



# House of Representatives

**File No. 839**

General Assembly

January Session, 2023

**(Reprint of File No. 582)**

Substitute House Bill No. 6733  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 30, 2023

**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. Section 19a-490 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 As used in this chapter, unless the context otherwise requires:

4 (a) "Institution" means a hospital, short-term hospital special hospice,  
5 hospice inpatient facility, residential care home, nursing home facility,  
6 home health care agency, home health aide agency, behavioral health  
7 facility, assisted living services agency, substance abuse treatment  
8 facility, outpatient surgical facility, outpatient clinic, clinical laboratory,  
9 blood collection facility, source plasma donation center, an infirmary  
10 operated by an educational institution for the care of students enrolled  
11 in, and faculty and employees of, such institution; a facility engaged in

12 providing services for the prevention, diagnosis, treatment or care of  
13 human health conditions, including facilities operated and maintained  
14 by any state agency; and a residential facility for persons with  
15 intellectual disability licensed pursuant to section 17a-227 and certified  
16 to participate in the Title XIX Medicaid program as an intermediate care  
17 facility for individuals with intellectual disability. "Institution" does not  
18 include any facility for the care and treatment of persons with mental  
19 illness or substance use disorder operated or maintained by any state  
20 agency, except Whiting Forensic Hospital and the hospital and  
21 psychiatric residential treatment facility units of the Albert J. Solnit  
22 Children's Center;

23 (b) "Hospital" means an establishment for the lodging, care and  
24 treatment of persons suffering from disease or other abnormal physical  
25 or mental conditions and includes inpatient psychiatric services in  
26 general hospitals;

27 (c) "Residential care home" or "rest home" means a community  
28 residence that furnishes, in single or multiple facilities, food and shelter  
29 to two or more persons unrelated to the proprietor and, in addition,  
30 provides services that meet a need beyond the basic provisions of food,  
31 shelter and laundry and may qualify as a setting that allows residents to  
32 receive home and community-based services funded by state and  
33 federal programs;

34 (d) "Home health care agency" means a public or private  
35 organization, or a subdivision thereof, engaged in providing  
36 professional nursing services and the following services, available  
37 twenty-four hours per day, in the patient's home or a substantially  
38 equivalent environment: Home health aide services as defined in this  
39 section, physical therapy, speech therapy, occupational therapy or  
40 medical social services. The agency shall provide professional nursing  
41 services and at least one additional service directly and all others  
42 directly or through contract. An agency shall be available to enroll new  
43 patients seven days a week, twenty-four hours per day;

44 (e) "Home health aide agency" means a public or private  
45 organization, except a home health care agency, which provides in the  
46 patient's home or a substantially equivalent environment supportive  
47 services which may include, but are not limited to, assistance with  
48 personal hygiene, dressing, feeding and incidental household tasks  
49 essential to achieving adequate household and family management.  
50 Such supportive services shall be provided under the supervision of a  
51 registered nurse and, if such nurse determines appropriate, shall be  
52 provided by a social worker, physical therapist, speech therapist or  
53 occupational therapist. Such supervision may be provided directly or  
54 through contract;

55 (f) "Home health aide services" as defined in this section shall not  
56 include services provided to assist individuals with activities of daily  
57 living when such individuals have a disease or condition that is chronic  
58 and stable as determined by a physician licensed in the state;

59 (g) "Behavioral health facility" means any facility that provides  
60 mental health services to persons eighteen years of age or older or  
61 substance use disorder services to persons of any age in an outpatient  
62 treatment or residential setting to ameliorate mental, emotional,  
63 behavioral or substance use disorder issues;

64 (h) "Clinical laboratory" means any facility or other area used for  
65 microbiological, serological, chemical, hematological,  
66 immunohematological, biophysical, cytological, pathological or other  
67 examinations of human body fluids, secretions, excretions or excised or  
68 exfoliated tissues for the purpose of providing information for the (1)  
69 diagnosis, prevention or treatment of any human disease or  
70 impairment, (2) assessment of human health, or (3) assessment of the  
71 presence of drugs, poisons or other toxicological substances;

72 (i) "Person" means any individual, firm, partnership, corporation,  
73 limited liability company or association;

74 (j) "Commissioner" means the Commissioner of Public Health or the  
75 commissioner's designee;

76 (k) "Home health agency" means an agency licensed as a home health  
77 care agency or a home health aide agency;

78 (l) "Assisted living services agency" means an agency that provides [,  
79 among other things] chronic and stable individuals with services that  
80 include, but need not limited to, nursing services and assistance with  
81 activities of daily living [to a population that is chronic and stable] and  
82 may have a dementia special care unit or program as defined in section  
83 19a-562;

84 (m) "Outpatient clinic" means an organization operated by a  
85 municipality or a corporation, other than a hospital, that provides (1)  
86 ambulatory medical care, including preventive and health promotion  
87 services, (2) dental care, or (3) mental health services in conjunction with  
88 medical or dental care for the purpose of diagnosing or treating a health  
89 condition that does not require the patient's overnight care;

90 (n) "Multicare institution" means a hospital that provides outpatient  
91 behavioral health services or other health care services, psychiatric  
92 outpatient clinic for adults, free-standing facility for the care or  
93 treatment of substance abusive or dependent persons, hospital for  
94 psychiatric disabilities, as defined in section 17a-495, or a general acute  
95 care hospital that provides outpatient behavioral health services that (1)  
96 is licensed in accordance with this chapter, (2) has more than one facility  
97 or one or more satellite units owned and operated by a single licensee,  
98 and (3) offers complex patient health care services at each facility or  
99 satellite unit. For purposes of this subsection, "satellite unit" means a  
100 location where a segregated unit of services is provided by the multicare  
101 institution;

102 (o) "Nursing home" or "nursing home facility" means (1) any chronic  
103 and convalescent nursing home or any rest home with nursing  
104 supervision that provides nursing supervision under a medical director  
105 twenty-four hours per day, or (2) any chronic and convalescent nursing  
106 home that provides skilled nursing care under medical supervision and  
107 direction to carry out nonsurgical treatment and dietary procedures for

108 chronic diseases, convalescent stages, acute diseases or injuries;

109 (p) "Outpatient dialysis unit" means (1) an out-of-hospital out-patient  
110 dialysis unit that is licensed by the department to provide (A) services  
111 on an out-patient basis to persons requiring dialysis on a short-term  
112 basis or for a chronic condition, or (B) training for home dialysis, or (2)  
113 an in-hospital dialysis unit that is a special unit of a licensed hospital  
114 designed, equipped and staffed to (A) offer dialysis therapy on an out-  
115 patient basis, (B) provide training for home dialysis, and (C) perform  
116 renal transplantations;

117 (q) "Hospice agency" means a public or private organization that  
118 provides home care and hospice services to terminally ill patients;

119 (r) "Psychiatric residential treatment facility" means a nonhospital  
120 facility with a provider agreement with the Department of Social  
121 Services to provide inpatient services to Medicaid-eligible individuals  
122 under the age of twenty-one; [and]

123 (s) "Chronic disease hospital" means a long-term hospital having  
124 facilities, medical staff and all necessary personnel for the diagnosis,  
125 care and treatment of chronic diseases;

126 (t) "Blood collection facility" means a facility that performs blood  
127 component collection activities where blood is removed from a human  
128 being for the purpose of administering such blood or any of its  
129 components to any human being. "Blood collection facility" does not  
130 include a facility that performs blood component collection activities to  
131 collect source plasma or perform testing that would require licensure as  
132 a clinical laboratory. For the purposes of this subsection, "source  
133 plasma" means the liquid portion of human blood collected by  
134 plasmapheresis and intended as source material for further  
135 manufacturing use and does not include single donor plasma products  
136 intended for intravenous use, and " plasmapheresis" means a procedure  
137 in which blood is removed from a blood donor, the plasma is separated  
138 from the formed elements and at least the red blood cells are returned  
139 to the blood donor at the time of the donation; and

140       (u) "Source plasma donation center" means a facility where source  
141 plasma is collected by plasmapheresis. For the purposes of this  
142 subsection, "source plasma" means the liquid portion of human blood  
143 collected by plasmapheresis and intended as source material for further  
144 manufacturing use and does not include single donor plasma products  
145 intended for intravenous use, and " plasmapheresis" means a procedure  
146 in which blood is removed from a blood donor, the plasma is separated  
147 from the formed elements and at least the red blood cells are returned  
148 to the blood donor at the time of the donation.

149       Sec. 2. Section 19a-564 of the general statutes is amended by adding  
150 subsection (g) as follows (*Effective from passage*):

151       (NEW) (g) An assisted living services agency may provide services  
152 that include, but need not be limited to, nursing services and assistance  
153 with activities of daily living to an individual who is no longer chronic  
154 and stable if (1) such individual is under the care of a licensed home  
155 health care agency or licensed hospice agency, or (2) such assisted living  
156 services agency is arranging, in conjunction with a managed residential  
157 community in accordance with subdivision (3) of subsection (a) of  
158 section 19a-694, for the provision of ancillary medical services on behalf  
159 of such individual, including physician and dental services, pharmacy  
160 services, restorative physical therapies, podiatry services, hospice care  
161 and home health agency services.

162       Sec. 3. Subsection (b) of section 20-195o of the general statutes is  
163 repealed and the following is substituted in lieu thereof (*Effective from*  
164 *passage*):

165       (b) (1) Notwithstanding the provisions of section 20-195n concerning  
166 examinations, on or before October 1, 2015, the commissioner may issue  
167 a license without examination, to any master social worker applicant  
168 who demonstrates to the satisfaction of the commissioner that, on or  
169 before October 1, 2013, he or she held a master's degree from a social  
170 work program accredited by the Council on Social Work Education or,  
171 if educated outside the United States or its territories, completed an

172 educational program deemed equivalent by the council.

173 (2) Notwithstanding the provisions of section 20-195n concerning  
174 examinations, the commissioner shall waive the requirement to pass the  
175 masters level examination of the Association of Social Work Boards or  
176 any other examination prescribed by the commissioner, as described in  
177 subsection (b) of section 20-195n until January 1, 2026, at which time  
178 such requirement shall be reinstated. Not later than July 1, 2025, the  
179 commissioner shall notify institutions of higher education offering  
180 social work programs about the reinstatement of the examination for all  
181 persons graduating after January 1, 2026.

182 Sec. 4. Subsections (a) and (b) of section 20-195u of the general  
183 statutes are repealed and the following is substituted in lieu thereof  
184 (*Effective October 1, 2023*):

185 (a) Except as otherwise provided in this section, each clinical social  
186 worker, licensed pursuant to the provisions of this chapter, and [, on  
187 and after October 1, 2011,] each master social worker licensed pursuant  
188 to this chapter shall complete a minimum of fifteen hours of continuing  
189 education during each registration period in the following manner: (1)  
190 Not less than five hours shall be earned through in-person or  
191 synchronous online education with opportunities for live interaction;  
192 and (2) not more than ten hours shall be earned through asynchronous  
193 online education, distance learning or home study. For purposes of this  
194 section, "synchronous online education" means live online classes that  
195 are conducted in real time, "asynchronous online education" means a  
196 program where the instructor, learner and other participants are not  
197 engaged in the learning process at the same time, there is no real-time  
198 interaction between participants and instructors and the educational  
199 content is created and made available for later consumption, and  
200 "registration period" means the twelve-month period for which a license  
201 has been renewed in accordance with section 19a-88 and is current and  
202 valid.

