

**Proposed Substitute  
Bill No. 920**

LCO No. 6679

**AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC  
HEALTH STATUTES.**

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

1 Section 1. Section 19a-6i of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2019*):

3 (a) There is established a school-based health center advisory  
4 committee for the purpose of advising the Commissioner of Public  
5 Health on matters relating to (1) statutory and regulatory changes to  
6 improve health care through access to school-based health centers and  
7 expanded school health sites, (2) minimum standards for the provision  
8 of services in school-based health centers and expanded school health  
9 sites to ensure that high quality health care services are provided in  
10 school-based health centers and expanded school health sites, as such  
11 terms are defined in section 19a-6r, and (3) other topics of relevance to  
12 the school-based health centers and expanded school sites, as  
13 requested by the commissioner.

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

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

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

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

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

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

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

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

36 (8) Three appointed by the Commissioner of Public Health, one of  
37 whom shall be a representative of a school-based health center that is  
38 sponsored by a local health department, one of whom shall be from a  
39 municipality that has a population of at least fifty thousand but less  
40 than one hundred thousand and that operates a school-based health  
41 center and one of whom shall be from a municipality that has a  
42 population of at least one hundred thousand and that operates a  
43 school-based health center;

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

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

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

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

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

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

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

61 (c) Any appointment that is vacant for one year or more shall be  
62 made by the Commissioner of Public Health. The Commissioner of  
63 Public Health shall notify the appointing authority of the  
64 commissioner's choice of member for appointment not less than thirty  
65 days before making such appointment.

66 [(c)] (d) The committee shall meet not less than quarterly. On or  
67 before January 1, [2014] 2020, and [annually] biennially thereafter, the  
68 committee shall report, in accordance with the provisions of section 11-  
69 4a, on its activities to the joint standing committees of the General  
70 Assembly having cognizance of matters relating to public health and  
71 education.

72 [(d)] (e) Administrative support for the activities of the committee  
73 may be provided by the Department of Public Health.

74 Sec. 2. Subsection (n) of section 22a-478 of the general statutes is  
75 repealed and the following is substituted in lieu thereof (*Effective July*  
76 *1, 2019*):

77 (n) Notwithstanding any provision of sections 22a-475 to 22a-483,  
78 inclusive, to the contrary, the Commissioner of Public Health may  
79 make a project loan or loans in accordance with the provisions of

80 subsection (j) of this section with respect to an eligible drinking water  
81 project without regard to the priority list of eligible drinking water  
82 projects if [a public drinking water supply] an emergency exists,  
83 [pursuant to section 25-32b,] including, but not limited to, an  
84 unanticipated infrastructure failure, a contamination of water or a  
85 shortage of water, which requires that the eligible drinking water  
86 project be immediately undertaken to protect the public health and  
87 safety.

88 Sec. 3. Subdivision (4) of section 19a-36g of the general statutes is  
89 repealed and the following is substituted in lieu thereof (*Effective July*  
90 *1, 2019*):

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

97 Sec. 4. Section 19a-36l of the general statutes is repealed and the  
98 following is substituted in lieu thereof (*Effective July 1, 2019*):

99 The owner or operator of a food establishment aggrieved by an  
100 order to correct any inspection violations identified by the food  
101 inspector or to hold, destroy or dispose of unsafe food may appeal  
102 such order to the director of health not later than forty-eight hours  
103 after issuance of such order. The director of health shall review the  
104 request for an appeal and, upon conclusion of the review, may vacate,  
105 modify or affirm such order. If affirmed by the director of health, the  
106 corrective actions specified by the food inspector shall be so ordered  
107 by the director of health. An owner or operator of a food [service]  
108 establishment who is aggrieved by the affirmation or modification of  
109 an order by the director of health, including, but not limited to, an  
110 order to suspend the permit or license to operate the food [service]  
111 establishment, may appeal to the department pursuant to section 19a-  
112 229. During such appeal, the order shall remain in effect unless the

113 commissioner orders otherwise.

114 Sec. 5. Subsections (b) and (c) of section 19a-493 of the general  
115 statutes are repealed and the following is substituted in lieu thereof  
116 (*Effective July 1, 2019*):

117 (b) (1) A nursing home license may be renewed biennially after (A)  
118 an unscheduled inspection conducted by the department, (B)  
119 submission of the information required by section 19a-491a, and (C)  
120 submission of evidence satisfactory to the department that the nursing  
121 home is in compliance with the provisions of this chapter, the Public  
122 Health Code and licensing regulations.

123 (2) Any change in the ownership of a facility or institution, as  
124 defined in subsection [(c)] (a) of section 19a-490, owned by an  
125 individual, partnership or association or the change in ownership or  
126 beneficial ownership of ten per cent or more of the stock of a  
127 corporation which owns, conducts, operates or maintains such facility  
128 or institution, shall be subject to prior approval of the department after  
129 a scheduled inspection of such facility or institution is conducted by  
130 the department, provided such approval shall be conditioned upon a  
131 showing by such facility or institution to the commissioner that it has  
132 complied with all requirements of this chapter, the regulations relating  
133 to licensure and all applicable requirements of the Public Health Code.  
134 Any such change in ownership or beneficial ownership resulting in a  
135 transfer to a person related by blood or marriage to such an owner or  
136 beneficial owner shall not be subject to prior approval of the  
137 department unless: (A) Ownership or beneficial ownership of ten per  
138 cent or more of the stock of a corporation, partnership or association  
139 which owns, conducts, operates or maintains more than one facility or  
140 institution is transferred; (B) ownership or beneficial ownership is  
141 transferred in more than one facility or institution; or (C) the facility or  
142 institution is the subject of a pending complaint, investigation or  
143 licensure action. If the facility or institution is not in compliance, the  
144 commissioner may require the new owner to sign a consent order  
145 providing reasonable assurances that the violations shall be corrected

146 within a specified period of time. Notice of any such proposed change  
147 of ownership shall be given to the department at least [ninety] one  
148 hundred twenty days prior to the effective date of such proposed  
149 change. For the purposes of this subdivision, "a person related by  
150 blood or marriage" means a parent, spouse, child, brother, sister, aunt,  
151 uncle, niece or nephew. For the purposes of this subdivision, a change  
152 in the legal form of the ownership entity, including, but not limited to,  
153 changes from a corporation to a limited liability company, a  
154 partnership to a limited liability partnership, a sole proprietorship to a  
155 corporation and similar changes, shall not be considered a change of  
156 ownership if the beneficial ownership remains unchanged and the  
157 owner provides such information regarding the change to the  
158 department as may be required by the department in order to properly  
159 identify the current status of ownership and beneficial ownership of  
160 the facility or institution. For the purposes of this subdivision, a public  
161 offering of the stock of any corporation that owns, conducts, operates  
162 or maintains any such facility or institution shall not be considered a  
163 change in ownership or beneficial ownership of such facility or  
164 institution if the licensee and the officers and directors of such  
165 corporation remain unchanged, such public offering cannot result in  
166 an individual or entity owning ten per cent or more of the stock of  
167 such corporation, and the owner provides such information to the  
168 department as may be required by the department in order to properly  
169 identify the current status of ownership and beneficial ownership of  
170 the facility or institution.

