



House of Representatives

General Assembly

File No. 582

January Session, 2023

Substitute House Bill No. 6733

House of Representatives, April 13, 2023

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

1 Section 1. Subsection (l) of section 19a-490 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (l) "Assisted living services agency" means an agency that provides [,
5 among other things] individuals with services that include, but need not
6 limited to, nursing services and assistance with activities of daily living
7 [to a population that is chronic and stable] and may have a dementia
8 special care unit or program as defined in section 19a-562;

9 Sec. 2. Section 20-195n of the general statutes is repealed and the
10 following is substituted in lieu thereof (*Effective from passage*):

11 (a) No person shall practice clinical social work unless such person

12 has obtained a license pursuant to this section.

13 (b) An applicant for licensure as a master social worker shall [(1)
14 Hold] hold a master's degree from a social work program accredited by
15 the Council on Social Work Education or, if educated outside the United
16 States or its territories, have completed an educational program deemed
17 equivalent by the council. [; and (2) pass the masters level examination
18 of the Association of Social Work Boards or any other examination
19 prescribed by the commissioner.]

20 (c) An applicant for licensure as a clinical social worker shall: (1) Hold
21 a doctorate or master's degree from a social work program accredited
22 by the Council on Social Work Education or, if educated outside the
23 United States or its territories, have completed an educational program
24 deemed equivalent by the council; (2) have three thousand hours post-
25 master's social work experience which shall include not less than one
26 hundred hours of work under professional supervision by a licensed
27 clinical or certified independent social worker, provided on and after
28 October 1, 2011, such hours completed in this state shall be as a licensed
29 master social worker; and (3) pass the clinical level examination of the
30 Association of Social Work Boards or any other examination prescribed
31 by the commissioner. On and after October 1, 1995, any person certified
32 as an independent social worker prior to October 1, 1995, shall be
33 deemed licensed as a clinical social worker pursuant to this section,
34 except a person certified as an independent social worker on and after
35 October 1, 1990, shall not be deemed licensed as a clinical social worker
36 pursuant to this chapter unless such person has satisfied the
37 requirements of subdivision (3) of this subsection.

38 (d) Notwithstanding the provisions of subsection (b) of this section,
39 the commissioner may grant a license by endorsement to an applicant
40 who presents evidence satisfactory to the commissioner that the
41 applicant [(1)] is licensed or certified as a master social worker or clinical
42 social worker in good standing in another state or jurisdiction whose
43 requirements for practicing in such capacity are substantially similar to
44 or higher than those of this state. [, and (2) has successfully completed

45 the master level examination of the Association of Social Work Boards,
46 or its successor organization, or any other examination prescribed by
47 the commissioner.] No license shall be issued under this subsection to
48 any applicant against whom professional disciplinary action is pending
49 or who is the subject of an unresolved complaint.

50 (e) Notwithstanding the provisions of subsection (c) of this section,
51 the commissioner may grant a license by endorsement to an applicant
52 who presents evidence satisfactory to the commissioner that the
53 applicant (1) is licensed or certified as a clinical social worker in good
54 standing in another state or jurisdiction whose requirements for
55 practicing in such capacity are substantially similar to or greater than
56 those of this state, and (2) has successfully completed the clinical level
57 examination of the Association of Social Work Boards, or its successor
58 organization, or any other examination prescribed by the commissioner.
59 No license shall be issued under this subsection to any applicant against
60 whom professional disciplinary action is pending or who is the subject
61 of an unresolved complaint.

62 (f) Notwithstanding the provisions of this section, an applicant who
63 is licensed or certified as a clinical social worker or its equivalent in
64 another state, territory or commonwealth of the United States may
65 substitute three years of licensed or certified work experience in the
66 practice of clinical social work in lieu of the requirements of subdivision
67 (2) of subsection (c) of this section, provided the commissioner finds that
68 such experience is equal to or greater than the requirements of this state.

69 (g) The commissioner shall notify each applicant who is approved to
70 take an examination required under subsection [(b),] (c) [, (d)] or (e) of
71 this section that such applicant may be eligible for testing
72 accommodations pursuant to the federal Americans with Disabilities
73 Act, 42 USC 12101 et seq., as amended from time to time, or other
74 accommodations, as determined by the Association of Social Work
75 Boards, or its successor organization, which may include the use of a
76 dictionary while taking such examination and additional time within
77 which to take such examination.

78 Sec. 3. Subsections (a) and (b) of section 20-195u of the general
79 statutes are repealed and the following is substituted in lieu thereof
80 (*Effective October 1, 2023*):

81 (a) Except as otherwise provided in this section, each clinical social
82 worker, licensed pursuant to the provisions of this chapter, and [, on
83 and after October 1, 2011,] each master social worker licensed pursuant
84 to this chapter shall complete a minimum of fifteen hours of continuing
85 education during each registration period in the following manner: (1)
86 Not less than five hours shall be earned through in-person or
87 synchronous online education with opportunities for live interaction;
88 and (2) not more than ten hours shall be earned through asynchronous
89 online education, distance learning or home study. For purposes of this
90 section, "synchronous online education" means live online classes that
91 are conducted in real time, "asynchronous online education" means a
92 program where the instructor, learner and other participants are not
93 engaged in the learning process at the same time, there is no real-time
94 interaction between participants and instructors and the educational
95 content is created and made available for later consumption, and
96 "registration period" means the twelve-month period for which a license
97 has been renewed in accordance with section 19a-88 and is current and
98 valid.

99 (b) Continuing education required pursuant to this section shall be
100 related to the practice of social work and shall include not less than one
101 contact hour of training or education each registration period on the
102 topic of cultural competency and, on and after January 1, 2016, not less
103 than two contact hours of training or education during the first renewal
104 period in which continuing education is required and not less than once
105 every six years thereafter on the topic of mental health conditions
106 common to veterans and family members of veterans, including (1)
107 determining whether a patient is a veteran or family member of a
108 veteran, (2) screening for conditions such as post-traumatic stress
109 disorder, risk of suicide, depression and grief, and (3) suicide prevention
110 training. Such continuing education shall consist of courses, workshops
111 and conferences offered or approved by the Association of Social Work

112 Boards, the National Association of Social Workers or a school or
113 department of social work accredited by the Council on Social Work
114 Education. [A licensee's ability to engage in on-line and home study
115 continuing education shall be limited to not more than ten hours per
116 registration period. Within the registration period, an initial
117 presentation by a licensee of an original paper, essay or formal lecture
118 in social work to a recognized group of fellow professionals may
119 account for five hours of continuing education hours of the aggregate
120 continuing education requirements prescribed in this section.]

121 Sec. 4. Subsection (b) of section 20-265b of the general statutes are
122 repealed and the following is substituted in lieu thereof (*Effective from*
123 *passage*):

124 (b) On and after January 1, 2020, each person seeking an initial license
125 as an esthetician shall apply to the department on a form prescribed by
126 the department, accompanied by an application fee of one hundred
127 dollars and evidence that the applicant (1) has completed a course of not
128 less than six hundred hours of study and received a certification of
129 completion from a school approved under section 20-265g or section
130 [20-26] 20-262 or in a school outside of the state whose requirements are
131 equivalent to a school approved under section 20-265g, or (2) (A) if
132 applying before January 1, [2022,] 2025, (i) has practiced esthetics
133 continuously in this state for a period of not less than two years prior to
134 July 1, 2020, or (ii) completed a course of study and received a certificate
135 of completion from a school approved under section 20-265g or section
136 20-262, and (B) is in compliance with the infection prevention and
137 control plan guidelines prescribed by the department under section 19a-
138 231 in the form of an attestation.

139 Sec. 5. Subsection (b) of section 20-265d of the general statutes is
140 repealed and the following is substituted in lieu thereof (*Effective from*
141 *passage*):

142 (b) On and after October 1, 2020, each person seeking an initial license
143 as a nail technician shall apply to the department on a form prescribed
144 by the department, accompanied by an application fee of one hundred

145 dollars and evidence that the applicant (1) has completed a course of not
146 less than one hundred hours of study and received a certificate of
147 completion from a school approved under section 20-265g or section 20-
148 262 or in a school outside of the state whose requirements are equivalent
149 to a school approved under section 20-265g, or (2) (A) if the applicant is
150 applying on or before January 1, [2022,] 2025, (i) has practiced as a nail
151 technician continuously in this state for a period of not less than two
152 years prior to January 1, 2021, and is in compliance with the infection
153 prevention and control plan guidelines prescribed by the department
154 under section 19a-231 in the form of an attestation, or (ii) has received a
155 certificate of completion from a school approved under section 20-265g
156 or section 20-262, or (B) has obtained a license as a nail technician trainee
157 and a statement signed by the applicant's supervisor at the spa or salon
158 where the licensed nail technician trainee is employed documenting
159 completion of the minimum requirements specified in section 20-265e.
160 If an applicant employed as a nail technician on or after September 30,
161 2020, does not have evidence satisfactory to the commissioner of
162 continuous practice as a nail technician for not less than two years, such
163 applicant may apply to the department for a nail technician trainee
164 license, under section 20-265e, provided such person applies for an
165 initial trainee license not later than January 1, 2021.

166 Sec. 6. Subsection (b) of section 20-206mm of the general statutes is
167 repealed and the following is substituted in lieu thereof (*Effective from*
168 *passage*):

169 (b) An applicant for licensure by endorsement shall present evidence
170 satisfactory to the commissioner that the applicant (1) is licensed or
171 certified as a paramedic in another state or jurisdiction whose
172 requirements for practicing in such capacity are substantially similar to
173 or higher than those of this state and that the applicant has no pending
174 disciplinary action or unresolved complaint against him or her, or (2)
175 (A) [is currently licensed or certified as a paramedic in good standing in
176 any New England state, New York or New Jersey, (B)] has completed
177 an initial training program consistent with the National Emergency
178 Medical Services Education Standards, as promulgated by the National

179 Highway Traffic Safety Administration for the paramedic scope of
180 practice model conducted by an organization offering a program that is
181 recognized by the national emergency medical services program
182 accrediting organization, [(C)] (B) for applicants applying on or after
183 January 1, 2020, has completed mental health first aid training as part of
184 a program provided by an instructor certified by the National Council
185 for Behavioral Health or any other certifying organization with
186 substantially similar certification requirements, as determined by the
187 commissioner, and [(D)] (C) has no pending disciplinary action or
188 unresolved complaint against him or her.

189 Sec. 7. Subsections (b) to (d), inclusive, of section 19a-181 of the
190 general statutes are repealed and the following is substituted in lieu
191 thereof (*Effective July 1, 2023*):

192 (b) Each authorized emergency medical services vehicle used by an
193 emergency medical service organization shall be inspected by the
194 Department of Public Health to verify the authorized emergency
195 medical services vehicle is in compliance with the minimum standards
196 for vehicle design and equipment as prescribed by the Commissioner of
197 Public Health. Such minimum standards shall include, but need not be
198 limited to, the following:

199 (1) All ambulances shall meet or exceed the design criteria of the
200 United States General Services Administration's federal specification for
201 the star-of-life ambulance, as described in KKK-A-1822, as amended
202 from time to time, with an exemption for the color scheme and decals of
203 the ambulance;

204 (2) All authorized emergency medical services vehicles shall have
205 only the name of the service operating the vehicle visible on the two
206 opposite sides of the vehicle;

207 (3) All motorcycle rescue vehicles shall be equipped with the
208 equipment required pursuant to the provisions of section 19a-194; and

209 (4) All authorized emergency medical service vehicles shall comply

210 with all state and federal safety, design and equipment requirements.