203 (b) Continuing education required pursuant to this section shall be

204 related to the practice of social work and shall include not less than one  
205 contact hour of training or education each registration period on the  
206 topic of cultural competency and, on and after January 1, 2016, not less  
207 than two contact hours of training or education during the first renewal  
208 period in which continuing education is required and not less than once  
209 every six years thereafter on the topic of mental health conditions  
210 common to veterans and family members of veterans, including (1)  
211 determining whether a patient is a veteran or family member of a  
212 veteran, (2) screening for conditions such as post-traumatic stress  
213 disorder, risk of suicide, depression and grief, and (3) suicide prevention  
214 training. Such continuing education shall consist of courses, workshops  
215 and conferences offered or approved by the Association of Social Work  
216 Boards, the National Association of Social Workers or a school or  
217 department of social work accredited by the Council on Social Work  
218 Education. [A licensee's ability to engage in on-line and home study  
219 continuing education shall be limited to not more than ten hours per  
220 registration period. Within the registration period, an initial  
221 presentation by a licensee of an original paper, essay or formal lecture  
222 in social work to a recognized group of fellow professionals may  
223 account for five hours of continuing education hours of the aggregate  
224 continuing education requirements prescribed in this section.]

225 Sec. 5. Subsection (b) of section 20-265b of the general statutes are  
226 repealed and the following is substituted in lieu thereof (*Effective from*  
227 *passage*):

228 (b) On and after January 1, 2020, each person seeking an initial license  
229 as an esthetician shall apply to the department on a form prescribed by  
230 the department, accompanied by an application fee of one hundred  
231 dollars and evidence that the applicant (1) has completed a course of not  
232 less than six hundred hours of study and received a certification of  
233 completion from a school approved under section 20-265g or section  
234 [20-26] 20-262 or in a school outside of the state whose requirements are  
235 equivalent to a school approved under section 20-265g, or (2) (A) if  
236 applying before January 1, [2022,] 2025, (i) has practiced esthetics  
237 continuously in this state for a period of not less than two years prior to



238 July 1, 2020, or (ii) completed a course of study and received a certificate  
239 of completion from a school approved under section 20-265g or section  
240 20-262, and (B) is in compliance with the infection prevention and  
241 control plan guidelines prescribed by the department under section 19a-  
242 231 in the form of an attestation.

243 Sec. 6. Subsection (b) of section 20-265d of the general statutes is  
244 repealed and the following is substituted in lieu thereof (*Effective from*  
245 *passage*):

246 (b) On and after October 1, 2020, each person seeking an initial license  
247 as a nail technician shall apply to the department on a form prescribed  
248 by the department, accompanied by an application fee of one hundred  
249 dollars and evidence that the applicant (1) has completed a course of not  
250 less than one hundred hours of study and received a certificate of  
251 completion from a school approved under section 20-265g or section 20-  
252 262 or in a school outside of the state whose requirements are equivalent  
253 to a school approved under section 20-265g, or (2) (A) if the applicant is  
254 applying on or before January 1, [2022,] 2025, (i) has practiced as a nail  
255 technician continuously in this state for a period of not less than two  
256 years prior to January 1, 2021, and is in compliance with the infection  
257 prevention and control plan guidelines prescribed by the department  
258 under section 19a-231 in the form of an attestation, or (ii) has received a  
259 certificate of completion from a school approved under section 20-265g  
260 or section 20-262, or (B) has obtained a license as a nail technician trainee  
261 and a statement signed by the applicant's supervisor at the spa or salon  
262 where the licensed nail technician trainee is employed documenting  
263 completion of the minimum requirements specified in section 20-265e.  
264 If an applicant employed as a nail technician on or after September 30,  
265 2020, does not have evidence satisfactory to the commissioner of  
266 continuous practice as a nail technician for not less than two years, such  
267 applicant may apply to the department for a nail technician trainee  
268 license, under section 20-265e, provided such person applies for an  
269 initial trainee license not later than January 1, 2021.

270 Sec. 7. Subsection (b) of section 20-206mm of the general statutes is

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

273 (b) An applicant for licensure by endorsement shall present evidence  
274 satisfactory to the commissioner that the applicant (1) is licensed or  
275 certified as a paramedic in another state or jurisdiction whose  
276 requirements for practicing in such capacity are substantially similar to  
277 or higher than those of this state and that the applicant has no pending  
278 disciplinary action or unresolved complaint against him or her, or (2)  
279 (A) [is currently licensed or certified as a paramedic in good standing in  
280 any New England state, New York or New Jersey, (B)] has completed  
281 an initial training program consistent with the National Emergency  
282 Medical Services Education Standards, as promulgated by the National  
283 Highway Traffic Safety Administration for the paramedic scope of  
284 practice model conducted by an organization offering a program that is  
285 recognized by the national emergency medical services program  
286 accrediting organization, [(C)] (B) for applicants applying on or after  
287 January 1, 2020, has completed mental health first aid training as part of  
288 a program provided by an instructor certified by the National Council  
289 for Behavioral Health or any other certifying organization with  
290 substantially similar certification requirements, as determined by the  
291 commissioner, and [(D)] (C) has no pending disciplinary action or  
292 unresolved complaint against him or her.

293 Sec. 8. Subsections (b) to (d), inclusive, of section 19a-181 of the  
294 general statutes are repealed and the following is substituted in lieu  
295 thereof (*Effective July 1, 2023*):

296 (b) Each authorized emergency medical services vehicle used by an  
297 emergency medical service organization shall be inspected by the  
298 Department of Public Health to verify the authorized emergency  
299 medical services vehicle is in compliance with the minimum standards  
300 for vehicle design and equipment as prescribed by the Commissioner of  
301 Public Health. Such minimum standards shall include, but need not be  
302 limited to, the following:

303 (1) Each ambulance shall meet or exceed the design criteria of the  
304 United States General Services Administration's federal specification for  
305 the star-of-life ambulance, as described in KKK-A-1822, as amended  
306 from time to time, with an exemption for the color scheme and decals of  
307 the ambulance;

308 (2) Each authorized emergency medical service vehicle shall be  
309 equipped with the equipment required for its specific vehicle  
310 classification as specified in the 2022 Connecticut EMS Minimum  
311 Equipment Checklist, as amended from time to time; and

312 (3) Each authorized emergency medical service vehicle shall comply  
313 with all state and federal safety, design and equipment requirements.

314 (c) Each inspector, upon determining that such authorized  
315 emergency medical services vehicle meets the standards of safety and  
316 equipment prescribed by the Commissioner of Public Health, shall affix  
317 a compliance certificate in the rear compartment of such vehicle, in such  
318 manner and form as said commissioner designates, and such sticker  
319 shall be so placed as to be readily visible to any person. The  
320 Commissioner of Public Health or the commissioner's designee may  
321 inspect any rescue vehicle used by an emergency medical service  
322 organization for compliance with the minimum equipment standards  
323 prescribed by said commissioner.

324 [(c)] (d) Each authorized emergency medical services vehicle shall be  
325 registered with the Department of Motor Vehicles pursuant to chapter  
326 246. The Department of Motor Vehicles shall not issue a certificate of  
327 registration for any such authorized emergency medical services vehicle  
328 unless the applicant for such certificate of registration presents to said  
329 department a compliance certificate from the Commissioner of Public  
330 Health certifying that such authorized emergency medical services  
331 vehicle has been inspected and has met the minimum safety and vehicle  
332 design equipment standards prescribed by the Commissioner of Public  
333 Health. Each vehicle registered with the Department of Motor Vehicles  
334 in accordance with this subsection shall be inspected by the

335 Commissioner of Public Health or the commissioner's designee not less  
336 than once every two years on or before the anniversary date of the  
337 issuance of the certificate of registration.

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

343 Sec. 9. Section 19a-565 of the general statutes is repealed and the  
344 following is substituted in lieu thereof (*Effective October 1, 2023*):

345 (a) As used in this section, ["clinical laboratory" has the same meaning  
346 as provided in section 19a-490] "business entity" means a corporation,  
347 association, trust, estate, partnership, limited partnership, limited  
348 liability partnership, limited liability company, sole proprietorship, joint  
349 stock company, nonstock corporation, John Dempsey Hospital and The  
350 University of Connecticut Health Center.

351 (b) The Department of Public Health shall adopt regulations, in  
352 accordance with the provisions of chapter 54, [to establish reasonable  
353 standards governing exemptions from the licensing provisions of this  
354 section, clinical laboratory] governing clinical laboratories, blood  
355 collection facilities and source plasma donation centers. Such  
356 regulations shall establish reasonable standards for entities exempt from  
357 licensure as a clinical laboratory, operations and facilities, personnel  
358 qualifications and certification, levels of acceptable proficiency in  
359 testing programs approved by the department, the collection,  
360 acceptance and suitability of specimens for analysis and such other  
361 pertinent laboratory functions, including the establishment of advisory  
362 committees, as may be necessary to [insure] ensure public health and  
363 safety. Such regulations shall include a requirement that a registered  
364 nurse or advanced practice registered nurse licensed under chapter 378  
365 be onsite during the hours of operation of a blood collection facility or  
366 source plasma donation center. On or before October 1, 2023, the

367 Commissioner of Public Health shall implement policies and  
368 procedures necessary to administer the provisions of this section while  
369 in the process of adopting such policies and procedures as regulations,  
370 provided the department posts such policies and procedures on the  
371 eRegulations System prior to adopting them. Policies and procedures  
372 implemented pursuant to this section shall be valid until final  
373 regulations are adopted in accordance with the provisions of chapter 54.

374 (c) No person [, firm or corporation] or business entity shall establish,  
375 conduct, operate or maintain a clinical laboratory, blood collection  
376 facility or source plasma donation center unless such laboratory, facility  
377 or center is licensed or approved by said department in accordance with  
378 its regulations. Each blood collection facility or plasmapheresis center,  
379 as defined in section 19a-36-A47 of the regulations of Connecticut state  
380 agencies, that is registered with the department on or before October 1,  
381 2023, shall apply to the department for an initial license pursuant to the  
382 provisions of this section not later than thirty days after the date that  
383 procedures for such licensure are implemented by the department  
384 pursuant to subsection (b) of this section. On and after the date on which  
385 procedures for licensure are implemented by the department pursuant  
386 to the provisions of said subsection, the department shall not renew any  
387 blood collection facility or plasmapheresis center registration. Each  
388 clinical laboratory, blood collection facility or source plasma donation  
389 center shall comply with all standards for [clinical laboratories] such  
390 facilities established by the department and shall be subject to inspection  
391 by said department, including inspection of all records necessary to  
392 carry out the purposes of this section. [The commissioner, or an agent  
393 authorized by the commissioner, may conduct any inquiry,  
394 investigation or hearing necessary to enforce the provisions of this  
395 section or regulations adopted under this section and shall have power  
396 to issue subpoenas, order the production of books, records or  
397 documents, administer oaths and take testimony under oath relative to  
398 the matter of such inquiry, investigation or hearing. At any such hearing  
399 ordered by the department, the commissioner or such agent may  
400 subpoena witnesses and require the production of records, papers and

401 documents pertinent to such hearing. If any person disobeys such  
402 subpoena or, having appeared in obedience thereto, refuses to answer  
403 any pertinent question put to such person by the commissioner or such  
404 agent or to produce any records and papers pursuant to the subpoena,  
405 the commissioner or such agent may apply to the superior court for the  
406 judicial district of Hartford or for the judicial district wherein the person  
407 resides or wherein the business has been conducted, setting forth such  
408 disobedience or refusal and said court shall cite such person to appear  
409 before said court to answer such question or to produce such records  
410 and papers.]