171 (c) (1) A multicare institution may, under the terms of its existing  
172 license, provide behavioral health services or substance use disorder  
173 treatment services on the premises of more than one facility, at a  
174 satellite unit or at another location outside of its facilities or satellite  
175 units that is acceptable to the patient receiving services and is  
176 consistent with the patient's assessment and treatment plan.

177 (2) Any multicare institution that intends to offer services at a  
178 satellite unit or other location outside of its facilities or satellite units  
179 shall submit an application for approval to offer services at such

180 location to the Department of Public Health. Such application shall be  
181 submitted on a form and in the manner prescribed by the  
182 Commissioner of Public Health. Not later than forty-five days after  
183 receipt of such application, the commissioner shall notify the multicare  
184 institution of the approval or denial of such application. If the satellite  
185 unit or other location is approved, that satellite unit or location shall be  
186 deemed to be licensed in accordance with this section and shall comply  
187 with the applicable requirements of this chapter and regulations  
188 adopted under this chapter.

189 (3) A multicare institution that is a hospital providing outpatient  
190 behavioral health services or other health care services shall provide  
191 the Department of Public Health with a list of satellite units or  
192 locations when completing the initial or renewal licensure application.

193 ~~[(3)]~~ (4) The Commissioner of Public Health may adopt regulations,  
194 in accordance with the provisions of chapter 54, to carry out the  
195 provisions of this subsection. The Commissioner of Public Health may  
196 implement policies and procedures necessary to administer the  
197 provisions of this subsection while in the process of adopting such  
198 policies and procedures as regulation, provided the commissioner  
199 prints notice of intent to adopt regulations in the Connecticut Law  
200 Journal not later than twenty days after the date of implementation.  
201 Policies and procedures implemented pursuant to this section shall be  
202 valid until the time final regulations are adopted.

203 Sec. 6. Subsection (n) of section 19a-490 of the general statutes is  
204 repealed and the following is substituted in lieu thereof (*Effective July*  
205 *1, 2019*):

206 (n) "Multicare institution" means a hospital that provides outpatient  
207 behavioral health services or other health care services, psychiatric  
208 outpatient clinic for adults, free-standing facility for the care or  
209 treatment of substance abusive or dependent persons, hospital for  
210 psychiatric disabilities, as defined in section 17a-495, or a general acute  
211 care hospital that provides outpatient behavioral health services that  
212 (1) is licensed in accordance with this chapter, (2) has more than one

213 facility or one or more satellite units owned and operated by a single  
214 licensee, and (3) offers complex patient health care services at each  
215 facility or satellite unit. [;] For purposes of this subsection, "satellite  
216 unit" means a location where a segregated unit of services is provided  
217 by the multicare institution; and

218 Sec. 7. Subsection (f) of section 19a-17 of the general statutes is  
219 repealed and the following is substituted in lieu thereof (*Effective July*  
220 *1, 2019*):

221 (f) Such board or commission or the department may take  
222 disciplinary action against a practitioner's license or permit as a result  
223 of the practitioner having been subject to disciplinary action similar to  
224 an action specified in subsection (a) or (d) of this section by a duly  
225 authorized professional disciplinary agency of any state, the federal  
226 government, the District of Columbia, a United States possession or  
227 territory or a foreign jurisdiction. Such board or commission or the  
228 department may rely upon the findings and conclusions made by a  
229 duly authorized professional disciplinary agency of any state, the  
230 federal government, the District of Columbia, a United States  
231 possession or territory or foreign jurisdiction in taking such  
232 disciplinary action.

233 Sec. 8. Section 17b-274a of the general statutes is repealed and the  
234 following is substituted in lieu thereof (*Effective July 1, 2019*):

235 The Commissioner of Social Services may establish maximum  
236 allowable costs to be paid under the Medicaid [and Connecticut AIDS  
237 drug assistance programs] program for generic prescription drugs  
238 based on, but not limited to, actual acquisition costs. The department  
239 shall implement and maintain a procedure to review and update the  
240 maximum allowable cost list at least annually, and shall report  
241 annually to the joint standing committee of the General Assembly  
242 having cognizance of matters relating to appropriations and the  
243 budgets of state agencies on its activities pursuant to this section.

244 Sec. 9. Subsection (a) of section 17b-274c of the general statutes is



245 repealed and the following is substituted in lieu thereof (*Effective July*  
246 *1, 2019*):

247 (a) The Commissioner of Social Services may establish a voluntary  
248 mail order option for any maintenance prescription drug covered  
249 under the Medicaid [or Connecticut AIDS drug assistance programs]  
250 program.

251 Sec. 10. Section 17b-274e of the general statutes is repealed and the  
252 following is substituted in lieu thereof (*Effective July 1, 2019*):

253 A pharmacist, when filling a prescription under the Medicaid [or  
254 Connecticut AIDS drug assistance programs] program, shall fill such  
255 prescription utilizing the most cost-efficient dosage, consistent with  
256 the prescription of a prescribing practitioner as defined in section 20-  
257 571, unless such pharmacist receives permission to do otherwise  
258 pursuant to the prior authorization requirements set forth in sections  
259 17b-274 and 17b-491a.

260 Sec. 11. Subsection (a) of section 17b-491c of the general statutes is  
261 repealed and the following is substituted in lieu thereof (*Effective July*  
262 *1, 2019*):

263 (a) On and after February 1, 2008, any pharmaceutical manufacturer  
264 of a prescription drug covered by the Department of Social Services  
265 under [the Connecticut AIDS drug assistance program or] a state  
266 medical assistance program administered by the department that is a  
267 federally qualified state pharmacy assistance program shall provide  
268 rebates to the department for prescription drugs paid for by the  
269 department under such program in unit rebate amounts equal to the  
270 unit rebate amounts paid under the Medicaid program.

271 Sec. 12. Section 19a-127r of the general statutes is repealed and the  
272 following is substituted in lieu thereof (*Effective July 1, 2019*):

273 [Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-  
274 274c, 17b-274e and 17b-491c, the] The Department of Public Health  
275 may, within available resources, administer the Connecticut [Aids]

276 AIDS drug assistance program and Connecticut Insurance Premium  
277 Assistance Program. The department may implement policies and  
278 procedures necessary to administer the provisions of this section while  
279 in the process of adopting such policies and procedures as regulations,  
280 provided the department posts such policies and procedures on the  
281 eRegulations System prior to adopting them. Policies and procedures  
282 implemented pursuant to this section shall be valid until regulations  
283 are adopted in accordance with chapter 54.