211 (c) Each inspector, upon determining that such authorized
212 emergency medical services vehicle meets the standards of safety and
213 equipment prescribed by the Commissioner of Public Health, shall affix
214 a compliance certificate in the rear compartment of such vehicle, in such
215 manner and form as said commissioner designates, and such sticker
216 shall be so placed as to be readily visible to any person. The
217 Commissioner of Public Health or the commissioner's designee may
218 inspect any rescue vehicle used by an emergency medical service
219 organization for compliance with the minimum equipment standards
220 prescribed by said commissioner.

221 [(c)] (d) Each authorized emergency medical services vehicle shall be
222 registered with the Department of Motor Vehicles pursuant to chapter
223 246. The Department of Motor Vehicles shall not issue a certificate of
224 registration for any such authorized emergency medical services vehicle
225 unless the applicant for such certificate of registration presents to said
226 department a compliance certificate from the Commissioner of Public
227 Health certifying that such authorized emergency medical services
228 vehicle has been inspected and has met the minimum safety and vehicle
229 design equipment standards prescribed by the Commissioner of Public
230 Health. Each vehicle registered with the Department of Motor Vehicles
231 in accordance with this subsection shall be inspected by the
232 Commissioner of Public Health or the commissioner's designee not less
233 than once every two years on or before the anniversary date of the
234 issuance of the certificate of registration.

235 [(d)] (e) The Department of Motor Vehicles shall suspend or revoke
236 the certificate of registration of any vehicle inspected under the
237 provisions of this section upon certification from the Commissioner of
238 Public Health that such ambulance or rescue vehicle has failed to meet
239 the minimum standards prescribed by said commissioner.

240 Sec. 8. Section 19a-565 of the general statutes is repealed and the
241 following is substituted in lieu thereof (*Effective October 1, 2023*):

242 (a) As used in this section: [, "clinical laboratory"]

243 (1) "Blood collection facility" means a facility that performs blood
244 component collection activities where blood is removed from a human
245 being for the purpose of administering such blood or any of its
246 components to any human being. "Blood collection facility" does not
247 include a facility that performs blood component collection activities to
248 collect source plasma or perform testing that would require licensure as
249 a clinical laboratory;

250 (2) "Business entity" means a corporation, association, trust, estate,
251 partnership, limited partnership, limited liability partnership, limited
252 liability company, sole proprietorship, joint stock company, nonstock
253 corporation, John Dempsey Hospital and The University of Connecticut
254 Health Center;

255 (3) "Clinical laboratory" has the same meaning as provided in section
256 19a-490, as amended by this act;

257 (4) "Plasmapheresis" means a procedure in which blood is removed
258 from a blood donor, the plasma is separated from the formed elements
259 and at least the red blood cells are returned to the blood donor at the
260 time of the donation;

261 (5) "Source plasma" means the liquid portion of human blood
262 collected by plasmapheresis and intended as source material for further
263 manufacturing use. "Source plasma" does not include single donor
264 plasma products intended for intravenous use; and

265 (6) "Source plasma donation center" means a facility where source
266 plasma is collected by plasmapheresis.

267 (b) The Department of Public Health shall adopt regulations, in
268 accordance with the provisions of chapter 54, [to establish reasonable
269 standards governing exemptions from the licensing provisions of this
270 section, clinical laboratory] governing clinical laboratories, blood
271 collection facilities and source plasma donation centers. Such
272 regulations shall establish reasonable standards for entities exempt from

273 licensure as a clinical laboratory, operations and facilities, personnel
274 qualifications and certification, levels of acceptable proficiency in
275 testing programs approved by the department, the collection,
276 acceptance and suitability of specimens for analysis and such other
277 pertinent laboratory functions, including the establishment of advisory
278 committees, as may be necessary to [insure] ensure public health and
279 safety. The Commissioner of Public Health may implement policies and
280 procedures necessary to administer the provisions of this section while
281 in the process of adopting such policies and procedures as regulations,
282 provided the department posts such policies and procedures on the
283 eRegulations System prior to adopting them. Policies and procedures
284 implemented pursuant to this section shall be valid until final
285 regulations are adopted in accordance with the provisions of chapter 54.

286 (c) No person [, firm or corporation] or business entity shall establish,
287 conduct, operate or maintain a clinical laboratory, blood collection
288 facility or source plasma donation center unless such laboratory, facility
289 or center is licensed or approved by said department in accordance with
290 its regulations. Each blood collection facility or plasmapheresis center,
291 as defined in section 19a-36-A47 of the regulations of Connecticut state
292 agencies, that is registered with the department on or before October 1,
293 2023, shall apply to the department for an initial license pursuant to the
294 provisions of this section not later than thirty days after the date that
295 procedures for such licensure are implemented by the department
296 pursuant to subsection (b) of this section. On and after the date on which
297 procedures for licensure are implemented by the department pursuant
298 to the provisions of said subsection, the department shall not renew any
299 blood collection facility or plasmapheresis center registration. Each
300 clinical laboratory, blood collection facility or source plasma donation
301 center shall comply with all standards for [clinical laboratories] such
302 facilities established by the department and shall be subject to inspection
303 by said department, including inspection of all records necessary to
304 carry out the purposes of this section. [The commissioner, or an agent
305 authorized by the commissioner, may conduct any inquiry,
306 investigation or hearing necessary to enforce the provisions of this
307 section or regulations adopted under this section and shall have power

308 to issue subpoenas, order the production of books, records or
309 documents, administer oaths and take testimony under oath relative to
310 the matter of such inquiry, investigation or hearing. At any such hearing
311 ordered by the department, the commissioner or such agent may
312 subpoena witnesses and require the production of records, papers and
313 documents pertinent to such hearing. If any person disobeys such
314 subpoena or, having appeared in obedience thereto, refuses to answer
315 any pertinent question put to such person by the commissioner or such
316 agent or to produce any records and papers pursuant to the subpoena,
317 the commissioner or such agent may apply to the superior court for the
318 judicial district of Hartford or for the judicial district wherein the person
319 resides or wherein the business has been conducted, setting forth such
320 disobedience or refusal and said court shall cite such person to appear
321 before said court to answer such question or to produce such records
322 and papers.]

323 [(c)] (d) Each initial or renewal application for licensure of a clinical
324 laboratory, [if such laboratory is located within an institution licensed
325 in accordance with sections 19a-490 to 19a-503, inclusive,] blood
326 collection facility or source plasma donation center shall be made [on
327 forms provided by said department] in a form and manner prescribed
328 by the commissioner and shall be executed by the owner or owners or
329 by a responsible officer of the firm or corporation owning [the] such
330 laboratory, [. Such application shall contain a current itemized rate
331 schedule, full disclosure of any contractual relationship, written or oral,
332 with any practitioner using the services of the laboratory and such other
333 information as said department requires, which may include affirmative
334 evidence of ability to comply with the standards as well as a sworn
335 agreement to abide by them. Upon receipt of any such application, said
336 department shall make such inspections and investigations as are
337 necessary and shall deny licensure when operation of the clinical
338 laboratory would be prejudicial to the health of the public. Licensure
339 shall not be in force until notice of its effective date and term has been
340 sent to the applicant] facility or donation center and be accompanied by
341 the fee required pursuant to the provisions of subsection (f) of this
342 section. A mobile or temporary blood collection facility shall not be

343 required to obtain a license if such person or business entity operating
344 such facility is licensed as a blood collection facility.

345 (e) After the department receives an initial or renewal application for
346 licensure pursuant to subsection (d) of this section, it shall conduct any
347 inspections or investigations that are deemed necessary by the
348 commissioner to determine the applicant's eligibility for licensure. As a
349 condition of licensure, the commissioner may require the applicant to
350 sign a consent order providing reasonable assurances of compliance
351 with federal and state laws and regulations. The commissioner may
352 deny licensure of an applicant if the commissioner determines that the
353 applicant has previously failed to comply with federal and state laws
354 and regulations or that licensure would pose a threat to the health,
355 safety and well-being of the public. Licensure pursuant to the provisions
356 of this section shall not be effective until the applicant receives notice of
357 such licensure, including the effective date and term of such licensure,
358 from the department.

359 [(d)] (f) A nonrefundable fee of [two] six hundred fifty dollars shall
360 accompany each application for a license or for renewal thereof, except
361 in the case of a clinical laboratory owned and operated by a
362 municipality, the state, the United States or any agency of said
363 municipality, state or United States. Each license shall be issued for a
364 period of not less than twenty-four [nor more than twenty-seven]
365 months. [from the deadline for applications established by the
366 commissioner.] Renewal applications shall be made [(1)] biennially
367 within the [twenty-fourth] twentieth month of the current license. [(2)
368 before any change in ownership or change in director is made; and (3)
369 prior to any major expansion or alteration in quarters.] Any change in
370 ownership of an entity licensed pursuant to the provisions of this section
371 shall be made in compliance with section 19a-493. If any such entity
372 changes its director, it shall notify the commissioner in a form and
373 manner prescribed by the commissioner. If any such entity intends to
374 expand or alter its facility, it shall notify the commissioner in a form and
375 manner prescribed by the commissioner prior to such expansion or
376 alteration. The licensed clinical laboratory shall report to the

377 Department of Public Health, in a form and manner prescribed by the
378 commissioner, the name and address of each [blood] specimen
379 collection facility owned and operated by the clinical laboratory, prior
380 to the issuance of a new license, prior to the issuance of a renewal license
381 or whenever a [blood] specimen collection facility opens or closes.

382 [(e)] (g) A license issued under this section may be revoked or
383 suspended in accordance with chapter 54 or subject to any other
384 disciplinary action specified in section 19a-17 if [such] the licensed
385 clinical laboratory, blood collection facility or source plasma donation
386 center has engaged in fraudulent practices, fee-splitting inducements or
387 bribes, including, but not limited to, in the case of a clinical laboratory,
388 violations of subsection [(f)] (h) of this section, or violated any other
389 provision of this section or regulations adopted under this section after
390 notice and a hearing is provided in accordance with the provisions of
391 said chapter.

392 [(f)] (h) No representative or agent of a clinical laboratory shall solicit
393 referral of specimens to his or any other clinical laboratory in a manner
394 which offers or implies an offer of fee-splitting inducements to persons
395 submitting or referring specimens, including inducements through
396 rebates, fee schedules, billing methods, personal solicitation or payment
397 to the practitioner for consultation or assistance or for scientific, clerical
398 or janitorial services.

399 [(g)] (i) No clinical laboratory, blood collection facility or source
400 plasma donation center shall terminate the employment of an employee
401 because such employee reported a violation of this section to the
402 Department of Public Health.

403 [(h)] (j) Any person [, firm or corporation] or business entity
404 operating a clinical laboratory, blood collection facility or source plasma
405 donation center in violation of this section shall be fined not less than
406 one hundred dollars or more than three hundred dollars for each
407 offense. For purposes of calculating civil penalties under this section,
408 each day a licensee operates in violation of this section or a regulation
409 adopted under this section shall constitute a separate violation.

410 [(i)] (k) The Commissioner of Public Health shall adopt regulations in
411 accordance with the provisions of chapter 54 to establish levels of
412 acceptable proficiency to be demonstrated in testing programs
413 approved by the department for those laboratory tests which are not
414 performed in a licensed clinical laboratory. Such levels of acceptable
415 proficiency shall be determined on the basis of the volume or the
416 complexity of the examinations performed.