411 [(c)] (d) Each initial or renewal application for licensure of a clinical  
412 laboratory, [if such laboratory is located within an institution licensed  
413 in accordance with sections 19a-490 to 19a-503, inclusive,] blood  
414 collection facility or source plasma donation center shall be made [on  
415 forms provided by said department] in a form and manner prescribed  
416 by the commissioner and shall be executed by the owner or owners or  
417 by a responsible officer of the firm or corporation owning [the] such  
418 laboratory, [. Such application shall contain a current itemized rate  
419 schedule, full disclosure of any contractual relationship, written or oral,  
420 with any practitioner using the services of the laboratory and such other  
421 information as said department requires, which may include affirmative  
422 evidence of ability to comply with the standards as well as a sworn  
423 agreement to abide by them. Upon receipt of any such application, said  
424 department shall make such inspections and investigations as are  
425 necessary and shall deny licensure when operation of the clinical  
426 laboratory would be prejudicial to the health of the public. Licensure  
427 shall not be in force until notice of its effective date and term has been  
428 sent to the applicant] facility or donation center and be accompanied by  
429 the fee required pursuant to the provisions of subsection (f) of this  
430 section. A mobile or temporary blood collection facility shall not be  
431 required to obtain a license if such person or business entity operating  
432 such facility is licensed as a blood collection facility. A licensed source  
433 plasma donation center shall not be required to obtain a clinical  
434 laboratory license to perform any pre-donation screening test required

435 by Title 21, Chapter I of the Code of Federal Regulations. A hospital  
436 licensed under chapter 386v shall not be required to obtain a license as  
437 a blood collection facility for blood component collection activities that  
438 take place on the hospital campus, as defined in section 19a-508c.

439 (e) After the department receives an initial or renewal application for  
440 licensure pursuant to subsection (d) of this section, it shall conduct any  
441 inspections or investigations that are deemed necessary by the  
442 commissioner to determine the applicant's eligibility for licensure. As a  
443 condition of licensure, the commissioner may require the applicant to  
444 sign a consent order providing reasonable assurances of compliance  
445 with federal and state laws and regulations. The commissioner may  
446 deny licensure of an applicant if the commissioner determines that the  
447 applicant has previously failed to comply with federal and state laws  
448 and regulations or that licensure would pose a threat to the health,  
449 safety and well-being of the public. Licensure pursuant to the provisions  
450 of this section shall not be effective until the applicant receives notice of  
451 such licensure, including the effective date and term of such licensure,  
452 from the department.

453 [(d)] (f) A nonrefundable fee of two hundred dollars shall accompany  
454 each application for a license or for renewal thereof, except in the case  
455 of a clinical laboratory owned and operated by a municipality, the state,  
456 the United States or any agency of said municipality, state or United  
457 States. Each license shall be issued for a period of not less than twenty-  
458 four [nor more than twenty-seven] months, [from the deadline for  
459 applications established by the commissioner.] Renewal applications  
460 shall be made [(1)] biennially within the [twenty-fourth] twentieth  
461 month of the current license, [; (2) before any change in ownership or  
462 change in director is made; and (3) prior to any major expansion or  
463 alteration in quarters.] Any change in ownership of an entity licensed  
464 pursuant to the provisions of this section shall be made in compliance  
465 with section 19a-493. If any such entity changes its director, it shall  
466 notify the commissioner in a form and manner prescribed by the  
467 commissioner. If any such entity intends to expand or alter its facility, it  
468 shall notify the commissioner in a form and manner prescribed by the

469 commissioner prior to such expansion or alteration. The licensed clinical  
470 laboratory shall report to the Department of Public Health, in a form  
471 and manner prescribed by the commissioner, the name and address of  
472 each [blood] specimen collection facility owned and operated by the  
473 clinical laboratory, prior to the issuance of a new license, prior to the  
474 issuance of a renewal license or whenever a [blood] specimen collection  
475 facility opens or closes.

476 [(e)] (g) A license issued under this section may be revoked or  
477 suspended in accordance with chapter 54 or subject to any other  
478 disciplinary action specified in section 19a-17 if [such] the licensed  
479 clinical laboratory, blood collection facility or source plasma donation  
480 center has engaged in fraudulent practices, fee-splitting inducements or  
481 bribes, including, but not limited to, in the case of a clinical laboratory,  
482 violations of subsection [(f)] (h) of this section, or violated any other  
483 provision of this section or regulations adopted under this section after  
484 notice and a hearing is provided in accordance with the provisions of  
485 said chapter.

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

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

497 [(h)] (j) Any person [, firm or corporation] or business entity  
498 operating a clinical laboratory, blood collection facility or source plasma  
499 donation center in violation of this section shall be fined not less than  
500 one hundred dollars or more than three hundred dollars for each



501 offense. For purposes of calculating civil penalties under this section,  
502 each day a licensee operates in violation of this section or a regulation  
503 adopted under this section shall constitute a separate violation.

504 [(i)] (k) The Commissioner of Public Health shall adopt regulations in  
505 accordance with the provisions of chapter 54 to establish levels of  
506 acceptable proficiency to be demonstrated in testing programs  
507 approved by the department for those laboratory tests which are not  
508 performed in a licensed clinical laboratory. Such levels of acceptable  
509 proficiency shall be determined on the basis of the volume or the  
510 complexity of the examinations performed.

511 Sec. 10. Section 12-704i of the general statutes is repealed and the  
512 following is substituted in lieu thereof (*Effective from passage and*  
513 *applicable to taxable years commencing on or after January 1, 2022*):

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

522 Sec. 11. Subsection (b) of section 19a-7o of the general statutes is  
523 repealed and the following is substituted in lieu thereof (*Effective October*  
524 *1, 2023*):

525 (b) A primary care provider shall offer to provide to, or order for,  
526 each patient [who was born between 1945 to 1965, inclusive,] eighteen  
527 years of age and older, and each pregnant woman a hepatitis C  
528 screening test or hepatitis C diagnostic test at the time the primary care  
529 provider provides services to such patient, except a primary care  
530 provider is not required to offer to provide to, or order for, such patient  
531 a hepatitis C screening test or hepatitis C diagnostic test when the  
532 primary care provider reasonably believes: (1) Such patient is being

533 treated for a life-threatening emergency; (2) such patient has previously  
534 been offered or has received a hepatitis C screening test; or (3) such  
535 patient lacks the capacity to consent to a hepatitis C screening test.

536 Sec. 12. Subsection (a) of section 19a-127l of the general statutes is  
537 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
538 *2023*):

539 (a) There is established a quality of care program within the  
540 Department of Public Health. The [department] Commissioner of Public  
541 Health shall develop for the purposes of said program (1) a  
542 standardized data set to measure the clinical performance of health care  
543 facilities, as defined in section 19a-630, and require such data to be  
544 collected and reported periodically to the department, including, but  
545 not limited to, data for the measurement of comparable patient  
546 satisfaction, and (2) methods to provide public accountability for health  
547 care delivery systems by such facilities. The [department] commissioner  
548 shall develop such set and methods for [hospitals during the fiscal year  
549 ending June 30, 2003, and the committee established pursuant to  
550 subsection (c) of this section shall consider and may recommend to the  
551 joint standing committee of the General Assembly having cognizance of  
552 matters relating to public health the inclusion of other health care  
553 facilities in each subsequent year] health care facilities and may revise  
554 such sets and methods as necessary, as determined by the  
555 commissioner. The commissioner shall consult with an association of  
556 hospitals in the state on the scope and timing of the data reporting  
557 requirements described in this section to reduce the administrative  
558 burden on hospitals in producing and disclosing such data. Data  
559 collected pursuant to the provisions of this section shall not include  
560 personally identifiable information of patients.

561 Sec. 13. Subsections (a) and (b) of section 19a-112j of the general  
562 statutes are repealed and the following is substituted in lieu thereof  
563 (*Effective from passage*):

564 (a) There is established a Commission on Community Gun Violence

565 Intervention and Prevention to advise the Commissioner of Public  
566 Health on the development of evidence-based, evidenced-informed,  
567 community-centric gun programs and strategies to reduce community  
568 gun violence in the state. The commission shall be within the  
569 Department of Public Health for administrative purposes only.

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

571 (1) Two appointed by the speaker of the House of Representatives,  
572 one of whom shall be a representative of the Connecticut Hospital  
573 Association and one of whom shall be a representative of Compass  
574 Youth Collaborative;

575 (2) Two appointed by the president pro tempore of the Senate, one of  
576 whom shall be a representative of the Connecticut Violence Intervention  
577 Program and one of whom shall be a representative of the Regional  
578 Youth Adult Social Action Partnership;

579 (3) Two appointed by the majority leader of the House of  
580 Representatives, one of whom shall be a representative of Hartford  
581 Communities That Care, Inc. and one of whom shall be a representative  
582 of CT Against Gun Violence;

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

586 (5) One appointed by the minority leader of the House of  
587 Representatives, who shall be a representative of Yale New Haven  
588 Hospital;

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

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

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

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

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

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

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

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

614 (14) The Commissioner of Public Health;

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

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

619 (17) The Commissioner of Education, or the commissioner's designee;

620 [(17)] (18) The executive director of the Commission on Women,  
621 Children, Seniors, Equity and Opportunity, or the executive director's  
622 designee;

623 (19) One appointed by the House ranking member of the joint  
624 standing committee of the General Assembly having cognizance of  
625 matters relating to public health, who shall be a municipal police chief;  
626 and

627 (20) One appointed by the Senate ranking member of the joint  
628 standing committee of the General Assembly having cognizance of  
629 matters relating to public health, who shall be a local director of health.

630 Sec. 14. Section 19a-332a of the general statutes is repealed and the  
631 following is substituted in lieu thereof (*Effective October 1, 2023*):

632 (a) The commissioner, within available appropriations, and after  
633 consultation with the Labor Commissioner, shall adopt regulations in  
634 accordance with the provisions of chapter 54 to administer the  
635 provisions of sections 19a-332 to 19a-332c, inclusive. Such regulations  
636 shall include, but need not be limited to, the following: (1) Standards for  
637 the proper performance of asbestos abatement; (2) procedures for  
638 enforcement action; (3) procedures for inspection of asbestos abatement  
639 by employees of the department; (4) minimum standards for completion  
640 of asbestos abatement projects.

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

645 (c) The commissioner shall prescribe electronic reporting  
646 requirements and develop a data collection system to monitor  
647 compliance with the regulations adopted pursuant to subsection (a) of  
648 this section.

649 [(c) Notwithstanding any regulations to the contrary, the] (d) The  
650 Commissioner of Public Health shall charge the following fees for the  
651 services of the department in connection with asbestos abatement: (1)  
652 Notification of abatement, less than one hundred sixty square feet, one  
653 hundred dollars; (2) notification of abatement, one hundred sixty square

654 feet or greater, one hundred dollars plus one per cent of the total  
655 abatement cost, up to a maximum of five thousand dollars; (3)  
656 reinspections, one hundred dollars; (4) asbestos alternative work  
657 practice review, two hundred dollars; and (5) notice of demolition  
658 activities, fifty dollars.