284 (b) [Notwithstanding the provisions of sections 17b-256, 17b-274a,  
285 17b-274c, 17b-274e and 17b-491c, all] All rebates and refunds from the  
286 Connecticut AIDS drug assistance program and Connecticut Insurance  
287 Premium Assistance Program shall be paid to the Department of  
288 Public Health.

289 (c) Applicants for and recipients of benefits under the provisions of  
290 this section shall enroll in or demonstrate ineligibility for Medicare  
291 Part D.

292 (d) The Commissioner of Public Health may pay the premium and  
293 coinsurance costs of Medicare Part D coverage for eligible applicants  
294 or recipients.

295 Sec. 13. Subsection (c) of section 19a-14b of the general statutes is  
296 repealed and the following is substituted in lieu thereof (*Effective July*  
297 *1, 2019*):

298 (c) The Department of Public Health [shall] may adopt regulations,  
299 in accordance with chapter 54, concerning radon in drinking water that  
300 are consistent with the provisions contained in 40 CFR 141 and 142.

301 Sec. 14. Section 19a-37b of the general statutes is repealed and the  
302 following is substituted in lieu thereof (*Effective July 1, 2019*):

303 The Department of Public Health [shall] may adopt regulations  
304 pursuant to chapter 54 to establish radon measurement requirements  
305 and procedures for evaluating radon in indoor air and reducing  
306 elevated radon gas levels when detected in public schools.

307 Sec. 15. Section 19a-495a of the general statutes is repealed and the  
308 following is substituted in lieu thereof (*Effective July 1, 2019*):

309 (a) (1) The Commissioner of Public Health [shall] may adopt  
310 regulations, as provided in subsection (d) of this section, to require  
311 each residential care home, as defined in section 19a-490, that admits  
312 residents requiring assistance with medication administration, to (A)  
313 designate unlicensed personnel to obtain certification for the  
314 administration of medication, and (B) ensure that such unlicensed  
315 personnel receive such certification and recertification every three  
316 years thereafter.

317 (2) [The] Any regulations adopted pursuant to this subsection shall  
318 establish criteria to be used by such homes in determining (A) the  
319 appropriate number of unlicensed personnel who shall obtain such  
320 certification and recertification, and (B) training requirements,  
321 including ongoing training requirements for such certification and  
322 recertification.

323 (3) Training requirements for initial certification and recertification  
324 shall include, but shall not be limited to: Initial orientation, resident  
325 rights, identification of the types of medication that may be  
326 administered by unlicensed personnel, behavioral management,  
327 personal care, nutrition and food safety, and health and safety in  
328 general.

329 (b) Each residential care home, as defined in section 19a-490, shall  
330 ensure that an appropriate number of unlicensed personnel, as  
331 determined by the residential care home, obtain certification and  
332 recertification for the administration of medication. Certification and  
333 recertification of such personnel shall be in accordance with any  
334 regulations adopted pursuant to this section, except any personnel  
335 who obtained certification in the administration of medication on or  
336 before June 30, 2015, shall obtain recertification on or before July 1,  
337 2018. Unlicensed personnel obtaining such certification and  
338 recertification may administer medications that are not administered  
339 by injection to residents of such homes, unless a resident's physician

340 specifies that a medication only be administered by licensed personnel.

341 (c) On and after October 1, 2007, unlicensed assistive personnel  
342 employed in residential care homes, as defined in section 19a-490, may  
343 (1) obtain and document residents' blood pressures and temperatures  
344 with digital medical instruments that (A) contain internal decision-  
345 making electronics, microcomputers or special software that allow the  
346 instruments to interpret physiologic signals, and (B) do not require the  
347 user to employ any discretion or judgment in their use; (2) obtain and  
348 document residents' weight; and (3) assist residents in the use of  
349 glucose monitors to obtain and document their blood glucose levels.

350 (d) The Commissioner of Public Health [may] shall implement  
351 policies and procedures necessary to administer the provisions of this  
352 section while in the process of adopting such policies and procedures  
353 as regulation, provided the commissioner prints notice of intent to  
354 adopt regulations in the Connecticut Law Journal not later than twenty  
355 days after the date of implementation. Policies and procedures  
356 implemented pursuant to this section shall be valid until the time final  
357 regulations are adopted.

358 Sec. 16. Section 19a-562b of the general statutes is repealed and the  
359 following is substituted in lieu thereof (*Effective July 1, 2019*):

360 Each home health agency, residential care home and assisted living  
361 services agency, as those terms are defined in section 19a-490, and each  
362 licensed hospice care organization operating pursuant to section 19a-  
363 122b shall provide training and education on Alzheimer's disease and  
364 dementia symptoms and care to all staff providing direct care upon  
365 employment and annually thereafter. The Commissioner of Public  
366 Health [shall] may adopt regulations, in accordance with the  
367 provisions of chapter 54, to implement the provisions of this section.

368 Sec. 17. Section 19a-902 of the general statutes is repealed and the  
369 following is substituted in lieu thereof (*Effective July 1, 2019*):

370 On or before January 1, 2011, the Department of Public Health, in

371 consultation with the Department of Mental Health and Addiction  
372 Services, [shall] may (1) amend the department's substance abuse  
373 treatment regulations; (2) implement a dual licensure program for  
374 behavioral health care providers who provide both mental health  
375 services and substance abuse services; [and] or (3) permit the use of  
376 saliva-based drug screening or urinalysis when conducting initial and  
377 subsequent drug screenings of persons who abuse substances other  
378 than alcohol at facilities which are licensed by the Department of  
379 Public Health.

380 Sec. 18. Subdivision (2) of subsection (b) of section 20-262 of the  
381 general statutes is repealed and the following is substituted in lieu  
382 thereof (*Effective July 1, 2019*):

383 (2) The Commissioner of Public Health, in consultation with the  
384 Connecticut Examining Board for Barbers, Hairdressers and  
385 Cosmeticians, shall adopt [regulations, in accordance with the  
386 provisions of chapter 54, to prescribe minimum curriculum  
387 requirements for hairdressing and cosmetology schools. The  
388 commissioner, in consultation with said board, may adopt] a  
389 curriculum and procedures for the approval of hairdressing and  
390 cosmetology schools. [ provided the commissioner prints notice of  
391 intent to adopt regulations concerning the adoption of a curriculum  
392 and procedures for the approval of hairdressing and cosmetology  
393 schools in the Connecticut Law Journal not later than thirty days after  
394 the date of implementation of such curriculum and such procedures.  
395 The curriculum and procedures implemented pursuant to this section  
396 shall be valid until such time final regulations are adopted.] The  
397 commissioner shall post such curriculum on the Department of Public  
398 Health's Internet web site.