417 Sec. 9. (NEW) (*Effective July 1, 2023*) The Commissioner of Public
418 Health shall require each person applying for licensure as a physician
419 under section 20-13 of the general statutes, who indicates an intention
420 to apply for a license in one or more other states not later than one year
421 after the date of such person's application for licensure, to submit to a
422 state and national fingerprint-based criminal history records check by
423 the Department of Emergency Services and Public Protection. The
424 Commissioner of Emergency Services and Public Protection shall report
425 the results of each such criminal history records check to the
426 Commissioner of Public Health pursuant to the provisions of section 29-
427 17a of the general statutes.

428 Sec. 10. (NEW) (*Effective July 1, 2023*) The Commissioner of Public
429 Health shall require each person applying for licensure as a psychologist
430 to submit to a state and national fingerprint-based criminal history
431 records check pursuant to section 29-17a of the general statutes. For the
432 purposes of this section, "psychologist" means an individual licensed for
433 the independent practice of psychology, and "licensure" means
434 authorization by a state psychology regulatory authority to engage in
435 the independent practice of psychology, the practice of which would be
436 unlawful without such authorization.

437 Sec. 11. Subsection (b) of section 19a-200 of the general statutes is
438 repealed and the following is substituted in lieu thereof (*Effective from*
439 *passage*):

440 (b) Notwithstanding the charter provisions of any city, town or
441 borough with respect to the qualifications of the director of health, on
442 and after [October 1, 2010] July 1, 2023, any person nominated to be a

443 director of health shall (1) be a licensed physician, [and hold a degree in
444 public health from an accredited school, college, university or
445 institution,] or (2) hold a graduate degree in public health from an
446 accredited institution of higher education. The educational
447 requirements of this section shall not apply to any director of health
448 nominated or otherwise appointed as director of health prior to
449 [October 1, 2010] July 1, 2023.

450 Sec. 12. Section 12-704i of the general statutes is repealed and the
451 following is substituted in lieu thereof (*Effective from passage, and*
452 *applicable to taxable years commencing on or after January 1, 2022*):

453 A taxpayer shall be allowed a credit against the tax imposed under
454 this chapter, other than the liability imposed by section 12-707, in the
455 amount of two thousand five hundred dollars for the [birth of a stillborn
456 child] delivery of a fetus born dead for which a fetal death certificate has
457 been filed, provided such child would have been a dependent on such
458 taxpayer's federal income tax return. The credit shall be allowed for the
459 taxable year for which a [stillbirth certificate is issued by the State Vital
460 Records Office of the Department of Public Health] fetal death occurred.

461 Sec. 13. Subsection (b) of section 19a-7o of the general statutes is
462 repealed and the following is substituted in lieu thereof (*Effective October*
463 *1, 2023*):

464 (b) A primary care provider shall offer to provide to, or order for,
465 each patient [who was born between 1945 to 1965, inclusive,] eighteen
466 years of age and older, and each pregnant woman a hepatitis C
467 screening test or hepatitis C diagnostic test at the time the primary care
468 provider provides services to such patient, except a primary care
469 provider is not required to offer to provide to, or order for, such patient
470 a hepatitis C screening test or hepatitis C diagnostic test when the
471 primary care provider reasonably believes: (1) Such patient is being
472 treated for a life-threatening emergency; (2) such patient has previously
473 been offered or has received a hepatitis C screening test; or (3) such
474 patient lacks the capacity to consent to a hepatitis C screening test.

475 Sec. 14. Subsection (a) of section 19a-127l of the general statutes is
476 repealed and the following is substituted in lieu thereof (*Effective July 1,*
477 *2023*):

478 (a) There is established a quality of care program within the
479 Department of Public Health. The [department] Commissioner of Public
480 Health shall develop for the purposes of said program (1) a
481 standardized data set to measure the clinical performance of health care
482 facilities, as defined in section 19a-630, and require such data to be
483 collected and reported periodically to the department, including, but
484 not limited to, data for the measurement of comparable patient
485 satisfaction, and (2) methods to provide public accountability for health
486 care delivery systems by such facilities. The [department] commissioner
487 shall develop such set and methods for [hospitals during the fiscal year
488 ending June 30, 2003, and the committee established pursuant to
489 subsection (c) of this section shall consider and may recommend to the
490 joint standing committee of the General Assembly having cognizance of
491 matters relating to public health the inclusion of other health care
492 facilities in each subsequent year] health care facilities and may revise
493 such sets and methods as necessary, as determined by the
494 commissioner.

495 Sec. 15. Subsections (a) and (b) of section 19a-112j of the general
496 statutes are repealed and the following is substituted in lieu thereof
497 (*Effective from passage*):

498 (a) There is established a Commission on Community Gun Violence
499 Intervention and Prevention to advise the Commissioner of Public
500 Health on the development of evidence-based, evidenced-informed,
501 community-centric gun programs and strategies to reduce community
502 gun violence in the state. The commission shall be within the
503 Department of Public Health for administrative purposes only.

504 (b) The commission shall be composed of the following members:

505 (1) Two appointed by the speaker of the House of Representatives,
506 one of whom shall be a representative of the Connecticut Hospital

507 Association and one of whom shall be a representative of Compass
508 Youth Collaborative;

509 (2) Two appointed by the president pro tempore of the Senate, one of
510 whom shall be a representative of the Connecticut Violence Intervention
511 Program and one of whom shall be a representative of the Regional
512 Youth Adult Social Action Partnership;

513 (3) Two appointed by the majority leader of the House of
514 Representatives, one of whom shall be a representative of Hartford
515 Communities That Care, Inc. and one of whom shall be a representative
516 of CT Against Gun Violence;

517 (4) Two appointed by the majority leader of the Senate, one of whom
518 shall be a representative of Project Longevity and one of whom shall be
519 a representative of Saint Francis Hospital and Medical Center;

520 (5) One appointed by the minority leader of the House of
521 Representatives, who shall be a representative of Yale New Haven
522 Hospital;

523 (6) One appointed by the minority leader of the Senate, who shall be
524 a representative of Hartford Hospital;

525 (7) One appointed by the House chairperson of the joint standing
526 committee of the General Assembly having cognizance of matters
527 relating to public health, who shall be a representative of the Greater
528 Bridgeport Area Prevention Program;

529 (8) One appointed by the Senate chairperson of the joint standing
530 committee of the General Assembly having cognizance of matters
531 relating to public health, who shall be a representative of a community
532 gun violence reduction program;

533 (9) One appointed by the executive director of the Commission on
534 Women, Children, Seniors, Equity and Opportunity, who shall be a
535 representative of the Health Alliance for Violence Intervention;

536 (10) Two appointed by the Commissioner of Public Health;

537 (11) Two appointed by the Governor, one of whom shall be a member
538 of the faculty at an academic institution and have experience in gun
539 violence prevention and one of whom is an advocate for survivors of
540 violent crime;

541 (12) One appointed by the minority leader of the House of
542 Representatives, who shall be employed as the highest-ranking
543 professional police officer of an organized police department of a
544 municipality within the state;

545 (13) One appointed by the minority leader of the Senate, who shall be
546 a youth representative of a group that advocates on behalf of justice-
547 involved youth;

548 (14) The Commissioner of Public Health;

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

551 (16) The Commissioner of Social Services, or the commissioner's
552 designee; [and]

553 (17) The Commissioner of Education, or the commissioner's designee;
554 and

555 ~~[(17)]~~ (18) The executive director of the Commission on Women,
556 Children, Seniors, Equity and Opportunity, or the executive director's
557 designee.

558 Sec. 16. Section 19a-332a of the general statutes is repealed and the
559 following is substituted in lieu thereof (*Effective October 1, 2023*):

560 (a) The commissioner, within available appropriations, and after
561 consultation with the Labor Commissioner, shall adopt regulations in
562 accordance with the provisions of chapter 54 to administer the
563 provisions of sections 19a-332 to 19a-332c, inclusive. Such regulations
564 shall include, but need not be limited to, the following: (1) Standards for

565 the proper performance of asbestos abatement; (2) procedures for
566 enforcement action; (3) procedures for inspection of asbestos abatement
567 by employees of the department; (4) minimum standards for completion
568 of asbestos abatement projects.

569 (b) On and after the effective date of any regulations adopted
570 pursuant to this section, no person shall engage in asbestos abatement
571 without following the provisions of sections 19a-332 to 19a-332c,
572 inclusive, and such regulations.

573 (c) The commissioner shall prescribe electronic reporting
574 requirements and develop a data collection system to monitor
575 compliance with the regulations adopted pursuant to subsection (a) of
576 this section.

577 [(c) Notwithstanding any regulations to the contrary, the] (d) The
578 Commissioner of Public Health shall charge the following fees for the
579 services of the department in connection with asbestos abatement: (1)
580 Notification of abatement, less than one hundred sixty square feet, one
581 hundred dollars; (2) notification of abatement, one hundred sixty square
582 feet or greater, one hundred dollars plus one per cent of the total
583 abatement cost, up to a maximum of five thousand dollars; (3)
584 reinspections, one hundred dollars; (4) asbestos alternative work
585 practice review, two hundred dollars; and (5) notice of demolition
586 activities, fifty dollars.

587 Sec. 17. Section 20-440 of the general statutes is repealed and the
588 following is substituted in lieu thereof (*Effective from passage*):

589 (a) The commissioner shall adopt regulations in accordance with the
590 provisions of chapter 54 to administer the provisions of subsection (c) of
591 section 19a-14, sections 19a-332 and 20-435 to 20-441, inclusive. Such
592 regulations shall include, but not be limited to, the following: (1) Passing
593 scores for licensure examination of asbestos consultants; (2) standards
594 for the licensing of asbestos contractors and asbestos consultants; (3)
595 standards for approval of training programs of asbestos abatement and
596 asbestos consultation services under section 20-439, including standards

597 for successful completion of such programs; (4) standards and
598 procedures for suspension and revocation of certification of asbestos
599 consultants, asbestos abatement workers and asbestos abatement
600 supervisors; and (5) standards and procedures for suspension and
601 withdrawal of approval of training programs.

602 (b) The regulations required under subsection (a) of this section shall
603 be revised, as necessary, to ensure that such regulations meet or exceed
604 the requirements of the United States Environmental Protection
605 Agency's model accreditation plan in accordance with federal
606 regulations, as from time to time amended. The commissioner may
607 implement policies and procedures necessary to administer the
608 provisions of this section while in the process of adopting such policies
609 and procedures as regulations, provided the department posts such
610 policies and procedures on the eRegulations System prior to adopting
611 them. Policies and procedures implemented pursuant to this section
612 shall be valid until final regulations are adopted in accordance with the
613 provisions of chapter 54.

614 Sec. 18. Section 20-478 of the general statutes is repealed and the
615 following is substituted in lieu thereof (*Effective from passage*):

616 The commissioner shall adopt regulations, in accordance with the
617 provisions of chapter 54, to administer the provisions of sections 20-475
618 and 20-476. Such regulations shall include, but not be limited to, the
619 following: (1) Standards for licensure of lead abatement contractors and
620 lead consultant contractors; (2) passing scores for certification
621 examinations of lead inspectors, lead inspector risk assessors and lead
622 abatement supervisors; and (3) standards for certification of lead
623 inspectors, lead inspector risk assessors, lead planner-project designers,
624 lead abatement supervisors and lead abatement workers. The
625 commissioner may implement policies and procedures necessary to
626 administer the provisions of this section while in the process of adopting
627 such policies and procedures as regulations, provided the department
628 posts such policies and procedures on the eRegulations System prior to
629 adopting them. Policies and procedures implemented pursuant to this

630 section shall be valid until final regulations are adopted in accordance
631 with the provisions of chapter 54.