659 Sec. 15. Section 20-440 of the general statutes is repealed and the  
660 following is substituted in lieu thereof (*Effective from passage*):

661 (a) The commissioner shall adopt regulations in accordance with the  
662 provisions of chapter 54 to administer the provisions of subsection (c) of  
663 section 19a-14, sections 19a-332 and 20-435 to 20-441, inclusive. Such  
664 regulations shall include, but not be limited to, the following: (1) Passing  
665 scores for licensure examination of asbestos consultants; (2) standards  
666 for the licensing of asbestos contractors and asbestos consultants; (3)  
667 standards for approval of training programs of asbestos abatement and  
668 asbestos consultation services under section 20-439, including standards  
669 for successful completion of such programs; (4) standards and  
670 procedures for suspension and revocation of certification of asbestos  
671 consultants, asbestos abatement workers and asbestos abatement  
672 supervisors; and (5) standards and procedures for suspension and  
673 withdrawal of approval of training programs.

674 (b) The regulations required under subsection (a) of this section shall  
675 be revised, as necessary, to ensure that such regulations meet or exceed  
676 the requirements of the United States Environmental Protection  
677 Agency's model accreditation plan in accordance with federal  
678 regulations, as from time to time amended. The commissioner may  
679 implement policies and procedures necessary to administer the  
680 provisions of this section while in the process of adopting such policies  
681 and procedures as regulations, provided notice of intent to adopt  
682 regulations is published on the eRegulations System not later than  
683 twenty days after the date of implementation. Policies and procedures  
684 implemented pursuant to this section shall be valid until final  
685 regulations are adopted in accordance with the provisions of chapter 54.

686 Sec. 16. Section 20-478 of the general statutes is repealed and the  
687 following is substituted in lieu thereof (*Effective from passage*):

688 The commissioner shall adopt regulations, in accordance with the  
689 provisions of chapter 54, to administer the provisions of sections 20-475  
690 and 20-476. Such regulations shall include, but not be limited to, the  
691 following: (1) Standards for licensure of lead abatement contractors and  
692 lead consultant contractors; (2) passing scores for certification  
693 examinations of lead inspectors, lead inspector risk assessors and lead  
694 abatement supervisors; and (3) standards for certification of lead  
695 inspectors, lead inspector risk assessors, lead planner-project designers,  
696 lead abatement supervisors and lead abatement workers. The  
697 commissioner may implement policies and procedures necessary to  
698 administer the provisions of this section while in the process of adopting  
699 such policies and procedures as regulations, provided notice of intent to  
700 adopt regulations is published on the eRegulations System not later than  
701 twenty days after the date of implementation. Policies and procedures  
702 implemented pursuant to this section shall be valid until final  
703 regulations are adopted in accordance with the provisions of chapter 54.

704 Sec. 17. Subsections (a) to (n), inclusive, of section 25-32 of the general  
705 statutes are repealed and the following is substituted in lieu thereof  
706 (*Effective from passage*):

707 (a) The Department of Public Health shall have jurisdiction over all  
708 matters concerning the purity and adequacy of any water supply source  
709 (1) used by, or (2) on and after July 1, 2024, for which the right to use the  
710 water supply source for future or emergency use is held by, any  
711 municipality, public institution or water company for obtaining water,  
712 the safety of any distributing plant and system for public health  
713 purposes, the adequacy of methods used to assure water purity, and  
714 such other matters relating to the construction and operation of such  
715 distributing plant and system as may affect public health.

716 (b) No water company shall sell, lease, assign or otherwise dispose of  
717 or change the use of any watershed lands, except as provided in section

718 25-43c, without a written permit from the Commissioner of Public  
719 Health. The commissioner shall not grant: (1) A permit for the sale of  
720 class I land, except as provided in subsection (d) of this section, (2) a  
721 permit for the lease of class I land except as provided in subsection (p)  
722 of this section, or (3) a permit for a change in use of class I land unless  
723 the applicant demonstrates that such change will not have a significant  
724 adverse impact upon the present and future purity and adequacy of the  
725 public drinking water supply and is consistent with any water supply  
726 plan filed and approved pursuant to section 25-32d. The commissioner  
727 may reclassify class I land only upon determination that such land no  
728 longer meets the criteria established by subsection (a) of section 25-37c  
729 because of abandonment of a water supply source or a physical change  
730 in the watershed boundary. Not more than fifteen days before filing an  
731 application for a permit under this section, the applicant shall provide  
732 notice of such intent, by certified mail, return receipt requested, to the  
733 chief executive officer and the chief elected official of each municipality  
734 in which the land is situated.

735 (c) The commissioner may grant a permit for the sale, lease,  
736 assignment or change in use of any land in class II subject to any  
737 conditions or restrictions in use which the commissioner may deem  
738 necessary to maintain the purity and adequacy of the public drinking  
739 water supply, giving due consideration to: (1) The creation and control  
740 of point or nonpoint sources of contamination; (2) the disturbance of  
741 ground vegetation; (3) the creation and control of subsurface sewage  
742 disposal systems; (4) the degree of water treatment provided; (5) the  
743 control of watershed land by the applicant through ownership,  
744 easements or use restrictions or other water supply source protection  
745 measures; (6) the effect of development of any such land; and (7) any  
746 other significant potential source of contamination of the public  
747 drinking water supply. The commissioner may grant a permit for the  
748 sale, lease or assignment of class II land to another water company,  
749 municipality or nonprofit land conservation organization provided, as  
750 a condition of approval, a permanent conservation easement on the land  
751 is entered into to preserve the land in perpetuity predominantly in its



752 natural scenic and open condition for the protection of natural resources  
753 and public water supplies while allowing for recreation consistent with  
754 such protection and improvements necessary for the protection or  
755 provision of safe and adequate potable water. Preservation in perpetuity  
756 shall not include permission for the land to be developed for any  
757 commercial, residential or industrial uses, nor shall it include  
758 permission for recreational purposes requiring intense development,  
759 including, but not limited to, golf courses, driving ranges, tennis courts,  
760 ballfields, swimming pools and uses by motorized vehicles other than  
761 vehicles needed by water companies to carry out their purposes,  
762 provided trails or pathways for pedestrians, motorized wheelchairs or  
763 nonmotorized vehicles shall not be considered intense development.  
764 The commissioner may reclassify class II land only upon determination  
765 that such land no longer meets the criteria established by subsection (b)  
766 of section 25-37c because of abandonment of a water supply source or a  
767 physical change in the watershed boundary.

768 (d) The commissioner may grant a permit for (1) the sale of class I or  
769 II land to another water company, to a state agency or to a municipality,  
770 (2) the sale of class II land or the sale or assignment of a conservation  
771 restriction or a public access easement on class I or class II land to a  
772 private, nonprofit land-holding conservation organization, or (3) the  
773 sale of class I land to a private nonprofit land-holding conservation  
774 organization if the water company is denied a permit to abandon a  
775 source not in current use or needed by the water company pursuant to  
776 subsection (c) of section 25-33k, if the purchasing entity agrees to  
777 maintain the land subject to the provisions of this section, any  
778 regulations adopted pursuant to this section and the terms of any permit  
779 issued pursuant to this section. Such purchasing entity or assignee may  
780 not sell, lease or assign any such land or conservation restriction or  
781 public access easement or sell, lease, assign or change the use of such  
782 land without obtaining a permit pursuant to this section.

783 (e) The commissioner shall not grant a permit for the sale, lease,  
784 assignment or change in use of any land in class II unless (1) use  
785 restrictions applicable to such land will prevent the land from being

786 developed, (2) the applicant demonstrates that the proposed sale, lease,  
787 assignment or change in use will not have a significant adverse impact  
788 upon the purity and adequacy of the public drinking water supply and  
789 that any use restrictions which the commissioner requires as a condition  
790 of granting a permit can be enforced against subsequent owners, lessees  
791 and assignees, (3) the commissioner determines, after giving effect to  
792 any use restrictions which may be required as a condition of granting  
793 the permit, that such proposed sale, lease, assignment or change in use  
794 will not have a significant adverse effect on the public drinking water  
795 supply, whether or not similar permits have been granted, and (4) on or  
796 after January 1, 2003, as a condition to the sale, lease or assignment of  
797 any class II lands, a permanent conservation easement on the land is  
798 entered into to preserve the land in perpetuity predominantly in its  
799 natural scenic and open condition for the protection of natural resources  
800 and public water supplies while allowing for recreation consistent with  
801 such protection and improvements necessary for the protection or  
802 provision of safe and adequate potable water, except in cases where the  
803 class II land is deemed necessary to provide access or egress to a parcel  
804 of class III land, as defined in section 25-37c, that is approved for sale.  
805 Preservation in perpetuity shall not include permission for the land to  
806 be developed for any commercial, residential or industrial uses, nor  
807 shall it include permission for recreational purposes requiring intense  
808 development, including, but not limited to, golf courses, driving ranges,  
809 tennis courts, ballfields, swimming pools and uses by motorized  
810 vehicles other than vehicles needed by water companies to carry out  
811 their purposes, provided trails or pathways for pedestrians, motorized  
812 wheelchairs or nonmotorized vehicles shall not be considered intense  
813 development.

814 (f) Nothing in this section shall prevent the lease or change in use of  
815 water company land to allow for recreational purposes that do not  
816 require intense development or improvements for water supply  
817 purposes, for leases of existing structures, or for radio towers or  
818 telecommunications antennas on existing structures. For purposes of  
819 this subsection, intense development includes golf courses, driving

820 ranges, tennis courts, ballfields, swimming pools and uses by motorized  
821 vehicles, provided trails or pathways for pedestrians, motorized  
822 wheelchairs or nonmotorized vehicles shall not be considered intense  
823 development.

824 (g) As used in this section, (1) "water supply source" includes all  
825 springs, streams, watercourses, brooks, rivers, lakes, ponds, wells or  
826 underground waters from which water is or, on and after July 1, 2024,  
827 may be, taken, and all springs, streams, watercourses, brooks, rivers,  
828 lakes, ponds, wells or aquifer protection areas, as defined in section 22a-  
829 354h, thereto and all lands drained thereby; and (2) "watershed land"  
830 means land from which water drains into a public drinking water  
831 supply.

832 (h) The commissioner shall adopt and from time to time may amend  
833 the following: (1) Physical, chemical, radiological and microbiological  
834 standards for the quality of public drinking water; (2) minimum  
835 treatment methods, taking into account the costs of such methods,  
836 required for all sources of drinking water, including guidelines for the  
837 design and operation of treatment works and water sources, which  
838 guidelines shall serve as the basis for approval of local water supply  
839 plans by the commissioner; (3) minimum standards to assure the long-  
840 term purity and adequacy of the public drinking water supply to all  
841 residents of this state; and (4) classifications of water treatment plants  
842 and water distribution systems which treat or supply water used or  
843 intended for use by the public. On or after October 1, 1975, any water  
844 company which requests approval of any drinking water source shall  
845 provide for such treatment methods as specified by the commissioner,  
846 provided any water company in operation prior to October 1, 1975, and  
847 having such source shall comply with regulations adopted by the  
848 commissioner, in accordance with chapter 54, in conformance with The  
849 Safe Drinking Water Act, Public Law 93-523, and shall submit on or  
850 before February 1, 1976, a statement of intent to provide for treatment  
851 methods as specified by the commissioner, to the commissioner for  
852 approval. The commissioner shall adopt regulations, in accordance with  
853 chapter 54, requiring water companies to report elevated levels of

854 copper in public drinking water.

