared the same to be the author's instructions, appointments and
315 designation in our presence; that we thereafter subscribed the
316 document as witnesses in the author's presence, at the author's request,
317 and in the presence of each other; that at the time of the execution of
318 said document the author appeared to us to be eighteen years of age or

319 older, of sound mind, able to understand the nature and consequences
320 of said document, and under no improper influence, and we make this
321 affidavit at the author's request this day of 20....

T34
T35 (Witness) (Witness)

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

T36
T37 Commissioner of the Superior Court
T38 Notary Public
T39 My commission expires:

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

324 Sec. 9. Subdivision (2) of subsection (f) of section 19a-639a of the
325 general statutes is repealed and the following is substituted in lieu
326 thereof (*Effective from passage*):

327 (2) The unit may hold a public hearing with respect to any certificate
328 of need application submitted under this chapter. The unit shall
329 provide not less than two weeks' advance notice to the applicant, in
330 writing, and to the public by publication in a newspaper having a
331 substantial circulation in the area served by the health care facility or
332 provider. In conducting its activities under this chapter, the unit may
333 hold [hearing on] hearings with respect to applications of a similar
334 nature at the same time.

335 Sec. 10. Subdivision (4) of subsection (b) of section 19a-754a of the
336 general statutes is repealed and the following is substituted in lieu
337 thereof (*Effective from passage*):

338 (4) (A) Coordinating the state's health information technology

339 initiatives, (B) seeking funding for and overseeing the planning,
340 implementation and development of policies and procedures for the
341 administration of the all-payer claims database program established
342 under section 19a-775a, (C) establishing and maintaining a consumer
343 health information Internet web site under section 19a-755b, and (D)
344 designating an unclassified individual from the office to perform the
345 duties of a health information technology officer as set forth in sections
346 17b-59f and 17b-59g;

347 Sec. 11. Subdivisions (1) and (2) of subsection (j) of section 21a-252
348 of the general statutes are repealed and the following is substituted in
349 lieu thereof (*Effective from passage*):

350 (j) (1) A prescribing practitioner, as defined in section 20-14c, shall
351 not, except in an emergency, prescribe, dispense or administer
352 controlled substances in schedules II to IV, inclusive, to [a member of]
353 his or her immediate family member. For purposes of this section,
354 "immediate family member" means a spouse, parent, child, sibling,
355 parent-in-law, son or daughter-in-law, brother or sister-in-law, step-
356 parent, step-child, step-sibling or other relative residing in the same
357 residence as the prescribing practitioner and shall not include an
358 animal in the residence. In an emergency, a prescribing practitioner
359 may prescribe, dispense or administer not more than a seventy-two-
360 hour supply of such controlled substances to an immediate family
361 member only when there is no other qualified prescribing practitioner
362 available.

363 (2) A prescribing practitioner who prescribes, dispenses or
364 administers any controlled substance to [a member of] his or her
365 immediate family member pursuant to subdivision (1) of this
366 subsection shall perform an assessment for the care and treatment of
367 the patient, medically evaluate the patient's need for such controlled
368 substance and document such assessment and need in the normal
369 course of his or her business. The prescribing practitioner shall
370 document the emergency that gave rise to the prescription, dispensing
371 or administering of such controlled substance to the immediate family

372 member.

373 Sec. 12. Section 1 of special act 18-2 is amended to read as follows
374 (*Effective from passage*):

375 (a) There is established a task force to study (1) the short-term and
376 long-term needs of adults with intellectual disability, including, but
377 not limited to, such adults with significant behavioral health issues or
378 significant issues related to aging, including Alzheimer's disease,
379 dementia and related disorders, and (2) ways in which the services and
380 support such adults need may be provided.