632 Sec. 19. Subsection (c) of section 19a-111c of the general statutes is
633 repealed and the following is substituted in lieu thereof (*Effective from*
634 *passage*):

635 (c) (1) The Commissioner of Public Health may adopt regulations, in
636 accordance with chapter 54, to regulate paint removal from the exterior
637 of any building or structure where the paint removal project may
638 present a health hazard to neighboring premises. The regulations may
639 establish: (A) Definitions, (B) applicability and exemption criteria, (C)
640 procedures for submission of notifications, (D) appropriate work
641 practices, and (E) penalties for noncompliance.

642 (2) The Commissioner of Public Health may adopt regulations, in
643 accordance with chapter 54, to regulate the standards and procedures
644 for testing, remediation, as defined in this section, abatement and
645 management of materials containing toxic levels of lead in any premises.

646 (3) The commissioner may implement policies and procedures
647 necessary to administer the provisions of this section while in the
648 process of adopting such policies and procedures as regulations,
649 provided the department posts such policies and procedures on the
650 eRegulations System prior to adopting them. Policies and procedures
651 implemented pursuant to this section shall be valid until final
652 regulations are adopted in accordance with the provisions of chapter 54.

653 Sec. 20. Subsections (a) to (n), inclusive, of section 25-32 of the general
654 statutes are repealed and the following is substituted in lieu thereof
655 (*Effective from passage*):

656 (a) The Department of Public Health shall have jurisdiction over all
657 matters concerning the purity and adequacy of any water supply source
658 used by, or for which the right to use the water supply source for future
659 or emergency use is held by, any municipality, public institution or
660 water company for obtaining water, the safety of any distributing plant

661 and system for public health purposes, the adequacy of methods used
662 to assure water purity, and such other matters relating to the
663 construction and operation of such distributing plant and system as may
664 affect public health.

665 (b) No water company shall sell, lease, assign or otherwise dispose of
666 or change the use of any watershed lands, except as provided in section
667 25-43c, without a written permit from the Commissioner of Public
668 Health. The commissioner shall not grant: (1) A permit for the sale of
669 class I land, except as provided in subsection (d) of this section, (2) a
670 permit for the lease of class I land except as provided in subsection (p)
671 of this section, or (3) a permit for a change in use of class I land unless
672 the applicant demonstrates that such change will not have a significant
673 adverse impact upon the present and future purity and adequacy of the
674 public drinking water supply and is consistent with any water supply
675 plan filed and approved pursuant to section 25-32d. The commissioner
676 may reclassify class I land only upon determination that such land no
677 longer meets the criteria established by subsection (a) of section 25-37c
678 because of abandonment of a water supply source or a physical change
679 in the watershed boundary. Not more than fifteen days before filing an
680 application for a permit under this section, the applicant shall provide
681 notice of such intent, by certified mail, return receipt requested, to the
682 chief executive officer and the chief elected official of each municipality
683 in which the land is situated.

684 (c) The commissioner may grant a permit for the sale, lease,
685 assignment or change in use of any land in class II subject to any
686 conditions or restrictions in use which the commissioner may deem
687 necessary to maintain the purity and adequacy of the public drinking
688 water supply, giving due consideration to: (1) The creation and control
689 of point or nonpoint sources of contamination; (2) the disturbance of
690 ground vegetation; (3) the creation and control of subsurface sewage
691 disposal systems; (4) the degree of water treatment provided; (5) the
692 control of watershed land by the applicant through ownership,
693 easements or use restrictions or other water supply source protection
694 measures; (6) the effect of development of any such land; and (7) any

695 other significant potential source of contamination of the public
696 drinking water supply. The commissioner may grant a permit for the
697 sale, lease or assignment of class II land to another water company,
698 municipality or nonprofit land conservation organization provided, as
699 a condition of approval, a permanent conservation easement on the land
700 is entered into to preserve the land in perpetuity predominantly in its
701 natural scenic and open condition for the protection of natural resources
702 and public water supplies while allowing for recreation consistent with
703 such protection and improvements necessary for the protection or
704 provision of safe and adequate potable water. Preservation in perpetuity
705 shall not include permission for the land to be developed for any
706 commercial, residential or industrial uses, nor shall it include
707 permission for recreational purposes requiring intense development,
708 including, but not limited to, golf courses, driving ranges, tennis courts,
709 ballfields, swimming pools and uses by motorized vehicles other than
710 vehicles needed by water companies to carry out their purposes,
711 provided trails or pathways for pedestrians, motorized wheelchairs or
712 nonmotorized vehicles shall not be considered intense development.
713 The commissioner may reclassify class II land only upon determination
714 that such land no longer meets the criteria established by subsection (b)
715 of section 25-37c because of abandonment of a water supply source or a
716 physical change in the watershed boundary.

717 (d) The commissioner may grant a permit for (1) the sale of class I or
718 II land to another water company, to a state agency or to a municipality,
719 (2) the sale of class II land or the sale or assignment of a conservation
720 restriction or a public access easement on class I or class II land to a
721 private, nonprofit land-holding conservation organization, or (3) the
722 sale of class I land to a private nonprofit land-holding conservation
723 organization if the water company is denied a permit to abandon a
724 source not in current use or needed by the water company pursuant to
725 subsection (c) of section 25-33k, if the purchasing entity agrees to
726 maintain the land subject to the provisions of this section, any
727 regulations adopted pursuant to this section and the terms of any permit
728 issued pursuant to this section. Such purchasing entity or assignee may
729 not sell, lease or assign any such land or conservation restriction or

730 public access easement or sell, lease, assign or change the use of such
731 land without obtaining a permit pursuant to this section.

732 (e) The commissioner shall not grant a permit for the sale, lease,
733 assignment or change in use of any land in class II unless (1) use
734 restrictions applicable to such land will prevent the land from being
735 developed, (2) the applicant demonstrates that the proposed sale, lease,
736 assignment or change in use will not have a significant adverse impact
737 upon the purity and adequacy of the public drinking water supply and
738 that any use restrictions which the commissioner requires as a condition
739 of granting a permit can be enforced against subsequent owners, lessees
740 and assignees, (3) the commissioner determines, after giving effect to
741 any use restrictions which may be required as a condition of granting
742 the permit, that such proposed sale, lease, assignment or change in use
743 will not have a significant adverse effect on the public drinking water
744 supply, whether or not similar permits have been granted, and (4) on or
745 after January 1, 2003, as a condition to the sale, lease or assignment of
746 any class II lands, a permanent conservation easement on the land is
747 entered into to preserve the land in perpetuity predominantly in its
748 natural scenic and open condition for the protection of natural resources
749 and public water supplies while allowing for recreation consistent with
750 such protection and improvements necessary for the protection or
751 provision of safe and adequate potable water, except in cases where the
752 class II land is deemed necessary to provide access or egress to a parcel
753 of class III land, as defined in section 25-37c, that is approved for sale.
754 Preservation in perpetuity shall not include permission for the land to
755 be developed for any commercial, residential or industrial uses, nor
756 shall it include permission for recreational purposes requiring intense
757 development, including, but not limited to, golf courses, driving ranges,
758 tennis courts, ballfields, swimming pools and uses by motorized
759 vehicles other than vehicles needed by water companies to carry out
760 their purposes, provided trails or pathways for pedestrians, motorized
761 wheelchairs or nonmotorized vehicles shall not be considered intense
762 development.

763 (f) Nothing in this section shall prevent the lease or change in use of

764 water company land to allow for recreational purposes that do not
765 require intense development or improvements for water supply
766 purposes, for leases of existing structures, or for radio towers or
767 telecommunications antennas on existing structures. For purposes of
768 this subsection, intense development includes golf courses, driving
769 ranges, tennis courts, ballfields, swimming pools and uses by motorized
770 vehicles, provided trails or pathways for pedestrians, motorized
771 wheelchairs or nonmotorized vehicles shall not be considered intense
772 development.

773 (g) As used in this section, (1) "water supply source" includes all
774 springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or
775 underground waters from which water is or may be taken, and all
776 springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or
777 aquifer protection areas, as defined in section 22a-354h, thereto and all
778 lands drained thereby; and (2) "watershed land" means land from which
779 water drains into a public drinking water supply.

780 (h) The commissioner shall adopt and from time to time may amend
781 the following: (1) Physical, chemical, radiological and microbiological
782 standards for the quality of public drinking water; (2) minimum
783 treatment methods, taking into account the costs of such methods,
784 required for all sources of drinking water, including guidelines for the
785 design and operation of treatment works and water sources, which
786 guidelines shall serve as the basis for approval of local water supply
787 plans by the commissioner; (3) minimum standards to assure the long-
788 term purity and adequacy of the public drinking water supply to all
789 residents of this state; and (4) classifications of water treatment plants
790 and water distribution systems which treat or supply water used or
791 intended for use by the public. On or after October 1, 1975, any water
792 company which requests approval of any drinking water source shall
793 provide for such treatment methods as specified by the commissioner,
794 provided any water company in operation prior to October 1, 1975, and
795 having such source shall comply with regulations adopted by the
796 commissioner, in accordance with chapter 54, in conformance with The
797 Safe Drinking Water Act, Public Law 93-523, and shall submit on or

798 before February 1, 1976, a statement of intent to provide for treatment
799 methods as specified by the commissioner, to the commissioner for
800 approval. The commissioner shall adopt regulations, in accordance with
801 chapter 54, requiring water companies to report elevated levels of
802 copper in public drinking water.

803 (i) The department may perform the collection and testing of water
804 samples required by regulations adopted by the commissioner pursuant
805 to this section, in accordance with chapter 54, when requested to do so
806 by a water company. The department shall collect a fee equal to the cost
807 of such collection and testing. Water companies serving one thousand
808 or more persons shall not request routine bacteriological or physical
809 tests under this subsection.

810 (j) The condemnation by a state department, institution or agency of
811 any land owned by a water company shall be subject to the provisions
812 of this section.

813 (k) The commissioner may issue an order declaring a moratorium on
814 the expansion or addition to any existing public water system that the
815 commissioner deems incapable of providing new services with a pure
816 and adequate water supply.

817 (l) The commissioner may issue, modify or revoke orders as needed
818 to carry out the provisions of this part. Except as otherwise provided in
819 this part, such order shall be issued, modified or revoked in accordance
820 with procedures set forth in subsection (b) of section 25-34.

821 (m) The commissioner shall adopt regulations, in accordance with the
822 provisions of chapter 54, to include local health departments in the
823 notification process when a water utility reports a water quality
824 problem.