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

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

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

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

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

877 (n) (1) On and after the effective date of regulations adopted under  
878 this subsection, no person may operate any water treatment plant, water  
879 distribution system or small water system that treats or supplies water  
880 used or intended for use by the public, test any backflow prevention  
881 device, or perform a cross connection survey without a certificate issued  
882 by the commissioner under this subsection. The commissioner shall  
883 adopt regulations, in accordance with chapter 54, to provide: (A)  
884 Standards for the operation of such water treatment plants, water

885 distribution systems and small water systems; (B) standards and  
886 procedures for the issuance of certificates to operators of such water  
887 treatment plants, water distribution systems and small water systems,  
888 including, but not limited to, standards and procedures for the  
889 department's approval of third parties to administer certification  
890 examinations to such operators; (C) procedures for the renewal of such  
891 certificates every three years; (D) standards for training required for the  
892 issuance or renewal of a certificate; (E) standards and procedures for the  
893 department's approval of course providers and courses of study as they  
894 relate to certified operators of water treatment plants, water distribution  
895 systems and small water systems and certified persons who test  
896 backflow prevention devices or perform cross connection surveys for  
897 initial and renewal applications; and (F) standards and procedures for  
898 the issuance and renewal of certificates to persons who test backflow  
899 prevention devices or perform cross connection surveys. Such  
900 regulations shall be consistent with applicable federal law and  
901 guidelines for operator certification programs promulgated by the  
902 United States Environmental Protection Agency. For purposes of this  
903 subsection, "small water system" means a public water system, as  
904 defined in section 25-33d, that serves less than one thousand persons  
905 and has no treatment or has only treatment that does not require any  
906 chemical treatment, process adjustment, backwashing or media  
907 regeneration by an operator.

908 (2) The commissioner may take any disciplinary action set forth in  
909 section 19a-17, except for the assessment of a civil penalty under  
910 subdivision (7) of subsection (a) of section 19a-17, against an operator, a  
911 person who tests backflow prevention devices or a person who  
912 performs cross connection surveys holding a certificate issued under  
913 this subsection for any of the following reasons: (A) Fraud or material  
914 deception in procuring a certificate, the renewal of a certificate or the  
915 reinstatement of a certificate; (B) fraud or material deception in the  
916 performance of the certified operator's professional activities; (C)  
917 incompetent, negligent or illegal performance of the certified operator's  
918 professional activities; (D) conviction of the certified operator for a

919 felony; or (E) failure of the certified operator to complete the training  
920 required under subdivision (1) of this subsection.

921 (3) The commissioner may issue an initial certificate to perform a  
922 function set forth in subdivision (1) of this subsection upon receipt of a  
923 completed application, in a form prescribed by the commissioner,  
924 together with an application fee as follows: (A) For a water treatment  
925 plant, water distribution system or small water system operator  
926 certificate, two hundred twenty-four dollars, except there shall be no  
927 such application fee required for a student enrolled in an accredited  
928 high school small water system operator certification course; (B) for a  
929 backflow prevention device tester certificate, one hundred fifty-four  
930 dollars; and (C) for a cross-connection survey inspector certificate, one  
931 hundred fifty-four dollars. A certificate issued pursuant to this  
932 subdivision shall expire three years from the date of issuance unless  
933 renewed by the certificate holder prior to such expiration date. The  
934 commissioner may renew a certificate for an additional three years upon  
935 receipt of a completed renewal application, in a form prescribed by the  
936 commissioner, together with a renewal application fee as follows: (i) For  
937 a water treatment plant, water distribution system or small water  
938 system operator certificate, ninety-eight dollars; (ii) for a backflow  
939 prevention device tester certificate, sixty-nine dollars; and (iii) for a  
940 cross-connection survey inspector certificate, sixty-nine dollars.

941 Sec. 18. (NEW) (*Effective July 1, 2023*) If a pharmacist or health care  
942 professional who is currently licensed or was previously licensed in  
943 another state or jurisdiction is subject to automatic reciprocal discipline  
944 for a disciplinary action in such state or jurisdiction, such automatic  
945 reciprocal discipline shall be automatically rescinded and shall not be  
946 entered into the licensing record of the pharmacist or health care  
947 professional if the discipline was based solely on the termination of  
948 pregnancy under conditions that would not violate the general statutes  
949 or the regulations of Connecticut state agencies. The provisions of this  
950 section shall not preclude or affect the ability of an agency or board of  
951 the state to seek or impose any discipline pursuant to the general  
952 statutes against a pharmacist or other health care professional licensed

953 by the state.

954 Sec. 19. Section 22a-474c of the general statutes is repealed and the  
955 following is substituted in lieu thereof (*Effective from passage*):

956 (a) Not later than January 1, [2023] 2024, each local health district and  
957 health department shall establish an electronic reporting system for the  
958 owner of any home or well that is damaged as the direct result of  
959 sodium chloride run-off to register such damage with the local health  
960 district or health department. Not later than January 1, [2024] 2025, and  
961 each year thereafter, each local health district and health department  
962 shall submit any report received pursuant to this section during the  
963 previous calendar year to the Office of Policy and Management. The  
964 Secretary of the Office of Policy and Management may identify any  
965 available state or federal financial resources to assist such owners with  
966 the costs of remediation, mitigation or repair of such homes or wells and  
967 establish any criteria and procedures for the issuance of any such  
968 financial assistance to such owners.

969 (b) Any (1) testing results originating due to a report submitted  
970 pursuant to subsection (a) of this section provided to the Department of  
971 Public Health, Office of Policy and Management or a local health district  
972 or health department, (2) information obtained from a Department of  
973 Public Health or a local health district or health department  
974 investigation concerning such results, and (3) study of morbidity and  
975 mortality conducted by the Department of Public Health or a local  
976 health district or health department concerning such results shall be  
977 confidential pursuant to the provisions of section 19a-25.

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

981 (4) "Esthetics" means services related to skin care treatments, (A)  
982 including, but not limited to, cleansing, toning, stimulating, exfoliating  
983 or performing any similar procedure on the human body while using  
984 cosmetic preparations, hands, devices, apparatus or appliances to

985 enhance or improve the appearance of the skin; makeup application;  
986 beautifying lashes and brows; or removing unwanted hair using manual  
987 and mechanical means, and (B) excluding the use of a prescriptive laser  
988 device; the performance of a cosmetic medical procedure, as defined in  
989 section 19a-903c; any practice, activity or treatment that constitutes the  
990 practice of medicine; eyebrow threading as a means of shaping and  
991 removing unwanted hair on the face and around the eyebrows; makeup  
992 application at a rented kiosk located in a shopping center or the practice  
993 of hairdressing and cosmetology by a hairdresser and cosmetician  
994 licensed pursuant to this chapter that is within such licensee's scope of  
995 practice;

996 Sec. 21. Section 7-60 of the general statutes is repealed and the  
997 following is substituted in lieu thereof (*Effective October 1, 2023*):

998 [(a) Each case of fetal death shall be registered and] (a) As used in this  
999 section, "fetal death" means the death of a fetus prior to the complete  
1000 expulsion or extraction from the uterus, irrespective of the duration of  
1001 pregnancy, in which there is no evidence of life after such expulsion or  
1002 extraction, including, but not limited to, beating of the heart, pulsation  
1003 of the umbilical cord or definite movement of voluntary muscles. "Fetal  
1004 death" does not include an induced termination of a pregnancy.

1005 (b) For each fetal death occurring after a period of gestation of not  
1006 less than twenty weeks, a fetal death certificate shall be filed with the  
1007 registrar of vital statistics in the manner required by sections 7-48 [,] and  
1008 7-51 [and 7-52] with respect to the filing, content and issuance of birth  
1009 certificates. [A fetus born after a period of gestation of not less than  
1010 twenty weeks in which there is no attempt at respiration, no action of  
1011 heart and no movement of voluntary muscle, shall be recorded as a fetal  
1012 death.] A fetal death certificate shall be signed by a physician or, when  
1013 no physician was in attendance, by the nurse-midwife in attendance at  
1014 the birth, the Chief Medical Examiner, Deputy Chief Medical Examiner,  
1015 an associate medical examiner or an authorized assistant medical  
1016 examiner. The provisions of this subsection shall not apply to a father or  
1017 mother when a birth occurs outside an institution and a physician or



1018 midwife is not in attendance at such birth, as described in subsection (c)  
1019 of section 7-48.

1020 [(b)] (c) Such certificate shall include, on a confidential portion of the  
1021 certificate, any additional information required by the department,  
1022 provided the information obtained under this section shall be used only  
1023 for medical and health purposes.

1024 Sec. 22. Subsection (a) of section 19a-403 of the general statutes is  
1025 repealed and the following is substituted in lieu thereof (*Effective October*  
1026 *1, 2023*):

1027 (a) The Office of the Chief Medical Examiner is established to be  
1028 operated under the control and supervision of the commission. The  
1029 expenses of the commission and of operating said office shall be paid by  
1030 the state out of funds appropriated for the purpose. The office shall be  
1031 directed by a Chief Medical Examiner who shall be appointed by the  
1032 commission. [His] The office shall be located at a medical school in this  
1033 state. The Chief Medical Examiner or any member of the professional  
1034 staff of the Office of the Chief Medical Examiner who is summoned to  
1035 give expert testimony in a civil action in his or her capacity as the Chief  
1036 Medical Examiner or a member of the office shall be allowed and paid a  
1037 witness fee of five hundred dollars for each day or portion thereof the  
1038 Chief Medical Examiner or such staff member is required to attend  
1039 court. Such fee shall be taxed as a part of the costs of the action and be  
1040 paid by the party requesting the appearance, and any such fee received  
1041 shall be deposited in the General Fund except no fee shall be imposed if  
1042 the requesting party is the state.

1043 Sec. 23. Section 19a-404 of the general statutes is repealed and the  
1044 following is substituted in lieu thereof (*Effective October 1, 2023*):

1045 The Chief Medical Examiner shall be a citizen of the United States  
1046 and a doctor of medicine licensed to practice medicine in Connecticut  
1047 and shall have had a minimum of four years postgraduate training in  
1048 pathology, board certification in forensic pathology from the American  
1049 Board of Pathology and such additional subsequent experience in

1050 forensic pathology as the commission may determine, provided any  
1051 person otherwise qualified who is not licensed to so practice may be  
1052 appointed Chief Medical Examiner, provided he or she obtains such a  
1053 license within one year of his or her appointment. The Commission on  
1054 Medicolegal Investigations shall submit recommendations concerning  
1055 the Chief Medical Examiner's salary and annual increments to such  
1056 salary to the Commissioner of Administrative Services for review and  
1057 approval pursuant to section 4-40. The Chief Medical Examiner's term  
1058 of office shall be fixed by the commission and the Chief Medical  
1059 Examiner may be removed by the commission only for cause. Under the  
1060 direction of the commission, the Chief Medical Examiner shall prepare  
1061 for transmission to the Secretary of the Office of Policy and Management  
1062 as required by law estimates of expenditure requirements. The Chief  
1063 Medical Examiner shall account to the State Treasurer for all fees and  
1064 moneys received and expended by him or her by virtue of his or her  
1065 office. The Chief Medical Examiner may as part of his or her duties teach  
1066 medical and law school classes, conduct special classes for police  
1067 investigators and engage in other activities related to the work of the  
1068 office to such extent and on such terms as may be authorized by the  
1069 commission. On and after January 1, 2022, the Chief Medical Examiner  
1070 shall earn at least one contact hour of training or education in sudden  
1071 unexpected death in epilepsy as part of the continuing medical  
1072 education he or she is required to obtain pursuant to section 20-10b. As  
1073 used in this section, "sudden unexpected death in epilepsy" means the  
1074 death of a person with epilepsy that is not caused by injury, drowning  
1075 or other known causes unrelated to epilepsy.