399 Sec. 19. Subdivisions (10) to (13), inclusive, of section 19a-177 of the  
400 general statutes are repealed and the following is substituted in lieu  
401 thereof (*Effective July 1, 2019*):

402 [(10) Research, develop, track and report on appropriate  
403 quantifiable outcome measures for the state's emergency medical

404 service system and submit to the joint standing committee of the  
405 General Assembly having cognizance of matters relating to public  
406 health, in accordance with the provisions of section 11-4a, on or before  
407 July 1, 2002, and annually thereafter, a report on the progress toward  
408 the development of such outcome measures and, after such outcome  
409 measures are developed, an analysis of emergency medical services  
410 system outcomes;]

411 [(11)] (10) Establish primary service areas and assign in writing a  
412 primary service area responder for each primary service area. Each  
413 state-owned campus having an acute care hospital on the premises  
414 shall be designated as the primary service area responder for that  
415 campus;

416 [(12)] (11) Revoke primary service area assignments upon  
417 determination by the commissioner that it is in the best interests of  
418 patient care to do so; and

419 [(13)] (12) Annually issue a list of minimum equipment  
420 requirements for ambulances and rescue vehicles based upon current  
421 national standards. The commissioner shall distribute such list to all  
422 emergency medical service organizations and sponsor hospital medical  
423 directors and make such list available to other interested stakeholders.  
424 Emergency medical service organizations shall have one year from the  
425 date of issuance of such list to comply with the minimum equipment  
426 requirements.

427 Sec. 20. Subdivision (1) of subsection (g) of section 4-67x of the  
428 general statutes is repealed and the following is substituted in lieu  
429 thereof (*Effective July 1, 2019*):

430 (g) (1) On or before November first of each year from 2006 to 2014,  
431 inclusive, each budgeted state agency with membership on the council  
432 that provides prevention services to children shall, within available  
433 appropriations, report to the council in accordance with this  
434 subsection. [On or before November first of each year from 2015 to  
435 2020, inclusive, each budgeted state agency that provides prevention

436 services to children shall, within available appropriations, report to the  
437 joint standing committees of the General Assembly having cognizance  
438 of matters related to appropriations, human services and children in  
439 accordance with this subsection.]

440 Sec. 21. Subsection (a) of section 19a-6q of the general statutes is  
441 repealed and the following is substituted in lieu thereof (*Effective July*  
442 *1, 2019*):

443 (a) The Commissioner of Public Health, in consultation with the  
444 executive director of the Office of Health Strategy, established under  
445 section 19a-754a, and local and regional health departments, shall,  
446 within available resources, develop a plan that is consistent with the  
447 Department of Public Health's Healthy Connecticut 2020 health  
448 improvement plan and the state healthcare innovation plan developed  
449 pursuant to the State Innovation Model Initiative by the Centers for  
450 Medicare and Medicaid Services Innovation Center. The commissioner  
451 shall develop and implement such plan to: (1) Reduce the incidence of  
452 [chronic disease, including, but not limited to, chronic cardiovascular  
453 disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis  
454 or another chronic metabolic disease and the effects of behavioral  
455 health disorders] tobacco use, high blood pressure, health care  
456 associated infections, asthma, unintended pregnancy and diabetes; (2)  
457 improve chronic disease care coordination in the state; and (3) reduce  
458 the incidence and effects of chronic disease and improve outcomes for  
459 conditions associated with chronic disease in the state.

460 Sec. 22. Subsections (a) and (b) of section 19a-37 of the general  
461 statutes are repealed and the following are substituted in lieu thereof  
462 (*Effective July 1, 2019*):

463 (a) As used in this section:

464 (1) "Laboratory or firm" means an environmental laboratory  
465 registered by the Department of Public Health pursuant to section 19a-  
466 29a;

467 (2) "Private well" means a water supply well that meets all of the  
468 following criteria: (A) Is not a public well; (B) supplies a residential  
469 population of less than twenty-five persons per day; and (C) is owned  
470 or controlled through an easement or by the same entity that owns or  
471 controls the building or parcel that is served by the water supply;

472 (3) "Public well" means a water supply well that supplies a public  
473 water system;

474 (4) "Well for semipublic use" means a water supply well that (A)  
475 does not meet the definition of a private well or public well, and (B)  
476 provides water for drinking and other domestic purposes; and

477 (5) "Water supply well" means an artificial excavation constructed  
478 by any method for the purpose of ~~[getting]~~ obtaining or providing  
479 water for drinking or other domestic, industrial, commercial,  
480 agricultural, recreational, irrigation or other outdoor water use.

481 (b) The Commissioner of Public Health may adopt regulations in the  
482 Public Health Code for the preservation of the public health pertaining  
483 to (1) protection and location of new water supply wells or springs for  
484 residential or nonresidential construction or for public or semipublic  
485 use, and (2) inspection for compliance with the provisions of municipal  
486 regulations adopted pursuant to section 22a-354p.

487 Sec. 23. Subsection (a) of section 19a-36h of the general statutes is  
488 repealed and the following is substituted in lieu thereof (*Effective July*  
489 *1, 2019*):

490 (a) Not later than January 1, ~~[2019]~~ 2020, the commissioner shall  
491 adopt and administer by reference the United States Food and Drug  
492 Administration's Food Code, as amended from time to time, and any  
493 Food Code Supplement published by said administration as the state's  
494 food code for the purpose of regulating food establishments.

495 Sec. 24. Subsection (b) of section 17a-101 of the general statutes is  
496 repealed and the following is substituted in lieu thereof (*Effective July*  
497 *1, 2019*):