825 (n) (1) On and after the effective date of regulations adopted under
826 this subsection, no person may operate any water treatment plant, water
827 distribution system or small water system that treats or supplies water
828 used or intended for use by the public, test any backflow prevention

829 device, or perform a cross connection survey without a certificate issued
830 by the commissioner under this subsection. The commissioner shall
831 adopt regulations, in accordance with chapter 54, to provide: (A)
832 Standards for the operation of such water treatment plants, water
833 distribution systems and small water systems; (B) standards and
834 procedures for the issuance of certificates to operators of such water
835 treatment plants, water distribution systems and small water systems,
836 including, but not limited to, standards and procedures for the
837 department's approval of third parties to administer certification
838 examinations to such operators; (C) procedures for the renewal of such
839 certificates every three years; (D) standards for training required for the
840 issuance or renewal of a certificate; (E) standards and procedures for the
841 department's approval of course providers and courses of study as they
842 relate to certified operators of water treatment plants, water distribution
843 systems and small water systems and certified persons who test
844 backflow prevention devices or perform cross connection surveys for
845 initial and renewal applications; and (F) standards and procedures for
846 the issuance and renewal of certificates to persons who test backflow
847 prevention devices or perform cross connection surveys. Such
848 regulations shall be consistent with applicable federal law and
849 guidelines for operator certification programs promulgated by the
850 United States Environmental Protection Agency. For purposes of this
851 subsection, "small water system" means a public water system, as
852 defined in section 25-33d, that serves less than one thousand persons
853 and has no treatment or has only treatment that does not require any
854 chemical treatment, process adjustment, backwashing or media
855 regeneration by an operator. The commissioner may implement policies
856 and procedures necessary to administer the provisions of this section
857 while in the process of adopting such policies and procedures as
858 regulations, provided the department posts such policies and
859 procedures on the eRegulations System prior to adopting them. Policies
860 and procedures implemented pursuant to this section shall be valid
861 until final regulations are adopted in accordance with the provisions of
862 chapter 54.

863 (2) The commissioner may take any disciplinary action set forth in

864 section 19a-17, except for the assessment of a civil penalty under
865 subdivision (7) of subsection (a) of section 19a-17, against an operator, a
866 person who tests backflow prevention devices or a person who
867 performs cross connection surveys holding a certificate issued under
868 this subsection for any of the following reasons: (A) Fraud or material
869 deception in procuring a certificate, the renewal of a certificate or the
870 reinstatement of a certificate; (B) fraud or material deception in the
871 performance of the certified operator's professional activities; (C)
872 incompetent, negligent or illegal performance of the certified operator's
873 professional activities; (D) conviction of the certified operator for a
874 felony; or (E) failure of the certified operator to complete the training
875 required under subdivision (1) of this subsection.

876 (3) The commissioner may issue an initial certificate to perform a
877 function set forth in subdivision (1) of this subsection upon receipt of a
878 completed application, in a form prescribed by the commissioner,
879 together with an application fee as follows: (A) For a water treatment
880 plant, water distribution system or small water system operator
881 certificate, two hundred twenty-four dollars, except there shall be no
882 such application fee required for a student enrolled in an accredited
883 high school small water system operator certification course; (B) for a
884 backflow prevention device tester certificate, one hundred fifty-four
885 dollars; and (C) for a cross-connection survey inspector certificate, one
886 hundred fifty-four dollars. A certificate issued pursuant to this
887 subdivision shall expire three years from the date of issuance unless
888 renewed by the certificate holder prior to such expiration date. The
889 commissioner may renew a certificate for an additional three years upon
890 receipt of a completed renewal application, in a form prescribed by the
891 commissioner, together with a renewal application fee as follows: (i) For
892 a water treatment plant, water distribution system or small water
893 system operator certificate, ninety-eight dollars; (ii) for a backflow
894 prevention device tester certificate, sixty-nine dollars; and (iii) for a
895 cross-connection survey inspector certificate, sixty-nine dollars.

896 Sec. 21. (NEW) (*Effective July 1, 2023*) If a pharmacist or health care
897 professional who is currently licensed or was previously licensed in

898 another state or jurisdiction is subject to automatic reciprocal discipline
899 for a disciplinary action in such state or jurisdiction, such automatic
900 reciprocal discipline shall be automatically rescinded and shall not be
901 entered into the licensing record of the pharmacist or health care
902 professional if the discipline was based solely on the termination of
903 pregnancy under conditions that would not violate the general statutes
904 or the regulations of Connecticut state agencies. The provisions of this
905 section shall not preclude or affect the ability of an agency or board of
906 the state to seek or impose any discipline pursuant to the general
907 statutes against a pharmacist or other health care professional licensed
908 by the state.

909 Sec. 22. Section 22a-474c of the general statutes is repealed and the
910 following is substituted in lieu thereof (*Effective from passage*):

911 (a) Not later than January 1, [2023] 2024, each local health district and
912 health department shall establish an electronic reporting system for the
913 owner of any home or well that is damaged as the direct result of
914 sodium chloride run-off to register such damage with the local health
915 district or health department. Not later than January 1, [2024] 2025, and
916 each year thereafter, each local health district and health department
917 shall submit any report received pursuant to this section during the
918 previous calendar year to the Office of Policy and Management. The
919 Secretary of the Office of Policy and Management may identify any
920 available state or federal financial resources to assist such owners with
921 the costs of remediation, mitigation or repair of such homes or wells and
922 establish any criteria and procedures for the issuance of any such
923 financial assistance to such owners.

924 (b) Any (1) testing results originating due to a report submitted
925 pursuant to subsection (a) of this section provided to the Department of
926 Public Health, Office of Policy and Management or a local health district
927 or health department, (2) information obtained from a Department of
928 Public Health or a local health district or health department
929 investigation concerning such results, and (3) study of morbidity and
930 mortality conducted by the Department of Public Health or a local

931 health district or health department concerning such results shall be
932 confidential pursuant to the provisions of section 19a-25.

933 Sec. 23. Subdivision (4) of section 20-265a of the general statutes is
934 repealed and the following is substituted in lieu thereof (*Effective from*
935 *passage*):

936 (4) "Esthetics" means services related to skin care treatments, (A)
937 including, but not limited to, cleansing, toning, stimulating, exfoliating
938 or performing any similar procedure on the human body while using
939 cosmetic preparations, hands, devices, apparatus or appliances to
940 enhance or improve the appearance of the skin; makeup application;
941 beautifying lashes and brows; or removing unwanted hair using manual
942 and mechanical means, and (B) excluding the use of a prescriptive laser
943 device; the performance of a cosmetic medical procedure, as defined in
944 section 19a-903c; any practice, activity or treatment that constitutes the
945 practice of medicine; eyebrow threading as a means of shaping and
946 removing unwanted hair on the face and around the eyebrows; makeup
947 application at a rented kiosk located in a shopping center or the practice
948 of hairdressing and cosmetology by a hairdresser and cosmetician
949 licensed pursuant to this chapter that is within such licensee's scope of
950 practice;

951 Sec. 24. Section 7-60 of the general statutes is repealed and the
952 following is substituted in lieu thereof (*Effective October 1, 2023*):

953 (a) As used in this section, "fetal death" means the death of a fetus
954 prior to the complete expulsion or extraction from the uterus,
955 irrespective of the duration of pregnancy, in which there is no evidence
956 of life after such expulsion or extraction, including, but not limited to,
957 beating of the heart, pulsation of the umbilical cord or definite
958 movement of voluntary muscles. "Fetal death" does not include an
959 induced termination of a pregnancy.

960 [(a) Each case of fetal death shall be registered and] (b) For each fetal
961 death occurring after a period of gestation of not less than twenty weeks,
962 a fetal death certificate shall be filed with the registrar of vital statistics

963 in the manner required by sections 7-48 [,] and 7-51 [and 7-52] with
964 respect to the filing, content and issuance of birth certificates. [A fetus
965 born after a period of gestation of not less than twenty weeks in which
966 there is no attempt at respiration, no action of heart and no movement
967 of voluntary muscle, shall be recorded as a fetal death.] A fetal death
968 certificate shall be signed by a physician or, when no physician was in
969 attendance, by the nurse-midwife in attendance at the birth, the Chief
970 Medical Examiner, Deputy Chief Medical Examiner, an associate
971 medical examiner or an authorized assistant medical examiner. The
972 provisions of this subsection shall not apply to a father or mother when
973 a birth occurs outside an institution and a physician or midwife is not in
974 attendance at such birth, as described in subsection (c) of section 7-48.

975 [(b)] (c) Such certificate shall include, on a confidential portion of the
976 certificate, any additional information required by the department,
977 provided the information obtained under this section shall be used only
978 for medical and health purposes.

979 Sec. 25. Subparagraph (A) of subdivision (9) of section 19a-177 of the
980 general statutes is repealed and the following is substituted in lieu
981 thereof (*Effective July 1, 2023*):

982 (9) (A) Establish rates for the conveyance and treatment of patients
983 by licensed and certified ambulance services and invalid coaches and
984 establish emergency service rates for [certified ambulance services and]
985 paramedic intercept services, provided (i) the present rates established
986 for such services and vehicles shall remain in effect until such time as
987 the commissioner establishes a new rate schedule as provided in this
988 subdivision, and (ii) any rate increase not in excess of the Medical Care
989 Services Consumer Price Index, as published by the Bureau of Labor
990 Statistics of the United States Department of Labor, for the prior year,
991 filed in accordance with subparagraph (B)(iii) of this subdivision shall
992 be deemed approved by the commissioner. For purposes of this
993 subdivision, licensed ambulance services and paramedic intercept
994 services shall not include emergency air transport services or mobile
995 integrated health care programs.

996 Sec. 26. Subsection (a) of section 19a-403 of the general statutes is
997 repealed and the following is substituted in lieu thereof (*Effective October*
998 *1, 2023*):

999 (a) The Office of the Chief Medical Examiner is established to be
1000 operated under the control and supervision of the commission. The
1001 expenses of the commission and of operating said office shall be paid by
1002 the state out of funds appropriated for the purpose. The office shall be
1003 directed by a Chief Medical Examiner who shall be appointed by the
1004 commission. [His] The office shall be located at a medical school in this
1005 state. The Chief Medical Examiner or any member of the professional
1006 staff of the Office of the Chief Medical Examiner who is summoned to
1007 give expert testimony in a civil action in his or her capacity as the Chief
1008 Medical Examiner or a member of the office shall be allowed and paid a
1009 witness fee of five hundred dollars for each day or portion thereof the
1010 Chief Medical Examiner or such staff member is required to attend
1011 court. Such fee shall be taxed as a part of the costs of the action and be
1012 paid by the party requesting the appearance, and any such fee received
1013 shall be deposited in the General Fund except no fee shall be imposed if
1014 the requesting party is the state.

1015 Sec. 27. Section 19a-404 of the general statutes is repealed and the
1016 following is substituted in lieu thereof (*Effective October 1, 2023*):

1017 The Chief Medical Examiner shall be a citizen of the United States
1018 and a doctor of medicine licensed to practice medicine in Connecticut
1019 and shall have had a minimum of four years postgraduate training in
1020 pathology, board certification in forensic pathology from the American
1021 Board of Pathology and such additional subsequent experience in
1022 forensic pathology as the commission may determine, provided any
1023 person otherwise qualified who is not licensed to so practice may be
1024 appointed Chief Medical Examiner, provided he or she obtains such a
1025 license within one year of his or her appointment. The Commission on
1026 Medicolegal Investigations shall submit recommendations concerning
1027 the Chief Medical Examiner's salary and annual increments to such
1028 salary to the Commissioner of Administrative Services for review and

1029 approval pursuant to section 4-40. The Chief Medical Examiner's term
1030 of office shall be fixed by the commission and the Chief Medical
1031 Examiner may be removed by the commission only for cause. Under the
1032 direction of the commission, the Chief Medical Examiner shall prepare
1033 for transmission to the Secretary of the Office of Policy and Management
1034 as required by law estimates of expenditure requirements. The Chief
1035 Medical Examiner shall account to the State Treasurer for all fees and
1036 moneys received and expended by him or her by virtue of his or her
1037 office. The Chief Medical Examiner may as part of his or her duties teach
1038 medical and law school classes, conduct special classes for police
1039 investigators and engage in other activities related to the work of the
1040 office to such extent and on such terms as may be authorized by the
1041 commission. On and after January 1, 2022, the Chief Medical Examiner
1042 shall earn at least one contact hour of training or education in sudden
1043 unexpected death in epilepsy as part of the continuing medical
1044 education he or she is required to obtain pursuant to section 20-10b. As
1045 used in this section, "sudden unexpected death in epilepsy" means the
1046 death of a person with epilepsy that is not caused by injury, drowning
1047 or other known causes unrelated to epilepsy.