1076 Sec. 24. Section 19a-405 of the general statutes is repealed and the  
1077 following is substituted in lieu thereof (*Effective October 1, 2023*):

1078 The Chief Medical Examiner, with the approval of the Commission  
1079 on Medicolegal Investigations, shall appoint a deputy who shall  
1080 perform all the duties of the Chief Medical Examiner in case of [his or  
1081 her] the Chief Medical Examiner's sickness or absence and such  
1082 associate medical examiners, assistant medical examiners, pathologists,  
1083 toxicologists, laboratory technicians and other professional staff as the

1084 commission may specify. The commission in advance of appointments  
1085 shall specify the qualifications required for each position in terms of  
1086 education, experience and other relevant considerations. The  
1087 commission shall submit recommendations concerning (1) the Deputy  
1088 Chief Medical Examiner's salary and annual increments to such salary,  
1089 and (2) the salaries and compensation of other professional staff to the  
1090 Commissioner of Administrative Services for review and approval  
1091 pursuant to section 4-40. The Chief Medical Examiner, the Deputy Chief  
1092 Medical Examiner, associate medical examiners, and assistant medical  
1093 examiners shall take the oath provided by law for public officers. Other  
1094 staff members as determined by the commission shall be appointed by  
1095 the Chief Medical Examiner, subject to the provisions of chapter 67 and  
1096 the rules of the commission not inconsistent therewith.

1097 Sec. 25. Section 19a-409 of the general statutes is repealed and the  
1098 following is substituted in lieu thereof (*Effective October 1, 2023*):

1099 The Office of the Chief Medical Examiner shall complete its  
1100 investigation where reasonably possible within thirty days. Upon  
1101 completion of the investigation, the Chief Medical Examiner, Deputy  
1102 Chief Medical Examiner, an associate medical examiner, an authorized  
1103 assistant medical examiner or a pathologist designated by the Chief  
1104 Medical Examiner shall file a death certificate, or a certificate  
1105 supplementing that already filed, with the registrar of vital statistics for  
1106 the town in which the death occurred, if known, or, if not known, for  
1107 the town in which the body was found. If the deceased is unidentified,  
1108 fingerprints, [of both hands and a photograph of the body,] provided  
1109 mortification has not proceeded so far or the nature of the cause of death  
1110 was not such as to make identification impossible, shall be sent by said  
1111 office to [such registrar of vital statistics and copies shall be sent to the  
1112 Department of Public Health and to] the Division of State Police within  
1113 the Department of Emergency Services and Public Protection.

1114 Sec. 26. Section 19a-36j of the general statutes is repealed and the  
1115 following is substituted in lieu thereof (*Effective January 1, 2024*):

1116 (a) [On and after January 1, 2023, no] No person shall engage in the  
1117 practice of a food inspector unless such person has obtained a  
1118 certification from the commissioner in accordance with the provisions  
1119 of this section. The commissioner shall develop a training and  
1120 verification program for food inspector certification that shall be  
1121 administered by the food inspection training officer at a local health  
1122 department.

1123 (1) Each person seeking certification as a food inspector shall submit  
1124 an application to the department on a form prescribed by the  
1125 commissioner and present to the department satisfactory evidence that  
1126 such person (A) [is sponsored by the director of health in the jurisdiction  
1127 in which the applicant is employed to conduct food inspections, (B)]  
1128 possesses a bachelor's degree or three years of experience in a regulatory  
1129 food protection program, [(C)] (B) has successfully completed a training  
1130 and verification program [, (D)] prescribed by the commissioner, and  
1131 (C) has successfully completed the field standardization inspection  
1132 prescribed by the commissioner. [, and (E) is not involved in the  
1133 ownership or management of a food establishment located in the  
1134 applicant's jurisdiction.

1135 (2) Each director of health sponsoring an applicant for certification as  
1136 a food inspector shall submit to the commissioner a form documenting  
1137 the applicant's qualifications and successful completion of the  
1138 requirements described in subdivision (1) of this subsection.]

1139 [(3)] (2) Certifications issued under this section shall be subject to  
1140 renewal once every three years. A food inspector applying for renewal  
1141 of his or her certification shall demonstrate successful completion of  
1142 twenty contact hours in food protection training, as approved by the  
1143 commissioner, and reassessment by the food inspection training officer.

1144 (b) No person shall be employed as a certified food inspector if such  
1145 person, such person's immediate family, as defined in section 1-79, or a  
1146 business with which such person is associated, as described in  
1147 subdivision (2) of section 1-79, (1) has any financial or ownership

1148 interest in a food establishment located in the jurisdiction in which such  
1149 person is employed as a food inspector, (2) engages in any business,  
1150 employment or management of a food establishment located in such  
1151 jurisdiction, or (3) owns the property on which a food establishment is  
1152 located in such jurisdiction.

1153 (c) Each director of health employing a food inspector shall certify,  
1154 on a form prescribed by the commissioner, that such food inspector is  
1155 not prohibited from employment as a food inspector pursuant to the  
1156 provisions of subsection (b) of this section.

1157 [(b)] (d) A certified food inspector shall conduct an inspection of a  
1158 food establishment in a form and manner prescribed by the  
1159 commissioner to determine compliance with the food code. The director  
1160 of health shall ensure all food establishments are inspected at a  
1161 frequency determined by their risk classification. Such director of health  
1162 shall evaluate the food establishment's risk classification on an annual  
1163 basis to determine accuracy. More frequent inspections may be  
1164 conducted to ensure compliance with the food code. Each food  
1165 establishment classification shall be inspected pursuant to the following  
1166 schedule:

1167 (1) Class 1 food establishments shall be inspected at intervals not to  
1168 exceed three hundred sixty days.

1169 (2) Class 2 food establishments shall be inspected at intervals not to  
1170 exceed one hundred eighty days.

1171 (3) Class 3 food establishments shall be inspected at intervals not to  
1172 exceed one hundred twenty days.

1173 (4) Class 4 food establishments shall be inspected at intervals not to  
1174 exceed ninety days.

1175 (5) Temporary food service establishments shall be inspected prior to  
1176 the issuance of a permit to operate and as often as necessary to ensure  
1177 compliance with the food code.

1178 Sec. 27. (NEW) (*Effective from passage*) The Commissioner of Public  
1179 Health may conduct audits of local health department food protection  
1180 programs. Such audits may include, but need not be limited to,  
1181 interviews with local health department staff members and joint  
1182 inspections with local health department staff members of local food  
1183 establishments. Upon the conclusion of any such audit, the  
1184 Commissioner of Public Health shall provide the local director of health  
1185 with a report detailing such audit's findings and any recommended or  
1186 necessary corrective actions to be taken by such director.

1187 Sec. 28. Section 19a-109aa of the general statutes is repealed and the  
1188 following is substituted in lieu thereof (*Effective October 1, 2023*):

1189 (a) For purposes of this section:

1190 (1) "Commissioner" means the Commissioner of Public Health;

1191 (2) "Eligible families" means any household which (A) is eligible for  
1192 the federal Medicaid program, (B) includes a child who is six years of  
1193 age or younger, [as of July 1, 2000,] and (C) is residing in a building built  
1194 prior to 1978; and

1195 (3) "The program" or "this program" means the program established  
1196 by this section.

1197 (b) The Commissioner of Public Health may establish a program to  
1198 promote environmentally safe housing for children and families  
1199 through education, medical screening and appropriate and cost-  
1200 effective repairs. Such program may (A) identify eligible families and,  
1201 through voluntary home visits, provide education about the problems  
1202 caused by exposure to lead and how to avoid or lessen the effects of such  
1203 exposure, (B) provide blood lead screening for children who are six  
1204 years of age or younger, (C) identify measures to be taken to lessen the  
1205 effects from the presence of lead, including window repair or  
1206 replacement, and (D) apply to federal programs and to other funding  
1207 sources which will pay for some of the costs of this program. [, and (E)  
1208 continue to evaluate the program's progress in order to plan for a phase-

1209 out in three to five years.] The commissioner may contract with a  
1210 nonprofit entity to operate the program.

1211 (c) Eligible costs by a nonprofit entity operating this program shall  
1212 include costs and expenses incurred in providing lead-safety education,  
1213 interim measures and window repair or replacement or other  
1214 remediation for dwelling units, administrative and management  
1215 expenses, planning and start-up costs, and any other costs and expenses  
1216 found by the commissioner to be necessary and reasonable and in  
1217 accordance with existing state regulations.

1218 Sec. 29. Section 19a-110 of the general statutes is repealed and the  
1219 following is substituted in lieu thereof (*Effective October 1, 2023*):

1220 (a) As used in this section, and sections 19a-110a to 19a-111k,  
1221 inclusive, as amended by this act:

1222 (1) "Abatement" means any set of measures designed to reduce or  
1223 eliminate lead hazards, including, but not limited to, the encapsulation,  
1224 replacement, removal, enclosure or covering of paint, plaster, soil or  
1225 other material containing toxic levels of lead and all preparation, clean-  
1226 up, disposal and reoccupancy clearance testing;

1227 (2) "Epidemiological investigation" means an examination and  
1228 evaluation by a lead inspector certified under chapter 400c to determine  
1229 the cause of elevated blood levels, detect lead-based paint and report  
1230 findings and (A) includes (i) an on-site inspection and, if applicable, an  
1231 inspection of other dwellings or areas frequented by a person with  
1232 elevated blood lead levels that may be the source of a lead hazard, and  
1233 (ii) an evaluation of other potential sources of lead hazards, including,  
1234 but not limited to, drinking water, soil, dust, pottery, gasoline, toys or  
1235 occupational exposure, and (B) may include isotopic analysis of lead-  
1236 containing items;

1237 (3) "Lead screening" means a blood lead test from a finger-prick or  
1238 venous blood draw;

1239       (4) "On-site inspection" means an examination of a residential  
1240 dwelling to identify lead hazards, including, but not limited to, an  
1241 examination of the dwelling for deteriorating paint, lead dust, bare soil  
1242 near the perimeter of the dwelling, household items that may present a  
1243 potential lead risk, such as toys, cookware, food products and cosmetics,  
1244 and an inquiry into the water system serving the dwelling;

1245       (5) "Remediation" means the process of remedying a lead hazard  
1246 condition, including, but not limited to, investigation, abatement and, if  
1247 appropriate, ongoing management measures; and

1248       (6) "Risk assessment" means the collection of information about a  
1249 person's potential lead exposures and a determination of whether such  
1250 person has an increased likelihood of an elevated blood lead level.