498 (b) The following persons shall be mandated reporters: (1) Any  
499 physician or surgeon licensed under the provisions of chapter 370, (2)  
500 any resident physician or intern in any hospital in this state, whether  
501 or not so licensed, (3) any registered nurse, (4) any licensed practical  
502 nurse, (5) any medical examiner, (6) any dentist, (7) any dental  
503 hygienist, (8) any psychologist, (9) any school employee, as defined in  
504 section 53a-65, (10) any social worker, (11) any person who holds or is  
505 issued a coaching permit by the State Board of Education, is a coach of  
506 intramural or interscholastic athletics and is eighteen years of age or  
507 older, (12) any individual who is employed as a coach or director of  
508 youth athletics and is eighteen years of age or older, (13) any  
509 individual who is employed as a coach or director of a private youth  
510 sports organization, league or team and is eighteen years of age or  
511 older, (14) any paid administrator, faculty, staff, athletic director,  
512 athletic coach or athletic trainer employed by a public or private  
513 institution of higher education who is eighteen years of age or older,  
514 excluding student employees, (15) any police officer, (16) any juvenile  
515 or adult probation officer, (17) any juvenile or adult parole officer, (18)  
516 any member of the clergy, (19) any pharmacist, (20) any physical  
517 therapist, (21) any optometrist, (22) any chiropractor, (23) any  
518 podiatrist, (24) any mental health professional, (25) any physician  
519 assistant, (26) any person who is a licensed or certified emergency  
520 medical services provider, (27) any person who is a licensed or  
521 certified alcohol and drug counselor, (28) any person who is a licensed  
522 marital and family therapist, (29) any person who is a sexual assault  
523 counselor or a domestic violence counselor, as defined in section 52-  
524 146k, (30) any person who is a licensed professional counselor, (31) any  
525 person who is a licensed foster parent, (32) any person paid to care for  
526 a child in any public or private facility, child care center, group child  
527 care home or family child care home licensed by the state, (33) any  
528 employee of the Department of Children and Families, [(34) any  
529 employee of the Department of Public Health, (35)] (34) any employee  
530 of the Office of Early Childhood who is responsible for the licensing of  
531 child care centers, group child care homes, family child care homes or  
532 youth camps, [(36)] (35) any paid youth camp director or assistant

533 director, [(37)] (36) the Child Advocate and any employee of the Office  
534 of the Child Advocate, [(38)] (37) any person who is a licensed  
535 behavior analyst, and [(39)] (38) any family relations counselor, family  
536 relations counselor trainee or family services supervisor employed by  
537 the Judicial Department.

538 Sec. 25. Section 17a-227a of the general statutes is repealed and the  
539 following is substituted in lieu thereof (*Effective July 1, 2019*):

540 (a) The Commissioner of Developmental Services shall require each  
541 applicant [for employment in a Department of Developmental Services  
542 program that provides direct services to persons with intellectual  
543 disability] who has been made an offer of conditional employment by  
544 the department to be fingerprinted and submit to state and national  
545 criminal history records checks. The criminal history records checks  
546 required by this section shall be conducted in accordance with section  
547 29-17a. Employment by the department shall be considered  
548 conditional until the results of the criminal history records checks are  
549 received and reviewed by the department.

550 (b) The commissioner may require providers licensed or funded by  
551 the department to provide residential, day or support services to  
552 persons with intellectual disability, to require each applicant [for  
553 employment] who has been made an offer of conditional employment  
554 and will have direct and ongoing contact with persons and families  
555 receiving such services to submit to a check of such applicant's state  
556 criminal background. If the department requires such providers to  
557 have such applicants who have been made an offer of conditional  
558 employment submit to such checks, the administrative costs associated  
559 with such checks shall be considered an allowable cost on the annual  
560 cost report. Employment by a provider licensed or funded by the  
561 department shall be considered conditional until the results of the  
562 background checks have been received and reviewed by the provider.

563 Sec. 26. Subsection (h) of section 20-206bb of the general statutes is  
564 repealed and the following is substituted in lieu thereof (*Effective July*  
565 *1, 2019*):

566 (h) Notwithstanding the provisions of subsection (a) of this section,  
567 any person who maintains certification with the National Acupuncture  
568 Detoxification Association may practice the five-point auricular  
569 acupuncture protocol specified as part of such certification program as  
570 an adjunct therapy for the treatment of alcohol and drug abuse and  
571 other behavioral interventions for which the protocol is indicated,  
572 provided the treatment is performed under the supervision of a  
573 physician licensed under chapter 370 and is performed in (1) a private  
574 freestanding facility licensed by the Department of Public Health that  
575 provides care or treatment for substance abusive or dependent  
576 persons, (2) a setting operated by the Department of Mental Health  
577 and Addiction Services, or (3) any other setting where such protocol is  
578 an appropriate adjunct therapy to a substance abuse or behavioral  
579 health treatment program. The Commissioner of Public Health [shall]  
580 may adopt regulations [, in accordance with the provisions of chapter  
581 54, to ensure the safe provision of auricular acupuncture in accordance  
582 with] to implement the provisions of this [subsection] section.

583 Sec. 27. Section 7-406 of the general statutes is repealed and the  
584 following is substituted in lieu thereof (*Effective July 1, 2019*):

585 The board of finance or other corresponding board in each town, or,  
586 if there is no such board, the selectmen, shall annually prepare and  
587 have published a town report. Such report shall be available for  
588 distribution and shall contain, in addition to reports of town officers or  
589 boards required by law to be included, a statement of the amount  
590 received by such town under the provisions of part IIa of chapter 240  
591 together with an itemized account of the disposition of such amount,  
592 and such other matter as the board of finance or other corresponding  
593 board deems advisable. Towns with a population of five thousand or  
594 less, as computed by the Secretary of the Office of Policy and  
595 Management, shall publish their receipts and expenditures and the  
596 names of all persons, firms or corporations, other than recipients of  
597 support under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136  
598 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,  
599 inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b

600 and 17b-743 to 17b-747, inclusive, receiving money from such towns,  
601 together with the total amount of payments in excess of fifty dollars to  
602 each, unless such town has a bookkeeping system approved by the  
603 secretary setting forth all the receipts and expenditures in detail, in  
604 which case it shall not be necessary for the town to publish in its report  
605 the names of all persons, firms or corporations receiving money from  
606 such towns, together with the total amount of payments in excess of  
607 fifty dollars to each.

608       Sec. 28. Section 10a-194a of the general statutes is repealed and the  
609 following is substituted in lieu thereof (*Effective July 1, 2019*):

610       The authority shall report the terms and conditions of all financings  
611 and refinancings of nursing homes to the Commissioner of Social  
612 Services who shall make rate adjustments in accordance with the  
613 provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to  
614 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,  
615 inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b  
616 and 17b-743 to 17b-747, inclusive.

617       Sec. 29. Subsection (b) of section 17a-600 of the general statutes is  
618 repealed and the following is substituted in lieu thereof (*Effective July*  
619 *1, 2019*):

620       (b) The expense of confinement, support and treatment of any  
621 acquittee committed to the jurisdiction of the board shall be computed  
622 and paid for in accordance with the provisions of sections 17a-528, 17b-  
623 122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-  
624 194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-  
625 263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747,  
626 inclusive.