1048 Sec. 28. Section 19a-405 of the general statutes is repealed and the
1049 following is substituted in lieu thereof (*Effective October 1, 2023*):

1050 The Chief Medical Examiner, with the approval of the Commission
1051 on Medicolegal Investigations, shall appoint a deputy who shall
1052 perform all the duties of the Chief Medical Examiner in case of [his or
1053 her] the Chief Medical Examiner's sickness or absence and such
1054 associate medical examiners, assistant medical examiners, pathologists,
1055 toxicologists, laboratory technicians and other professional staff as the
1056 commission may specify. The commission in advance of appointments
1057 shall specify the qualifications required for each position in terms of
1058 education, experience and other relevant considerations. The
1059 commission shall submit recommendations concerning (1) the Deputy
1060 Chief Medical Examiner's salary and annual increments to such salary,
1061 and (2) the salaries and compensation of other professional staff to the
1062 Commissioner of Administrative Services for review and approval

1063 pursuant to section 4-40. The Chief Medical Examiner, the Deputy Chief
 1064 Medical Examiner, associate medical examiners, and assistant medical
 1065 examiners shall take the oath provided by law for public officers. Other
 1066 staff members as determined by the commission shall be appointed by
 1067 the Chief Medical Examiner, subject to the provisions of chapter 67 and
 1068 the rules of the commission not inconsistent therewith.

1069 Sec. 29. Section 19a-409 of the general statutes is repealed and the
 1070 following is substituted in lieu thereof (*Effective October 1, 2023*):

1071 The Office of the Chief Medical Examiner shall complete its
 1072 investigation where reasonably possible within thirty days. Upon
 1073 completion of the investigation, the Chief Medical Examiner, Deputy
 1074 Chief Medical Examiner, an associate medical examiner, an authorized
 1075 assistant medical examiner or a pathologist designated by the Chief
 1076 Medical Examiner shall file a death certificate, or a certificate
 1077 supplementing that already filed, with the registrar of vital statistics for
 1078 the town in which the death occurred, if known, or, if not known, for
 1079 the town in which the body was found. If the deceased is unidentified,
 1080 fingerprints, [of both hands and a photograph of the body,] provided
 1081 mortification has not proceeded so far or the nature of the cause of death
 1082 was not such as to make identification impossible, shall be sent by said
 1083 office to [such registrar of vital statistics and copies shall be sent to the
 1084 Department of Public Health and to] the Division of State Police within
 1085 the Department of Emergency Services and Public Protection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-490(l)
Sec. 2	<i>from passage</i>	20-195n
Sec. 3	<i>October 1, 2023</i>	20-195u(a) and (b)
Sec. 4	<i>from passage</i>	20-265b(b)
Sec. 5	<i>from passage</i>	20-265d(b)
Sec. 6	<i>from passage</i>	20-206mm(b)
Sec. 7	<i>July 1, 2023</i>	19a-181(b) to (d)
Sec. 8	<i>October 1, 2023</i>	19a-565
Sec. 9	<i>July 1, 2023</i>	New section

Sec. 10	July 1, 2023	New section
Sec. 11	from passage	19a-200(b)
Sec. 12	from passage, and applicable to taxable years commencing on or after January 1, 2022	12-704i
Sec. 13	October 1, 2023	19a-7o(b)
Sec. 14	July 1, 2023	19a-127l(a)
Sec. 15	from passage	19a-112j(a) and (b)
Sec. 16	October 1, 2023	19a-332a
Sec. 17	from passage	20-440
Sec. 18	from passage	20-478
Sec. 19	from passage	19a-111c(c)
Sec. 20	from passage	25-32(a) to (n)
Sec. 21	July 1, 2023	New section
Sec. 22	from passage	22a-474c
Sec. 23	from passage	20-265a(4)
Sec. 24	October 1, 2023	7-60
Sec. 25	July 1, 2023	19a-177(9)(A)
Sec. 26	October 1, 2023	19a-403(a)
Sec. 27	October 1, 2023	19a-404
Sec. 28	October 1, 2023	19a-405
Sec. 29	October 1, 2023	19a-409

Statement of Legislative Commissioners:

In Section 2(g), the reference to Subsec. (d) was removed for accuracy; in Section 3(a), an opening bracket was inserted before ", on" and a closing bracket was inserted after "2011," for clarity; in Section 8(d), "blood collection facility or source plasma donation center" was inserted after "inclusive,]" for consistency with other provisions of the Subsec.; and in Section 14, "The department shall develop" was changed to "The [department] commissioner shall develop" for accuracy and consistency.

PH Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Resources of the General Fund	GF - Revenue Gain	61,650	68,400
Resources of the General Fund	GF - Revenue Gain	See Below	See Below
Resources of the General Fund	GF - Revenue Gain	Up to 166,350	Up to 166,350
Department of Emergency Services and Public Protection	Applicant Fingerprint Card Submission Account - Potential Revenue Gain	Up to 33,270	Up to 33,270
Resources of the General Fund	GF - Potential Revenue Loss	Minimal	Minimal

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 24 \$	FY 25 \$
All Municipalities	Potential Revenue Loss	Minimal	Minimal

Explanation

The fiscal impacts of the bill are broken out by section below. Other provisions of the bill are not anticipated to result in a fiscal impact to the State or municipalities.

Section 8 results in a General Fund revenue gain of \$61,650 in FY 24 and \$68,400 in FY 25 by increasing, from \$200 to \$650, the initial and renewal license fee for clinical laboratories.¹ This section also creates new Department of Public Health licensure categories for blood

¹There are 137 clinical laboratories whose licenses renew in the even years and 152 clinical laboratories whose licenses renew in the odd years.

collection facilities and source plasma donation centers, starting 10/1/23, with initial and renewal license fees of \$650. The revenue gain to the General Fund from the new licensure categories will be dependent upon the number of initial and renewal licenses issued by DPH.

Sections 9 and 10 require certain physicians and psychologists to submit to fingerprint-based state background checks, resulting in a revenue gain to the General Fund of up to \$166,350 in both FY 24 and FY 25, and a potential revenue gain to the Applicant Fingerprint Card Submission Account² of up to \$33,270 in both FY 24 and FY 25. The Department of Emergency Services and Public Protection (DESPP) conducts state background checks for a fee of \$75 per check, and the revenue that is collected from this fee is deposited into the General Fund ($\$75 \times 2,218$ physicians and psychologists = \$166,350). If DESPP conducts fingerprinting for these background checks, with a \$15 fee per person paid to the Applicant Fingerprint Card Submission Account, there would be a revenue gain to this Account of up to \$33,270. As third-party providers may complete fingerprinting instead of DESPP, Account revenue is reflected as potential.

Section 24 modifies the situations under which a death certificate must be filed for a fetal death. To the extent this results in fewer death certificates being requested, there is a potential minimal revenue loss to the General Fund and municipalities beginning in FY 24.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of initial and renewal licenses issued by DPH, the number of fingerprinting DESPP conducts for background checks, the number of background checks, and the decrease in death certificate requests issued by the State and municipalities.

²Funds in the non-lapsing Applicant Fingerprint Card Submission Account are used for IT support and maintenance for the fingerprinting systems.

OLR Bill Analysis**HB 6733****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE
PUBLIC HEALTH STATUTES.**

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§§ 9 & 10 — INTERSTATE COMPACTS FOR PHYSICIANS AND PSYCHOLOGISTS

Requires psychologists and physicians who wish to participate in interstate compacts to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection

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Generally requires primary care providers to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women, instead of only patients born between 1945 and 1965

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Allows DPH to revise its quality of care program's standardized data sets for health care facilities and methods to provide public accountability for facilities' health care delivery systems

§ 15 — COMMISSION ON COMMUNITY GUN VIOLENCE

Adds the education commissioner, or her designee, to the membership of the Commission on Community Gun Violence Intervention and Prevention

§ 16 — ENFORCEMENT OF ASBESTOS REGULATIONS

Requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor compliance with asbestos abatement regulations

§§ 17-19 — ASBESTOS AND LEAD ABATEMENT PROFESSIONALS

Allows the DPH commissioner to implement policies and procedures on (1) licensure and certification standards for asbestos and lead abatement professionals and (2) lead testing, remediation, and

abatement standards while in the process of adopting them in regulations

§ 20 — PUBLIC WATER SUPPLY SOURCES

Specifies that DPH has jurisdiction over public water supply sources, including those held for future or emergency use; allows the DPH commissioner to implement policies and procedures for operating water treatment plants, water distribution systems, and small water systems while in the process of adopting them in regulations

§ 21 — AUTOMATIC RECIPROCAL DISCIPLINE FOR HEALTH PROFESSIONALS

Rescinds automatic reciprocal discipline against a pharmacist or health care professional licensed in another state or jurisdiction if the discipline in that location was based solely on terminating a pregnancy under conditions that would not violate Connecticut law or regulation

§ 22 — LOCAL HEALTH DEPARTMENT REPORTING SYSTEM FOR SODIUM CHLORIDE DAMAGE

Extends by one year the dates by which (1) local health departments must create an electronic reporting system for property owners to report sodium chloride damage and (2) health departments to submit the reports to OPM; makes confidential certain information related to the reports

§ 23 — EYEBROW THREADING

Exempts eyebrow threading from the definition of “esthetics,” thereby exempting people who engage in this practice from needing to be licensed

§ 24 — FETAL DEATH CERTIFICATES

Establishes a statutory definition of “fetal death” and exempts a father or mother from filing a fetal death certificate when the birth occurs outside of an institution and a physician or midwife is not in attendance

§ 25 — CERTIFIED AMBULANCE SERVICES

Authorizes certified ambulance services to provide non-emergency patient transport and treatment, in addition to licensed ambulance services and invalid coaches, as under current law

§§ 26-29 — OFFICE OF THE CHIEF MEDICAL EXAMINER

Requires the Chief Medical Examiner to be board-certified in pathology from the American Board of Pathology and eliminates a

requirement that the Office of the Chief Medical Examiner submit certain fingerprints and photographs to DPH and local registrars of vital records

SUMMARY

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

EFFECTIVE DATE: Various, see below

§ 1 — ASSISTED LIVING SERVICES AGENCIES

Modifies the statutory definition of an “assisted living services agency” to allow them to provide end-of-life services

The bill modifies the statutory definition of an “assisted living services agency” (ALSA) to allow these agencies to provide any person nursing services and assistance with activities of daily living, instead of only those who are chronic and stable, as under current law. In doing this, the bill authorizes ALSAs to provide end-of-life services.