1251       [(a)] (b) Not later than forty-eight hours after receiving or completing  
1252 a report of a person found to have a level of lead in the blood equal to  
1253 or greater than three and one-half micrograms per deciliter of blood or  
1254 any other abnormal body burden of lead, each institution licensed under  
1255 sections 19a-490 to 19a-503, inclusive, as amended by this act, and each  
1256 clinical laboratory licensed under section 19a-565, as amended by this  
1257 act, shall report to (1) the Commissioner of Public Health, and to the  
1258 director of health of the town, city, borough or district in which the  
1259 person resides: (A) The name, full residence address, date of birth,  
1260 gender, race and ethnicity of each person found to have a level of lead  
1261 in the blood equal to or greater than three and one-half micrograms per  
1262 deciliter of blood or any other abnormal body burden of lead; (B) the  
1263 name, address and telephone number of the health care provider who  
1264 ordered the test; (C) the sample collection date, analysis date, type and  
1265 blood lead analysis result; and (D) such other information as the  
1266 commissioner may require, in a form and manner as prescribed by the  
1267 commissioner, and (2) the health care provider who ordered the test, the  
1268 results of the test. With respect to a child under three years of age, not  
1269 later than [seventy-two] twenty-four hours after the provider receives  
1270 such results, the provider shall make reasonable efforts to notify the  
1271 parent or guardian of the child of the blood lead analysis results. Any



1272 institution or laboratory making an accurate report in good faith shall  
1273 not be liable for the act of disclosing such report to the Commissioner of  
1274 Public Health or to the director of health. The commissioner [, after  
1275 consultation with the Commissioner of Administrative Services,] shall  
1276 determine the [method and format] form and manner of transmission of  
1277 data contained in such report.

1278 [(b)] (c) Each institution or laboratory that [conducts] reports lead  
1279 testing pursuant to [subsection (a) of] this section shall, at least monthly,  
1280 submit to the Commissioner of Public Health a comprehensive report  
1281 that includes: (1) The name, full residence address, date of birth, gender,  
1282 race and ethnicity of each person tested pursuant to subsection [(a)] (b)  
1283 of this section regardless of the level of lead in the blood; (2) the name,  
1284 address and telephone number of the health care provider who ordered  
1285 the test; (3) the sample collection date, analysis date, type and blood lead  
1286 analysis result; (4) laboratory identifiers; and (5) such other information  
1287 as the Commissioner of Public Health may require. Any institution or  
1288 laboratory making an accurate report in good faith shall not be liable for  
1289 the act of disclosing such report to the Commissioner of Public Health.  
1290 The Commissioner of Public Health [, after consultation with the  
1291 Commissioner of Administrative Services,] shall determine the [method  
1292 and format] form and manner of transmission of data contained in such  
1293 report.

1294 [(c)] (d) Whenever an institutional laboratory or private clinical  
1295 laboratory [conducting] reporting blood lead tests pursuant to this  
1296 section refers a blood lead sample to another laboratory for analysis, the  
1297 laboratories may agree on which laboratory will report in compliance  
1298 with subsections [(a) and] (b) and (c) of this section, but both  
1299 laboratories shall be accountable to ensure that reports are made. The  
1300 referring laboratory shall ensure that the requisition slip includes all of  
1301 the information that is required in subsections [(a) and] (b) and (c) of  
1302 this section and that this information is transmitted with the blood  
1303 specimen to the laboratory performing the analysis.

1304 [(d)] The director of health of the town, city, borough or district shall

1305 provide or cause to be provided, to the parent or guardian of a child  
1306 who is (1) known to have a confirmed venous blood lead level of three  
1307 and one-half micrograms per deciliter of blood or more, or (2) the subject  
1308 of a report by an institution or clinical laboratory, pursuant to subsection  
1309 (a) of this section, with information describing the dangers of lead  
1310 poisoning, precautions to reduce the risk of lead poisoning, information  
1311 about potential eligibility for services for children from birth to three  
1312 years of age pursuant to sections 17a-248 to 17a-248i, inclusive, and laws  
1313 and regulations concerning lead abatement. The director of health need  
1314 only provide, or cause to be provided, such information to such parent  
1315 or guardian on one occasion after receipt of an initial report of an  
1316 abnormal blood lead level as described in subdivisions (1) and (2) of this  
1317 subsection. Such information shall be developed by the Department of  
1318 Public Health and provided to each local and district director of health.

1319 (e) Prior to January 1, 2024, with respect to the child reported, the  
1320 director shall conduct an on-site inspection to identify the source of the  
1321 lead causing a confirmed venous blood lead level equal to or greater  
1322 than ten micrograms per deciliter but less than fifteen micrograms per  
1323 deciliter in two tests taken at least three months apart and order  
1324 remediation of such source by the appropriate persons responsible for  
1325 the conditions at such source. From January 1, 2024, to December 31,  
1326 2024, inclusive, with respect to the child reported, the director shall  
1327 conduct an on-site inspection to identify the source of the lead causing  
1328 a confirmed venous blood lead level equal to or greater than five  
1329 micrograms per deciliter but less than ten micrograms per deciliter in  
1330 two tests taken at least three months apart and order remediation of  
1331 such source by the appropriate persons responsible for the conditions at  
1332 such source.]

1333 Sec. 30. Section 19a-110a of the general statutes is repealed and the  
1334 following is substituted in lieu thereof (*Effective October 1, 2023*):

1335 (a) The Commissioner of Public Health may, within available  
1336 appropriations, establish two regional lead poisoning treatment centers  
1337 in different areas of the state by providing grants-in-aid to two

1338 participating hospitals, each with a demonstrated expertise in lead  
1339 poisoning prevention and treatment as determined by the  
1340 commissioner. Each center shall serve a designated area of the state, as  
1341 determined by the commissioner, to provide services including, but not  
1342 limited to, consultation services for [physicians] pediatricians and other  
1343 primary care practitioners regarding proper treatment of lead poisoning  
1344 [No grant may be provided pursuant to this section until the task force  
1345 report required under section 4 of public act 92-192 has been submitted]  
1346 in children.

1347 (b) Each regional lead poisoning treatment center shall report to the  
1348 commissioner on a quarterly basis, in a form and manner prescribed by  
1349 the commissioner, regarding the number of persons treated for lead  
1350 poisoning, the residential town and race and ethnicity data for each such  
1351 person and any other information that the commissioner may require.

1352 Sec. 31. Section 19a-111 of the general statutes is repealed and the  
1353 following is substituted in lieu thereof (*Effective October 1, 2023*):

1354 (a) The Commissioner of Public Health shall develop informational  
1355 materials describing the dangers of lead poisoning, precautions to  
1356 reduce the risk of lead poisoning, potential eligibility for services for  
1357 children from birth to three years of age pursuant to sections 17a-248 to  
1358 17a-248i, inclusive, laws and regulations concerning lead abatement and  
1359 any other information as prescribed by the commissioner. The director  
1360 of health of the town, city, borough or district shall provide, or cause to  
1361 be provided, such informational materials to the parent or guardian of  
1362 a child who is (1) known to have a blood lead level of three and one-half  
1363 micrograms per deciliter of blood or more, or (2) the subject of a report  
1364 by an institution or clinical laboratory, pursuant to section 19a-110, as  
1365 amended by this act. The director of health need only provide, or cause  
1366 to be provided, such information to such parent or guardian on one  
1367 occasion after receipt of an initial report of an abnormal blood lead level  
1368 as described in section 19a-110, as amended by this act.

1369 (b) Upon receipt of each report of a child with a blood lead level (1)

1370 equal to or greater than ten micrograms per deciliter but less than fifteen  
1371 micrograms per deciliter on or before January 1, 2024, and (2) equal to  
1372 or greater than five micrograms per deciliter but less than ten  
1373 micrograms per deciliter from January 1, 2024, to December 31, 2024,  
1374 inclusive, the director shall conduct an on-site inspection to identify the  
1375 source of the lead causing such blood lead level and order remediation  
1376 of such source by the appropriate persons responsible for the conditions  
1377 at such source.

1378 (c) Upon receipt of each report of [confirmed venous] a blood lead  
1379 level equal to or greater than fifteen micrograms per deciliter of blood  
1380 from January 1, 2023, to December 31, 2023, inclusive, ten micrograms  
1381 per deciliter of blood from January 1, 2024, to December 31, 2024,  
1382 inclusive, and five micrograms per deciliter of blood on and after  
1383 January 1, 2025, the local director of health shall make or cause to be  
1384 made an epidemiological investigation of the source of the lead causing  
1385 the increased lead level or abnormal body burden and shall order action  
1386 to be taken by the appropriate person responsible for the condition that  
1387 brought about such lead poisoning as may be necessary to prevent  
1388 further exposure of persons to such poisoning. In the case of any  
1389 residential unit where such action will not result in removal of the  
1390 hazard within a reasonable time, the local director of health shall utilize  
1391 such community resources as are available to effect relocation of any  
1392 family occupying such unit. The local director of health may permit  
1393 occupancy in said residential unit during abatement if, in such director's  
1394 judgment, occupancy would not threaten the health and well-being of  
1395 the occupants.

1396 (d) The local director of health shall, not later than thirty days after  
1397 the conclusion of such director's epidemiological investigation, report  
1398 to the [Commissioner of Public Health] commissioner, using a web-  
1399 based surveillance system as prescribed by the commissioner, the result  
1400 of such investigation and the action taken to ensure against further lead  
1401 poisoning from the same source, including any measures taken to effect  
1402 relocation of families. Such report shall include information relevant to  
1403 the identification and location of the source of lead poisoning and such

1404 other information as the commissioner may require pursuant to  
1405 regulations adopted in accordance with the provisions of chapter 54.  
1406 [The commissioner shall maintain comprehensive records of all reports  
1407 submitted pursuant to this section and section 19a-110. Such records  
1408 shall be geographically indexed in order to determine the location of  
1409 areas of relatively high incidence of lead poisoning. The commissioner  
1410 shall establish, in conjunction with recognized professional medical  
1411 groups, guidelines consistent with the National Centers for Disease  
1412 Control and Prevention for assessment of the risk of lead poisoning,  
1413 screening for lead poisoning and treatment and follow-up care of  
1414 individuals including children with lead poisoning, women who are  
1415 pregnant and women who are planning pregnancy.] Nothing in this  
1416 section shall be construed to prohibit a local building official from  
1417 requiring abatement of sources of lead or to prohibit a local director of  
1418 health from making or causing to be made an epidemiological  
1419 investigation upon receipt of a report of a [confirmed venous] blood  
1420 lead level that is less than the minimum [venous] blood level specified  
1421 in this section.

1422 Sec. 32. Section 19a-111a of the general statutes is repealed and the  
1423 following is substituted in lieu thereof (*Effective October 1, 2023*):

1424 (a) The Department of Public Health shall be the lead state agency for  
1425 lead poisoning prevention and control in this state. The Commissioner  
1426 of Public Health shall (1) identify the state and local agencies in this state  
1427 with responsibilities related to lead poisoning prevention, and (2)  
1428 schedule a meeting of such state agencies and representative local  
1429 agencies at least once annually in order to coordinate lead poisoning  
1430 prevention efforts in this state.

1431 (b) The commissioner shall establish, in consultation with recognized  
1432 professional medical groups, guidelines consistent with the National  
1433 Centers for Disease Control and Prevention's guidelines for assessment  
1434 of the risk of lead poisoning, screening for lead poisoning and treatment  
1435 and follow-up care of individuals, including children with lead  
1436 poisoning and persons who are pregnant or are planning to become

1437 pregnant.