381 (b) The task force shall consist of the following members:

382 (1) Two appointed by the speaker of the House of Representatives,
383 one of whom has expertise in the diagnosis, care and treatment of
384 persons with intellectual disability and one of whom has expertise in
385 the provision of residential services to persons with intellectual
386 disability;

387 (2) Two appointed by the president pro tempore of the Senate, one
388 of whom has expertise in the provision of day services for persons
389 with intellectual disability and one of whom has expertise in the
390 provision of program support services to persons with intellectual
391 disability;

392 (3) One appointed by the majority leader of the House of
393 Representatives, who is the parent, guardian or relative of a person
394 with intellectual disability who has high-level needs;

395 (4) One appointed by the majority leader of the Senate, who is the
396 parent, guardian or relative of a person with intellectual disability;

397 (5) One appointed by the minority leader of the House of
398 Representatives, who is the parent, guardian or relative of a person
399 with intellectual disability;

400 (6) One appointed by the minority leader of the Senate, who is the

401 parent, guardian or relative of a person with intellectual disability who
402 has high-level needs;

403 (7) The chairpersons and ranking members of the joint standing
404 committee of the General Assembly having cognizance of matters
405 relating to public health, or their designees;

406 (8) The Commissioner of Developmental Services, or the
407 commissioner's designee; and

408 (9) The Secretary of the Office of Policy and Management, or the
409 secretary's designee.

410 (c) Any member of the task force appointed under subdivision (1),
411 (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a
412 member of the General Assembly.

413 (d) All appointments to the task force shall be made not later than
414 thirty days after the effective date of this section. Any vacancy shall be
415 filled by the appointing authority.

416 (e) The speaker of the House of Representatives and the president
417 pro tempore of the Senate shall select the chairpersons of the task force
418 from among the members of the task force. Such chairpersons shall
419 schedule the first meeting of the task force, which shall be held not
420 later than sixty days after the effective date of this section.

421 (f) The administrative staff of the joint standing committee of the
422 General Assembly having cognizance of matters relating to public
423 health shall serve as administrative staff of the task force.

424 (g) Not later than January 1, [2019] 2020, the task force shall submit
425 a report on its findings and recommendations to the joint standing
426 committee of the General Assembly having cognizance of matters
427 relating to public health, in accordance with the provisions of section
428 11-4a of the general statutes. The task force shall terminate on the date
429 that it submits such report or January 1, [2019] 2020, whichever is later.

430 Sec. 13. Subdivision (3) of subsection (c) of section 20-112a of the
 431 general statutes is repealed and the following is substituted in lieu
 432 thereof (*Effective from passage*):

433 (3) On or after July 1, 2018, (A) no licensed dentist may delegate
 434 dental procedures to a dental assistant or expanded function dental
 435 assistant unless the dental assistant or expanded function dental
 436 assistant provides records demonstrating successful completion of the
 437 Dental Assisting National Board's infection control examination,
 438 except as provided in subdivision (2) of this subsection, (B) a dental
 439 assistant may receive not more than ~~[nine]~~ fifteen months of on-the-job
 440 training by a licensed dentist for purposes of preparing the dental
 441 assistant for the Dental Assisting National Board's infection control
 442 examination, and (C) any licensed dentist who delegates dental
 443 procedures to a dental assistant shall retain and make such records
 444 available for inspection upon request of the Department of Public
 445 Health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10a-109gg(b)
Sec. 2	<i>from passage</i>	17a-217a(a)
Sec. 3	<i>from passage</i>	17b-337(c)
Sec. 4	<i>from passage</i>	19a-36i(d)
Sec. 5	<i>from passage</i>	19a-59i(c)
Sec. 6	<i>from passage</i>	19a-177(8)(D) and (E)
Sec. 7	<i>from passage</i>	19a-575
Sec. 8	<i>from passage</i>	19a-575a(a)
Sec. 9	<i>from passage</i>	19a-639a(f)(2)
Sec. 10	<i>from passage</i>	19a-754a(b)(4)
Sec. 11	<i>from passage</i>	21a-252(j)(1) and (2)
Sec. 12	<i>from passage</i>	SA 18-2, Sec. 1
Sec. 13	<i>from passage</i>	20-112a(c)(3)