Under existing law, unchanged by the bill, ALSAs may have a dementia special care unit or program.

EFFECTIVE DATE: Upon passage

§§ 2 & 3 — SOCIAL WORK LICENSURE

Eliminates the requirement that master social worker license applicants pass the Association of Social Work Board’s masters level examination; allows the required five hours of in-person continuing education to be earned through live online classes

Examination Requirement

The bill eliminates the requirement that an applicant for a master social worker license pass the Association of Social Work Board’s masters level examination, or other examination the DPH commissioner prescribes. By law, unchanged by the bill, applicants must hold a master’s degree from a program accredited by the Council on Social Work Education, or for applicants educated outside of the U.S. or its territories, a program the council deems equivalent.

The bill correspondingly eliminates this examination requirement for

licensure by endorsement for applicants who are licensed or certified as a master social worker in good standing in another state or jurisdiction whose licensure requirements are substantially similar to Connecticut's.

Continuing Education

Existing law requires licensed clinical and master social workers to complete at least 15 hours of continuing education (CE) during each registration period (i.e., 12-month license renewal period). The bill requires CE hours to be completed as follows:

1. at least five hours earned through in-person or synchronous online education (i.e., live online class conducted in real-time) with opportunities for live interaction and
2. no more than 10 hours can be earned through asynchronous online education, distance learning, or home study.

Current law allows social workers to complete up to 10 hours per registration period online or through home study. Thus, the bill allows social workers to earn the five hours that must be in-person via a live online class.

Under the bill, "asynchronous online education" is a program where the instructor, learner, or other participants are not engaged in the learning process at the same time, there is no real-time interaction between participants and instructors, and the educational content is created and made available for later consumption.

EFFECTIVE DATE: Upon passage for the examination requirement and October 1, 2023, for the CE requirement.

Background — Related Bill

HB 6837 (File 415), favorably reported by the Public Health Committee, temporarily eliminates (until April 1, 2026) the examination requirement for master social worker license applicants.

§§ 4 & 5 — ESTHETICIAN AND NAIL TECHNICIAN LICENSURE

Limits the time period in which certain applicants may be grandfathered in to licensure as an esthetician or nail technician to those who apply for licensure before January 1, 2025, and grandfathers applicants who complete specified education requirements

By law, people seeking an initial DPH license as an esthetician or nail technician must provide evidence of completing the minimum hours of required study at an approved school, or an out-of-state school with equivalent requirements, and receiving a certification of completion from the school.

Current law grandfathered applicants who gave evidence of:

1. practicing as one of these professionals continuously in the state for at least two years before January 1, 2022, and
2. attesting to compliance with specified infection prevention and control guidelines.

The bill (1) extends the current grandfathering to those who apply before January 1, 2025, and (2) allows an applicant to qualify for the grandfathering if he or she completed a course of study and received a certificate of completion from an approved school in place of the practice requirement.

EFFECTIVE DATE: Upon passage

§ 6 — PARAMEDIC LICENSURE

Makes a technical change to a provision on paramedic licensure by endorsement

The bill makes a technical change to a provision on paramedic licensure by removing a reference to licensure by endorsement for New England states, New York, and New Jersey. The law already allows licensure by endorsement for paramedics licensed or certified in good standing in another state or jurisdiction with requirements substantially similar to or greater than Connecticut's requirements.

EFFECTIVE DATE: Upon passage

§ 7 — EMERGENCY MEDICAL SERVICES VEHICLE INSPECTIONS

Codifies minimum vehicle design and equipment standards for authorized emergency medical services vehicle inspections that are currently in regulation

By law, ambulances and other authorized emergency medical services (EMS) vehicles (i.e., invalid coaches and intercept vehicles staffed by emergency technicians or paramedics) must be registered with the Department of Motor Vehicles (DMV).

As part of this process, DPH must at least biennially inspect the vehicles to ensure that they meet minimum vehicle design and equipment standards. The bill codifies the requirements for these minimum standards that are currently in regulation (Conn. Agencies Regs., § 19a-179-18). These minimum standards must at least include the following:

1. ambulances to meet or exceed the design criteria of the U.S. General Services Administration's federal specification for the star-of-life ambulance (i.e., KKK-A-1822, as amended), with an exemption for the ambulance's color scheme and decals;
2. authorized EMS vehicles to have only the name of the service operating the vehicle visible on the vehicle's two opposite sides;
3. authorized motorcycle rescue vehicles to be equipped with the equipment required under existing law; and
4. authorized EMS vehicles to comply with all state and federal safety, design, and equipment requirements.

As under current law, the DPH commissioner may also inspect any rescue vehicle used by an EMS organization for compliance with minimum equipment standards.

In addition to the DPH inspection, existing law requires ambulances and invalid coaches to be inspected by state or municipal employees, or DMV-licensed motor vehicle repairers or dealers, who are qualified under federal regulations. They must inspect the vehicles to ensure compliance with the minimum standards described above and make a record of each inspection (CGS § 19a-181(a)).

EFFECTIVE DATE: July 1, 2023

§ 8 — BLOOD COLLECTION FACILITIES AND SOURCE PLASMA DONATION CENTERS

Creates new licensure categories for source plasma donation centers and blood collection facilities administered by DPH; starting October 1, 2023, prohibits them from operating unless they obtain a license; establishes related licensure requirements and modifies those for clinical laboratories

The bill creates new DPH licensure categories for blood collection facilities and source plasma donation centers and, starting October 1, 2023, prohibits a person or business (e.g., corporation, partnership, limited liability company, John Dempsey Hospital, UConn Health Center) from establishing, conducting, operating, or maintaining a facility or center unless it obtains the license. (Under current practice, these facilities and centers must register with DPH and comply with federal and state and regulations for clinical laboratories.)

It requires the DPH commissioner to adopt regulations to implement the new licensure categories and allows her to implement policies and procedures while doing so if she posts the policies and procedures on the eRegulations System before adopting them. The policies and procedures are valid until the final regulations are adopted.

The bill also modifies requirements for clinical laboratory licensure by (1) increasing, from \$200 to \$650, the initial and renewal license fee and (2) eliminating certain information included on licensure applications.

EFFECTIVE DATE: October 1, 2023

Definitions

Under the bill, a “blood collection facility” is a facility that performs blood component collection activities where blood is removed from a person to administer the blood, or its components, to another person. It excludes facilities that perform these activities to collect source plasma or perform testing that requires a clinical laboratory license.

A “source plasma donation center” is a facility where source plasma is collected by plasmapheresis, which is a procedure that removes blood from a donor, separates the plasma, and then returns the red blood cells

to the donor at the time of donation. "Source plasma" is the liquid part of human blood collected by plasmapheresis for use as source material for further manufacturing use. It does not include single donor plasma products for intravenous use.

License Applications

The bill requires blood collection facilities and plasmapheresis centers (now called "source plasma donation centers") registered with DPH on or before October 1, 2023, to apply to DPH for an initial license within 30 days after DPH implements licensure procedures.

Starting on this implementation date, the bill prohibits DPH from renewing blood collection facility or plasmapheresis center registrations, instead requiring them to get the new license. The owner or responsible officer of the facility or center must apply for the license as the commissioner prescribes. However, a mobile or temporary blood collection facility is not required to get a license if its operator is licensed as a blood collection facility.

For clinical laboratories, the bill eliminates current law's requirement that licensure applications contain (1) an itemized rate schedule; (2) full disclosure of any written or oral contractual relationship with a practitioner using the laboratory's services; and (3) any other information DPH requires.

License Renewals and Fees

The bill generally increases, from \$200 to \$650, the initial and renewal license fees for clinical laboratories and extends the same fees to blood collection facilities and source plasma donation centers. (By law, clinical laboratories owned and operated by a government agency are exempt from these fees.)

Under current law, a clinical laboratory must apply to renew its license (1) every two years, during the 24th month; (2) before any change in owner or director; and (3) before any major expansion or change in quarters.

The bill instead requires a clinical laboratory to biennially apply to renew its license during the 20th month. For a change in ownership, DPH must first inspect the facility and approve the change. If the laboratory changes its director, or intends to expand or alter its facility, it must first notify the DPH commissioner as she prescribes. The bill extends these same requirements to blood collection facilities and source plasma donation centers.

Inspections and Investigation

Under the bill, blood collection facilities and plasma donation centers are subject to DPH inspections, including any necessary records inspection, as existing law requires for clinical laboratories. After it receives an initial or license renewal application for a blood collection facility or source plasma donation center, DPH must conduct any inspections or investigations the commissioner deems necessary to determine an applicant's eligibility for licensure.

The bill permits the DPH commissioner to require an applicant to sign a consent order providing reasonable assurance the applicant will comply with federal and state laws and regulations. The commissioner may deny an application if she determines the applicant previously failed to do so or that licensure would threaten the public's health, safety, and well-being, as she may already do for clinical laboratories.

A license is not effective until the applicant receives from DPH notice of licensure, including its effective date and terms.

Disciplinary Action

The bill authorizes the DPH commissioner to take various disciplinary actions (e.g., license suspension or revocation or probation) against a blood collection facility or source plasma donation center, after notice and a hearing. The commissioner may do this if the facility or center (1) engaged in fraudulent practices, fee-splitting inducements, or bribes or (2) violated applicable state laws and regulations. It subjects violators to a fine of between \$100 and \$300 for each offense.

Existing law already allows the commissioner to take disciplinary

action and impose fines against a clinical laboratory in a similar manner.

Whistleblower Protection

The bill prohibits blood collection facilities and source plasma donation centers from terminating an employee because the employee reported to DPH that the facility or center violated state licensure law or regulation. This prohibition already applies to clinical laboratories.

Background — Related Bill

sHB 6836, favorably reported by the Public Health Committee, contains identical provisions establishing new DPH licensure categories for blood collection facilities and source plasma donation centers and related requirements.

§§ 9 & 10 — INTERSTATE COMPACTS FOR PHYSICIANS AND PSYCHOLOGISTS

Requires psychologists and physicians who wish to participate in interstate compacts to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection

The bill requires applicants for licensure as a (1) psychologist or (2) physician who intends to apply for a license in another state within one year after applying for licensure, to submit to a state and national fingerprint-based criminal history records check by the Department of Emergency Services and Public Protection (DESPP). It requires the DESPP commissioner to report the results of the physicians' records checks to the DPH commissioner (it does not require her to do this for psychologists).

In doing this, the bill allows physicians and psychologists to participate in the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact, respectively, which Connecticut joined under PA 22-81 (see *Background*). These compacts require providers to complete an FBI fingerprint background check as a condition of participation.

EFFECTIVE DATE: July 1, 2023

Background — Interstate Compacts

The Interstate Medical Licensure Compact provides an expedited licensure process for physicians seeking to practice in multiple states. The Psychology Interjurisdictional Compact provides a process authorizing psychologists to practice by telehealth (unlimited) and temporary in-person, face-to-face services (30 days per year per state) across state boundaries, without having to be licensed in each of the states.

§ 11 — MUNICIPAL HEALTH DIRECTOR QUALIFICATIONS

Eliminates the requirement that municipal health directors who are licensed physicians also have a public health degree

Under current law, municipal health directors must (1) be a licensed physician and have a degree in public health or (2) have a graduate degree in public health. Starting July 1, 2023, the bill eliminates the requirement that those who are licensed physicians also have a public health degree.