627       Sec. 30. Subsection (b) of section 17b-124 of the general statutes is  
628 repealed and the following is substituted in lieu thereof (*Effective July*  
629 *1, 2019*):

630       (b) Each person having in his possession or control any property of

631 any person for whom an application has been filed for medical  
632 assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-  
633 136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-  
634 250, inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-  
635 689b and 17b-743 to 17b-747, inclusive, or being indebted to him, or  
636 having knowledge of any property or income, including wages,  
637 belonging to him, or having knowledge of any other information  
638 relevant to such person's eligibility for such assistance, and any officer  
639 having control of the books and accounts of any corporation which has  
640 possession or control of any property or income, including wages,  
641 belonging to any such person, or is indebted to him, or having  
642 knowledge of such information, shall, upon presentation by a medical  
643 provider or its attorney of a signed certificate stating that an  
644 application signed by such person has been made for medical  
645 assistance, make full disclosure to such provider as to any such  
646 property or income, including wages or indebtedness or such other  
647 information relevant to such person's eligibility. Any person who  
648 violates any provision of this section shall be fined not more than one  
649 hundred dollars and shall pay just damages to the provider injured  
650 thereby.

651       Sec. 31. Section 17b-126 of the general statutes is repealed and the  
652 following is substituted in lieu thereof (*Effective July 1, 2019*):

653       If any person receiving such aid neglects or refuses to sign such  
654 agreement, the selectmen are authorized to file a lien against such  
655 property, or against the real property of any legally liable relative of  
656 any person receiving aid or support under sections 17b-194, 17b-222 to  
657 17b-250, inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive,  
658 17b-689b and 17b-743 to 17b-747, inclusive, to secure the  
659 disbursements of such town made prior to filing such lien and any  
660 disbursements thereafter made, and such lien from the time of filing  
661 shall have the same force and effect and may be foreclosed in the same  
662 manner as any agreement provided for in section 17b-125.

663       Sec. 32. Subsection (c) of section 17b-127 of the general statutes is

664 repealed and the following is substituted in lieu thereof (*Effective July*  
665 *1, 2019*):

666 (c) Any person who defrauds the town to obtain any monetary  
667 award to which such person is not entitled, assists another person in so  
668 defrauding the town or with intent to defraud, or violates any other  
669 provision of sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to  
670 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,  
671 inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b  
672 and 17b-743 to 17b-747, inclusive, shall be subject to the penalties for  
673 larceny under sections 53a-122 and 53a-123, depending on the amount  
674 involved. Any person convicted of violating this section shall be  
675 terminated from participation in the program for a period of at least  
676 one year.

677 Sec. 33. Subsection (b) of section 17b-128 of the general statutes is  
678 repealed and the following is substituted in lieu thereof (*Effective July*  
679 *1, 2019*):

680 (b) Any town that overpays a person receiving financial assistance  
681 under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-  
682 138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,  
683 inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b  
684 and 17b-743 to 17b-747, inclusive, shall recover such overpayment  
685 from such person's ongoing assistance. The amount of such recovery  
686 shall not exceed ten per cent of such person's ongoing benefit in any  
687 month.

688 Sec. 34. Section 17b-129 of the general statutes is repealed and the  
689 following is substituted in lieu thereof (*Effective July 1, 2019*):

690 (a) If any beneficiary of aid under sections 17b-122, 17b-124 to 17b-  
691 132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,  
692 inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-263, 17b-340 to  
693 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, has a  
694 cause of action, a town that provided aid to such beneficiary shall have  
695 a claim against the proceeds of such cause of action for the amount of

696 such aid or fifty per cent of the proceeds received by such beneficiary  
697 after payment of all expenses connected with the cause of action,  
698 whichever is less, which shall have priority over all other unsecured  
699 claims and unrecorded encumbrances. Such claim shall be a lien,  
700 subordinate to any interest the state may possess under section 17b-94,  
701 against the proceeds from such cause of action, for the amount  
702 established in accordance with this section, and such lien shall have  
703 priority over all other claims except attorney's fees for such causes of  
704 action, expenses of suit, costs of hospitalization connected with the  
705 cause of action by whomever paid, over and above hospital insurance  
706 or other such benefits, and, for such period of hospitalization as was  
707 not paid for by the town, physician's fees for services during any such  
708 period as are connected with the cause of action over and above  
709 medical insurance or other such benefits. Where the state also has a  
710 claim against the proceeds of such cause of action under section 17b-  
711 94, the total amount of the claims by the state under said section and  
712 the town under this subsection shall not exceed fifty per cent of the  
713 proceeds received by the recipient after the allowable expenses and the  
714 town's claim shall be reduced accordingly. The proceeds of such causes  
715 of action shall be assignable to the town for payment of such lien  
716 irrespective of any other provision of law except section 17b-94. Upon  
717 presentation to the attorney for the beneficiary of an assignment of  
718 such proceeds executed by the beneficiary or his conservator or  
719 guardian, such assignment shall constitute an irrevocable direction to  
720 the attorney to pay the town in accordance with its terms.

721 (b) In the case of an inheritance of an estate by a beneficiary of aid  
722 under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-  
723 138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,  
724 inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b  
725 and 17b-743 to 17b-747, inclusive, fifty per cent of the assets of the  
726 estate payable to the beneficiary or the amount of such assets equal to  
727 the amount of assistance paid, whichever is less, shall be assignable to  
728 the town. Where the state also has an assignment of such assets under  
729 section 17b-94, the total amount of the claims of the state under said  
730 section and the town under this subsection shall not exceed fifty per

731 cent of the assets of the estate payable to the beneficiary and the town's  
732 assigned share shall be reduced accordingly. The Court of Probate  
733 shall accept any such assignment executed by the beneficiary and filed  
734 by the town with the court prior to the distribution of such inheritance,  
735 and to the extent of such inheritance not already distributed, the court  
736 shall order distribution in accordance therewith. If the town receives  
737 any assets of an estate pursuant to any such assignment, the town shall  
738 be subject to the same duties and liabilities concerning such assigned  
739 assets as the beneficiary.

740 (c) No claim shall be made, or lien applied, against any payment  
741 made pursuant to chapter 135, any payment made pursuant to section  
742 47-88d or 47-287, any moneys received as a settlement or award in a  
743 housing or employment or public accommodation discrimination case,  
744 any court-ordered retroactive rent abatement, including any made  
745 pursuant to subsection (e) of section 47a-14h, or section 47a-4a, 47a-5 or  
746 47a-57, or any security deposit refund pursuant to subsection (d) of  
747 section 47a-21 paid to a beneficiary of assistance under sections 17b-  
748 122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-  
749 194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-  
750 263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747,  
751 inclusive.