EFFECTIVE DATE: Upon passage

§ 12 — STILLBORN TAX CREDIT

Makes technical and minor changes to the income tax credit for the birth of a stillborn child to conform with existing vital records laws

The bill makes technical and minor changes to the statute establishing an income tax credit for the birth of a stillborn child. It replaces references to stillbirths with fetal deaths (i.e., a death occurring at 20 or more weeks of gestation) to conform with existing vital records laws.

By law, there is a \$2,500 personal income tax credit for the birth of a stillborn child if the child would have been claimed as the taxpayer's dependent on his or her federal income tax return. Under current law, taxpayers may claim the credit for the tax year for which DPH's State Vital Records Office issued a fetal death certificate. The bill instead applies the credit for the tax year in which the fetal death occurred.

EFFECTIVE DATE: Upon passage and applicable to tax years beginning on or after January 1, 2022.

§ 13 — HEPATITIS C SCREENING

Generally requires primary care providers to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women, instead of only patients born between 1945 and 1965

The bill generally requires licensed primary care physicians, advanced practice registered nurses, and physician assistants (“primary care providers”) to offer to provide or order a hepatitis C screening or diagnostic test for patients ages 18 and older and pregnant women. In doing so, the bill conforms to 2020 federal Centers for Disease Control and Prevention recommendations for hepatitis C screening. Current law only requires primary care providers to do this for patients born between 1945 and 1965.

Existing law, unchanged by the bill, does not require a provider to offer the screening or test when he or she reasonably believes that the patient (1) is being treated for a life-threatening emergency, (2) has been previously offered or received a hepatitis C screening test, or (3) lacks the capacity to consent.

By law, a “hepatitis C screening test” is a laboratory test to detect the presence of hepatitis C virus antibodies in the blood. A “hepatitis C diagnostic test” is a laboratory test that detects the presence of the virus in the blood and confirms whether the person whose blood was tested has a hepatitis C virus infection.

EFFECTIVE DATE: October 1, 2023

Background — Hepatitis C

Hepatitis C is a blood-borne virus that infects the liver and can cause liver cirrhosis or cancer, liver failure, or death. The disease can be acute or chronic. Acute hepatitis C is less severe, but often becomes chronic hepatitis C.

§ 14 — DPH QUALITY OF CARE PROGRAM

Allows DPH to revise its quality of care program’s standardized data sets for health care facilities and methods to provide public accountability for facilities’ health care delivery systems

By law, DPH’s quality of care program for licensed health care facilities (e.g., hospitals and nursing homes) must have (1) a

standardized data set to measure facilities' clinical performance that must be collected and periodically reported to the department and (2) methods to provide public accountability for facilities' health care delivery systems. The bill allows the DPH commissioner to revise the data sets and methods, as she determines is necessary.

Additionally, the bill removes an obsolete provision initially applying the health care quality performance measurement and reporting system only to hospitals.

EFFECTIVE DATE: July 1, 2023

§ 15 — COMMISSION ON COMMUNITY GUN VIOLENCE

Adds the education commissioner, or her designee, to the membership of the Commission on Community Gun Violence Intervention and Prevention

The bill adds the education commissioner, or her designee, to the membership of the Commission on Community Gun Violence Intervention and Prevention, thereby increasing its members to 24.

By law, the commission must advise the DPH commissioner on developing evidence-based, evidence-informed, community-centric gun programs and strategies to reduce gun violence in the state. The commission is within DPH for administrative purposes only.

EFFECTIVE DATE: Upon passage

§ 16 — ENFORCEMENT OF ASBESTOS REGULATIONS

Requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor compliance with asbestos abatement regulations

Existing law requires the DPH commissioner, in consultation with the labor commissioner, to develop regulations on asbestos abatement, including standards for proper abatement, enforcement procedures, inspection procedures for DPH employees, and minimum standards for completing abatement projects.

The bill requires the DPH commissioner to prescribe electronic reporting requirements and develop a data collection system to monitor

compliance with the regulations.

EFFECTIVE DATE: October 1, 2023

§§ 17-19 — ASBESTOS AND LEAD ABATEMENT PROFESSIONALS

Allows the DPH commissioner to implement policies and procedures on (1) licensure and certification standards for asbestos and lead abatement professionals and (2) lead testing, remediation, and abatement standards while in the process of adopting them in regulations

By law, the DPH commissioner must adopt regulations on the licensure and certification standards for asbestos and lead abatement health professionals (e.g., contractors, supervisors, consultants, inspectors, and site-workers). The law allows her to also adopt regulations with standards and procedures for lead testing, remediation, abatement, and management in buildings and structures.

The bill allows the commissioner to implement policies and procedures while in the process of adopting them in regulations, so long as she posts them on the eRegulations System beforehand. The policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

§ 20 — PUBLIC WATER SUPPLY SOURCES

Specifies that DPH has jurisdiction over public water supply sources, including those held for future or emergency use; allows the DPH commissioner to implement policies and procedures for operating water treatment plants, water distribution systems, and small water systems while in the process of adopting them in regulations

The bill specifies that DPH has jurisdiction over the purity and adequacy of all public water supply sources used by municipalities, public institutions, or water companies, including those held for future or emergency use.

Existing law requires the DPH commissioner to adopt regulations on standards for operating water treatment plants, water distribution systems, and small water systems. The bill allows her to implement policies and procedures while in the process of adopting them in regulations, so long as she posts them on the eRegulations System beforehand. The policies and procedures are valid until the final

regulations are adopted.

EFFECTIVE DATE: Upon passage

§ 21 — AUTOMATIC RECIPROCAL DISCIPLINE FOR HEALTH PROFESSIONALS

Rescinds automatic reciprocal discipline against a pharmacist or health care professional licensed in another state or jurisdiction if the discipline in that location was based solely on terminating a pregnancy under conditions that would not violate Connecticut law or regulation

The bill automatically rescinds an automatic reciprocal discipline against a pharmacist or health care professional currently or previously licensed in another state or jurisdiction under the following conditions:

1. the pharmacist or health professional is subject to automatic reciprocal discipline for a disciplinary action in that state or jurisdiction and
2. the discipline was based solely on a pregnancy termination under conditions that would not violate Connecticut law or regulation.

If the above criteria are met, the bill prohibits DPH from entering the automatic reciprocal discipline into the health professional's or pharmacist's licensing record.

The bill also specifies that it does not preclude or affect the ability of a state agency or board to seek or impose any disciplinary action authorized by state law against a Connecticut-licensed pharmacist or health professional.

EFFECTIVE DATE: July 1, 2023

§ 22 — LOCAL HEALTH DEPARTMENT REPORTING SYSTEM FOR SODIUM CHLORIDE DAMAGE

Extends by one year the dates by which (1) local health departments must create an electronic reporting system for property owners to report sodium chloride damage and (2) health departments to submit the reports to OPM; makes confidential certain information related to the reports

The bill extends by one year, from January 1, 2023, to January 1, 2024, the date by which local health departments (i.e., municipal and district

health departments) must establish an electronic reporting system for owners of homes or wells directly damaged by sodium chloride run-off to report the damage to the local health department.

It correspondingly extends, from January 1, 2024, to January 1, 2025, the date by which these health departments must start annually submitting the reports recorded during the prior year to the Office of Policy and Management (OPM).

Additionally, the bill makes the following information confidential (i.e., not subject to disclosure or admissible as evidence in a court or agency proceeding, and used only for medical or scientific research):

1. testing results originating due to a sodium chloride run-off report provided to DPH, OPM, or local health departments;
2. information obtained from DPH or local health department investigations on the results; and
3. morbidity and mortality studies DPH or local health districts conduct related to the results.

EFFECTIVE DATE: Upon passage

§ 23 — EYEBROW THREADING

Exempts eyebrow threading from the definition of “esthetics,” thereby exempting people who engage in this practice from needing to be licensed

The bill exempts eyebrow threading from the statutory definition of “esthetics,” thereby exempting individuals who do this from needing a state esthetician license. It defines “eyebrow threading” as a means of shaping and removing unwanted hair on the face and around the eyebrows.

Under existing law, esthetics are skin care treatment services, including things like (1) cleansing, toning, stimulating, exfoliating, or performing a similar procedure on the human body while using cosmetic preparations, hands, devices, apparatuses, or appliances to enhance or improve the skin’s appearance; (2) applying makeup; (3)

beautifying lashes and brows; or (4) manually and mechanically removing unwanted hair.

Existing law already exempts from the definition of esthetics (1) using a prescriptive laser device, performing a cosmetic medical procedure, or any practice, activity, or treatment that is considered practicing medicine; (2) applying makeup at a rented kiosk in a shopping center; or (3) practicing hairdressing and cosmetology by licensed hairdressers or cosmeticians as part of their scope of practice.

EFFECTIVE DATE: Upon passage

§ 24 — FETAL DEATH CERTIFICATES

Establishes a statutory definition of “fetal death” and exempts a father or mother from filing a fetal death certificate when the birth occurs outside of an institution and a physician or midwife is not in attendance

The bill establishes a statutory definition of “fetal death” for purposes of issuing fetal death certificates. It defines fetal death as (1) the death of a fetus before its complete expulsion or extraction from the uterus, regardless of the pregnancy’s duration and (2) with no evidence of life after expulsion or extraction, including heartbeat, umbilical cord pulsation, or definite voluntary muscle movement. It excludes from the definition an induced termination of pregnancy.

By law, a fetal death certificate must be completed for each fetal death that occurs after at least 20 weeks of pregnancy (i.e., stillbirth). The certificate must be signed by specified health professionals and filed with the vital records registrar in the municipality where the death occurred. The bill exempts a father or mother from the filing requirement when the birth occurs outside of an institution (e.g., a home birth) and a physician or midwife does not attend.

EFFECTIVE DATE: October 1, 2023

§ 25 — CERTIFIED AMBULANCE SERVICES

Authorizes certified ambulance services to provide non-emergency patient transport and treatment, in addition to licensed ambulance services and invalid coaches, as under current law

The bill requires DPH to establish rates certified ambulance services can charge for non-emergency patient transport and treatment, thereby authorizing certified ambulance services to provide these services. Under current law, only licensed ambulance services and invalid coaches may do this.

By law, a “certified ambulance service” is a DPH-certified municipal, volunteer, or nonprofit ambulance service. A “licensed ambulance service” is a DPH-licensed commercial, volunteer, or municipal ambulance service (CGS § 19a-175).

EFFECTIVE DATE: July 1, 2023

§§ 26-29 — OFFICE OF THE CHIEF MEDICAL EXAMINER

Requires the Chief Medical Examiner to be board-certified in pathology from the American Board of Pathology and eliminates a requirement that the Office of the Chief Medical Examiner submit certain fingerprints and photographs to DPH and local registrars of vital records

The bill expands the job requirements for the Chief Medical Examiner (CME) to include that he or she maintain board certification in forensic pathology from the American Board of Pathology. Currently, the CME must (1) be a Connecticut-licensed physician, (2) have at least four years postgraduate pathology training, and (3) have any additional forensic pathology experience the Commission on Medicolegal Investigations determines.

The bill also eliminates a requirement that the Office of the Chief Medical Examiner send fingerprints and a photograph of a decedent’s body it investigates and cannot identify to the local vital statistics registrar and DPH. It keeps current law’s requirement that the office send the decedent’s fingerprints to the State Police. This revision conforms to current practice.

Additionally, the bill makes technical changes.

EFFECTIVE DATE: October 1, 2023

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 31 Nay 6 (03/27/2023)