752 Sec. 35. Section 17b-250 of the general statutes is repealed and the  
753 following is substituted in lieu thereof (*Effective July 1, 2019*):

754 When any person has been transferred from the Connecticut  
755 Correctional Institution, Somers, the York Correctional Institution, or  
756 its maximum security division, the John R. Manson Youth Institution,  
757 Cheshire, or a community correctional center to a state hospital, such  
758 person's hospital expense prior to the termination of his sentence shall  
759 be charged to the state. If any person, transferred from a correctional  
760 institution or community correction center is committed to or  
761 otherwise remains in a state hospital after the expiration of his  
762 sentence, such person's hospital expense shall be paid to the state in  
763 the manner provided for payment in sections 17b-122, 17b-124 to 17b-



764 132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,  
765 inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-263, 17b-340 to  
766 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

767 Sec. 36. Section 17b-280a of the general statutes is repealed and the  
768 following is substituted in lieu thereof (*Effective July 1, 2019*):

769 No payment shall be made under a medical assistance program  
770 administered by the Department of Social Services for (1) over-the-  
771 counter medications, [except for (1) the medical assistance program  
772 established pursuant to section 17b-256,] (2) insulin and insulin  
773 syringes, (3) nutritional supplements for individuals who are required  
774 to be tube fed or who cannot safely ingest nutrition in any other form,  
775 and as may be required by federal law, (4) smoking cessation  
776 medications as provided in section 17b-278a, (5) over-the-counter  
777 medications and products determined by the Commissioner of Social  
778 Services to be appropriate for coverage based on their clinical efficacy,  
779 safety and cost effectiveness, and (6) over-the-counter medications that  
780 are required to be covered pursuant to 42 CFR 440.347, including  
781 medications for individuals with specified diagnoses that have a rating  
782 of "A" or "B" in the current recommendations of the United States  
783 Preventive Services Task Force, provided the Department of Social  
784 Services may also pay for such over-the-counter medications under a  
785 medical assistance program or portion thereof that is not subject to 42  
786 CFR 440.347.

787 Sec. 37. Section 18-87 of the general statutes is repealed and the  
788 following is substituted in lieu thereof (*Effective July 1, 2019*):

789 The Commissioner of Correction may transfer any inmate of any of  
790 the institutions of the Department of Correction to any other  
791 appropriate state institution with the concurrence of the  
792 superintendent of such institution or to the Court Support Services  
793 Division of the Judicial Branch when the Commissioner of Correction  
794 finds that the welfare or health of the inmate requires it. When an  
795 inmate, after the expiration of his or her sentence, is committed to or  
796 otherwise remains in the institution to which he or she was

797 transferred, the expense of his or her treatment and support shall be  
798 paid as provided by sections 17b-122, 17b-124 to 17b-132, inclusive,  
799 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to  
800 17b-250, inclusive, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive,  
801 17b-689b, and 17b-743 to 17b-747, inclusive. No transfer of any person  
802 who has attained the age of eighteen years shall be made to the Court  
803 Support Services Division of the Judicial Branch. No transfer of any  
804 person who has not attained the age of eighteen years shall be made to  
805 the Court Support Services Division of the Judicial Branch unless the  
806 executive director of the Court Support Services Division of the  
807 Judicial Branch finds that such person would benefit from a transfer to  
808 the Court Support Services Division of the Judicial Branch and agrees  
809 to accept such person and such person has given such person's written  
810 consent to such transfer. Such person transferred to the Court Support  
811 Services Division of the Judicial Branch shall be deemed to be  
812 committed to the custody of the executive director of the Court  
813 Support Services Division of the Judicial Branch. The executive  
814 director of the Court Support Services Division of the Judicial Branch  
815 shall have the power to terminate the commitment and release such  
816 person at any time the executive director of the Court Support Services  
817 Division of the Judicial Branch determines such termination and  
818 release would be in such person's best interest, and shall have the  
819 power to return such person to the jurisdiction of the Commissioner of  
820 Correction. The transfer of any person under this section to the [the]  
821 Court Support Services Division of the Judicial Branch shall not result  
822 in the person so transferred being in the custody of the Commissioner  
823 of Correction and the executive director of the Court Support Services  
824 Division of the Judicial Branch for a total of less than the minimum or  
825 more than the maximum term such person would have been in the  
826 custody of the Commissioner of Correction had such person not been  
827 so transferred.

828       Sec. 38. Subsection (f) of section 52-57 of the general statutes is  
829 repealed and the following is substituted in lieu thereof (*Effective July*  
830 *1, 2019*):

831 (f) When the other methods of service of process provided under  
832 this section or otherwise provided by law cannot be effected, in actions  
833 concerning the establishment, enforcement or modification of child  
834 support orders other than actions for dissolution of marriage,  
835 including, but not limited to, such actions under sections 17b-122, 17b-  
836 124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-  
837 197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,] 17b-263, 17b-340  
838 to 17b-350, inclusive, 17b-689b, 17b-743 to 17b-747, inclusive, and 46b-  
839 301 to 46b-425, inclusive, and chapters 815, 815p, 815t, 815y and 816,  
840 and actions to implement garnishments for support under section 52-  
841 362, service of process may be made upon a party to the action by one  
842 of the following methods, provided proof of receipt of such process by  
843 such party is presented to the court in accordance with rules  
844 promulgated by the judges of the Superior Court:

845 (1) By certified mail to a party to the action addressed to the  
846 employer of such party. Any service of process so sent shall include on  
847 the outside envelope the words "To be delivered to the employee in  
848 accordance with subsection (f) of section 52-57". The employer shall  
849 accept any such service of process sent by certified mail and promptly  
850 deliver such certified mail to the employee; or

851 (2) When a party to an action under this subsection is employed by  
852 an employer with fifteen or more employees, by personal service upon  
853 an official of the employer designated as an agent to accept service of  
854 process in actions brought under this subsection. Each employer with  
855 fifteen or more employees doing business in this state shall designate  
856 an official to accept service of process for employees who are parties to  
857 such actions. The person so served shall promptly deliver such process  
858 to the employee.

859 Sec. 39. Subsection (n) of section 54-56d of the general statutes is  
860 repealed and the following is substituted in lieu thereof (*Effective July*  
861 *1, 2019*):

862 (n) The cost of the examination effected by the Commissioner of  
863 Mental Health and Addiction Services and of testimony of persons

864 conducting the examination effected by the commissioner shall be paid  
865 by the Department of Mental Health and Addiction Services. The cost  
866 of the examination and testimony by physicians appointed by the  
867 court shall be paid by the Judicial Department. If the defendant is  
868 indigent, the fee of the person selected by the defendant to observe the  
869 examination and to testify on the defendant's behalf shall be paid by  
870 the Public Defender Services Commission. The expense of treating a  
871 defendant placed in the custody of the Commissioner of Mental Health  
872 and Addiction Services, the Commissioner of Children and Families or  
873 the Commissioner of Developmental Services pursuant to subdivision  
874 (2) of subsection (h) of this section or subsection (i) of this section shall  
875 be computed and paid for in the same manner as is provided for  
876 persons committed by a probate court under the provisions of sections  
877 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive,  
878 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,]  
879 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-  
880 747, inclusive.

881 Sec. 40. Section 19a-490a of the general statutes is repealed and the  
882 following is substituted in lieu thereof (*Effective July 1, 2019*):

883 As used in sections 17b-349, [19a-7b,] 19a-7e and 19a-59b,  
884 "community health center" means a public or nonprofit private  
885 medical care facility which (1) is not part of a hospital and is organized  
886 and operated to provide comprehensive primary care services; (2) is  
887 located in an area which has a demonstrated need for services based  
888 on geographic, demographic and economic factors; (3) serves low  
889 income, uninsured, minority and elderly persons; (4) makes its services  
890 available to individuals regardless of their ability to pay; (5) employs a  
891 charge schedule with a discount based on income; (6) provides, on an  
892 ongoing basis, primary health services by physicians and, where  
893 appropriate, midlevel practitioners, diagnostic laboratory and x-ray  
894 services, preventive health services and patient care case management;  
895 (7) provides for needed pharmacy services either on-site or through  
896 firm arrangement; (8) has at least one-half of the full-time equivalent  
897 primary care providers as full-time members of its staff; (9) maintains

898 an ongoing quality assurance program; (10) is a participating title XIX  
899 and Medicare provider; (11) has a governing board of at least nine and  
900 no more than twenty-five members with authority and responsibility  
901 for policy and conduct of the center, the majority of whom are active  
902 users of the center and of the nonuser board members, no more than  
903 half may derive more than ten per cent of their annual income from the  
904 health care industry; (12) provides primary care services at least thirty-  
905 two hours per week; and (13) has arrangements for professional  
906 coverage during hours when the center is closed.

907 Sec. 41. Subparagraph (A) of subdivision (8) of section 19a-177 of the  
908 general statutes is repealed and the following is substituted in lieu  
909 thereof (*Effective from passage*):

910 (8) (A) Develop an emergency medical services data collection  
911 system. Each emergency medical service organization licensed or  
912 certified pursuant to this chapter [386d] shall submit data to the  
913 commissioner, on a quarterly basis, from each licensed ambulance  
914 service, certified ambulance service or paramedic intercept service that  
915 provides emergency medical services. Such submitted data shall  
916 include, but not be limited to: (i) The total number of calls for  
917 emergency medical services received by such licensed ambulance  
918 service, certified ambulance service or paramedic intercept service  
919 through the 9-1-1 system during the reporting period; (ii) each level of  
920 emergency medical services, as defined in regulations adopted  
921 pursuant to section 19a-179, required for each such call; (iii) the  
922 response time for each licensed ambulance service, certified ambulance  
923 service or paramedic intercept service during the reporting period; (iv)  
924 the number of passed calls, cancelled calls and mutual aid calls, both  
925 made and received, during the reporting period; and (v) for the  
926 reporting period, the prehospital data for the nonscheduled transport  
927 of patients required by regulations adopted pursuant to subdivision  
928 (6) of this section. The data required under this subdivision may be  
929 submitted in any written or electronic form selected by such licensed  
930 ambulance service, certified ambulance service or paramedic intercept  
931 service and approved by the commissioner, provided the

932 commissioner shall take into consideration the needs of such licensed  
 933 ambulance service, certified ambulance service or paramedic intercept  
 934 service in approving such written or electronic form. The  
 935 commissioner may conduct an audit of any such licensed ambulance  
 936 service, certified ambulance service or paramedic intercept service as  
 937 the commissioner deems necessary in order to verify the accuracy of  
 938 such reported data.

939 Sec. 42. Sections 17b-256 and 19a-7b of the general statutes are  
 940 repealed. (*Effective July 1, 2019*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2019</i>	19a-6i
Sec. 2	<i>July 1, 2019</i>	22a-478(n)
Sec. 3	<i>July 1, 2019</i>	19a-36g(4)
Sec. 4	<i>July 1, 2019</i>	19a-36l
Sec. 5	<i>July 1, 2019</i>	19a-493(b) and (c)
Sec. 6	<i>July 1, 2019</i>	19a-490(n)
Sec. 7	<i>July 1, 2019</i>	19a-17(f)
Sec. 8	<i>July 1, 2019</i>	17b-274a
Sec. 9	<i>July 1, 2019</i>	17b-274c(a)
Sec. 10	<i>July 1, 2019</i>	17b-274e
Sec. 11	<i>July 1, 2019</i>	17b-491c(a)
Sec. 12	<i>July 1, 2019</i>	19a-127r
Sec. 13	<i>July 1, 2019</i>	19a-14b(c)
Sec. 14	<i>July 1, 2019</i>	19a-37b
Sec. 15	<i>July 1, 2019</i>	19a-495a
Sec. 16	<i>July 1, 2019</i>	19a-562b
Sec. 17	<i>July 1, 2019</i>	19a-902
Sec. 18	<i>July 1, 2019</i>	20-262(b)(2)
Sec. 19	<i>July 1, 2019</i>	19a-177(10) to (13)
Sec. 20	<i>July 1, 2019</i>	4-67x(g)(1)
Sec. 21	<i>July 1, 2019</i>	19a-6q(a)
Sec. 22	<i>July 1, 2019</i>	19a-37(a) and (b)
Sec. 23	<i>July 1, 2019</i>	19a-36h(a)
Sec. 24	<i>July 1, 2019</i>	17a-101(b)
Sec. 25	<i>July 1, 2019</i>	17a-227a
Sec. 26	<i>July 1, 2019</i>	20-206bb(h)

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Sec. 27	<i>July 1, 2019</i>	7-406
Sec. 28	<i>July 1, 2019</i>	10a-194a
Sec. 29	<i>July 1, 2019</i>	17a-600(b)
Sec. 30	<i>July 1, 2019</i>	17b-124(b)
Sec. 31	<i>July 1, 2019</i>	17b-126
Sec. 32	<i>July 1, 2019</i>	17b-127(c)
Sec. 33	<i>July 1, 2019</i>	17b-128(b)
Sec. 34	<i>July 1, 2019</i>	17b-129
Sec. 35	<i>July 1, 2019</i>	17b-250
Sec. 36	<i>July 1, 2019</i>	17b-280a
Sec. 37	<i>July 1, 2019</i>	18-87
Sec. 38	<i>July 1, 2019</i>	52-57(f)
Sec. 39	<i>July 1, 2019</i>	54-56d(n)
Sec. 40	<i>July 1, 2019</i>	19a-490a
Sec. 41	<i>from passage</i>	19a-177(8)(A)
Sec. 42	<i>July 1, 2019</i>	Repealer section