1438 [(b)] (c) The commissioner shall establish a lead poisoning prevention  
1439 program to provide screening, diagnosis, consultation, inspection and  
1440 treatment services, including, but not limited to, the prevention and  
1441 elimination of lead poisoning through research, abatement, education  
1442 and epidemiological and clinical activities. Such program shall include,  
1443 but need not be limited to, the screening services provided pursuant to  
1444 section 19a-111g, as amended by this act.

1445 [(c)] (d) Within available appropriations, the commissioner may  
1446 contract with individuals, groups or agencies for the provision of  
1447 necessary services and enter into assistance agreements with  
1448 municipalities, cities, boroughs or district departments of health or  
1449 special service districts for the development and implementation of  
1450 comprehensive lead poisoning prevention programs consistent with the  
1451 provisions of sections 19a-110 to 19a-111c, inclusive, as amended by this  
1452 act.

1453 (e) The commissioner shall maintain comprehensive records of all  
1454 reports submitted pursuant to sections 19a-110, as amended by this act,  
1455 and 19a-111, as amended by this act. Such records shall be  
1456 geographically indexed for the purpose of determining the location of  
1457 areas of relatively high incidences of lead poisoning.

1458 Sec. 33. Section 19a-111b of the general statutes is repealed and the  
1459 following is substituted in lieu thereof (*Effective October 1, 2023*):

1460 Within the lead poisoning prevention program established pursuant  
1461 to section 19a-111a, as amended by this act:

1462 (1) The commissioner shall institute an educational and publicity  
1463 program in order to inform the general public, teachers, social workers  
1464 and other human services personnel; [owners of] residential property  
1465 owners, and in particular, those that own buildings constructed prior to  
1466 [1950] 1978; and health [services personnel] care providers of the  
1467 danger, frequency and sources of lead poisoning and methods of

1468 preventing such poisoning;

1469 (2) The commissioner shall establish an early diagnosis program to  
1470 detect cases of lead poisoning. Such program shall include, but not be  
1471 limited to, the routine examination of children under the age of six in  
1472 accordance with protocols promulgated by the National Centers for  
1473 Disease Control. Results equal to or greater than the levels specified in  
1474 section 19a-110, as amended by this act, from any examination pursuant  
1475 to sections 19a-110 to 19a-111c, inclusive, as amended by this act, shall  
1476 be provided to the child's parent or legal guardian, the local director of  
1477 health and the commissioner; and

1478 (3) The commissioner shall establish a program for the detection of  
1479 sources of lead poisoning. Within available appropriations, such  
1480 program shall include the identification of dwellings in which paint,  
1481 plaster or other accessible substances contain toxic levels of lead and the  
1482 inspection of areas surrounding such dwellings for lead-containing  
1483 materials. Any person who detects a toxic level of lead, as defined by  
1484 the commissioner, shall report such findings to the commissioner. The  
1485 commissioner shall inform all interested parties, including but not  
1486 limited to, the owner of the building, the occupants of the building,  
1487 enforcement officials and other necessary parties.

1488 Sec. 34. Section 19a-111c of the general statutes is repealed and the  
1489 following is substituted in lieu thereof (*Effective October 1, 2023*):

1490 (a) The owner of any dwelling in which the paint, plaster or other  
1491 material is found to contain toxic levels of lead and in which children  
1492 under the age of six reside, shall [abate, remediate or manage such  
1493 dangerous] remediate such toxic levels of lead through testing,  
1494 abatement or management of such materials consistent with regulations  
1495 adopted pursuant to this section. The Commissioner of Public Health  
1496 shall adopt regulations, in accordance with chapter 54, to establish  
1497 requirements and procedures for testing, [remediation,] abatement and  
1498 management of materials containing toxic levels of lead. [For the  
1499 purposes of this section, "remediation" means the use of interim

1500 controls, including, but not limited to, paint stabilization, spot point  
1501 repair, dust control, specialized cleaning and covering of soil with  
1502 mulch.]

1503 (b) The commissioner shall authorize the use of any liquid,  
1504 cementitious or flexible lead encapsulant product which complies with  
1505 an appropriate standard for such products developed by the American  
1506 Society for Testing and Materials or similar testing organization  
1507 acceptable to the commissioner for the abatement and remediation of  
1508 lead hazards. The commissioner shall maintain a list of all such  
1509 approved lead encapsulant products that may be used in this state for  
1510 the [abatement and] remediation of lead hazards.

1511 (c) (1) The Commissioner of Public Health may adopt regulations, in  
1512 accordance with chapter 54, to regulate paint removal from the exterior  
1513 of any building or structure where the paint removal project may  
1514 present a health hazard related to lead exposure to neighboring  
1515 premises. The regulations may establish: (A) Definitions, (B)  
1516 applicability and exemption criteria, (C) procedures for submission of  
1517 notifications, (D) appropriate work practices, and (E) penalties for  
1518 noncompliance.

1519 (2) The Commissioner of Public Health may adopt regulations, in  
1520 accordance with chapter 54, to regulate the standards and procedures  
1521 for [testing, remediation, as defined in this section] remediation of lead  
1522 hazards, including testing, abatement and management of materials  
1523 containing toxic levels of lead in any premises.

1524 (3) The commissioner may implement policies and procedures  
1525 necessary to administer the provisions of this section while in the  
1526 process of adopting such policies and procedures as regulations,  
1527 provided the department posts such policies and procedures on the  
1528 eRegulations System prior to adopting them. Policies and procedures  
1529 implemented pursuant to this section shall be valid until final  
1530 regulations are adopted in accordance with the provisions of chapter 54.

1531 Sec. 35. Section 19a-111g of the general statutes is repealed and the



1532 following is substituted in lieu thereof (*Effective January 1, 2024*):

1533 (a) (1) Each primary care provider giving pediatric care in this state,  
1534 excluding a hospital emergency department and its staff [:(1) Shall  
1535 conduct lead testing at least annually for each child nine to thirty-five  
1536 months of age, inclusive, in accordance with the Advisory Committee  
1537 on Childhood Lead Poisoning Prevention recommendations for  
1538 childhood lead screening in Connecticut; (2) shall conduct lead testing  
1539 at least annually for any child thirty-six to seventy-two months of age,  
1540 inclusive, determined by the Department of Public Health to be at an  
1541 elevated risk of lead exposure based on his or her enrollment in a  
1542 medical assistance program pursuant to chapter 319v or his or her  
1543 residence in a municipality that presents an elevated risk of lead  
1544 exposure based on factors, including, but not limited to, the prevalence  
1545 of housing built prior to January 1, 1960, and the prevalence of children's  
1546 blood lead levels greater than five micrograms per deciliter; (3) shall  
1547 conduct lead testing for any child thirty-six to seventy-two months of  
1548 age, inclusive, who has not been previously tested or for any child under  
1549 seventy-two months of age, if clinically indicated as determined by the  
1550 primary care provider in accordance with the Childhood Lead  
1551 Poisoning Prevention Screening Advisory Committee  
1552 recommendations for childhood lead screening in Connecticut; (4) shall  
1553 provide, before such lead testing occurs, educational materials or  
1554 anticipatory guidance information concerning lead poisoning  
1555 prevention to such child's parent or guardian in accordance with the  
1556 Childhood Lead Poisoning Prevention Screening Advisory Committee  
1557 recommendations for childhood lead screening in Connecticut; (5) shall  
1558 conduct a medical risk assessment at least annually for each child thirty-  
1559 six to seventy-two months of age, inclusive, in accordance with the  
1560 Childhood Lead Poisoning Prevention Screening Advisory Committee  
1561 recommendations for childhood lead screening in Connecticut; and (6)  
1562 may conduct a medical risk assessment at any time for any child thirty-  
1563 six months of age or younger who is determined by the primary care  
1564 provider to be in need of such risk assessment in accordance with the  
1565 Childhood Lead Poisoning Prevention Screening Advisory Committee

1566 recommendations for childhood lead screening in Connecticut.] shall  
1567 conduct lead risk assessment and lead testing that includes, but need  
1568 not be limited to:

1569 (A) A complete medical risk assessment based on guidelines  
1570 prescribed by the commissioner for each child from birth to six years of  
1571 age, conducted at least annually;

1572 (B) An annual lead screening test for each child who has an elevated  
1573 risk of lead exposure based on findings of the medical risk assessment  
1574 conducted pursuant to subparagraph (A) of this subdivision;

1575 (C) A lead screening test for each child at twelve months of age and  
1576 twenty-four months of age; and

1577 (D) Follow-up testing, in accordance with a schedule established by  
1578 the commissioner, for each child with a confirmed blood lead level equal  
1579 to or greater than three and one-half micrograms per deciliter.

1580 (2) Each primary care provider giving pediatric care in this state,  
1581 excluding a hospital emergency department and its staff, shall provide  
1582 educational materials and guidance information concerning lead  
1583 poisoning prevention to each child's parent or guardian in accordance  
1584 with the commissioner's recommendations for childhood lead  
1585 screening.

1586 [(b)] (3) The requirements of this [section do] subsection shall not  
1587 apply to any child whose parents or guardians object to blood testing as  
1588 being in conflict with their religious tenets and practice.

1589 (b) Each prenatal health care provider shall (1) provide each pregnant  
1590 person anticipatory guidance on lead poisoning prevention during  
1591 pregnancy, (2) assess each pregnant person at the initial prenatal visit  
1592 for lead exposure using a risk assessment tool recommended by the  
1593 commissioner, (3) screen or refer for blood lead screening each pregnant  
1594 person found to be at risk for lead exposure, (4) notify the local health  
1595 director serving the jurisdiction in which the pregnant person resides if

1596 such person has a blood lead level equal to or greater than three and  
1597 one-half micrograms per deciliter, and (5) provide anticipatory  
1598 guidance regarding the prevention of childhood lead poisoning to each  
1599 patient at such patient's postpartum visit.

1600 (c) Upon the receipt of any notice provided pursuant to subdivision  
1601 (4) of subsection (b) of this section, a local health director shall conduct  
1602 the epidemiological investigation and take such other actions as  
1603 described in section 19a-111, as amended by this act.

1604 Sec. 36. Section 19a-111i of the general statutes is repealed and the  
1605 following is substituted in lieu thereof (*Effective from passage*):

1606 (a) On or before October 1, [2017] 2023, and annually thereafter, the  
1607 Commissioner of Public Health shall report, in accordance with section  
1608 11-4a, to the joint standing committees of the General Assembly having  
1609 cognizance of matters relating to public health and human services on  
1610 the status of lead poisoning prevention and control efforts in the state  
1611 for the preceding calendar year. Such report shall include, but need not  
1612 be limited to, (1) the number of lead screenings of children, [screened  
1613 for lead poisoning during the preceding calendar year,] (2) the number  
1614 of children diagnosed with elevated blood levels, [during the preceding  
1615 calendar year,] and (3) the amount of testing, [remediation,] abatement  
1616 and management of materials containing toxic levels of lead in all  
1617 premises. [during the preceding calendar year.]

1618 (b) On or before January 1, 2011, the Commissioner of Public Health  
1619 shall (1) evaluate the lead screening and risk assessment conducted  
1620 pursuant to sections 19a-110, as amended by this act, and 19a-111g, as  
1621 amended by this act, and (2) report, in accordance with section 11-4a, to  
1622 the joint standing committees of the General Assembly having  
1623 cognizance of matters relating to public health and human services on  
1624 the effectiveness of such screening and assessment, including a  
1625 recommendation as to whether such screening and assessment should  
1626 be continued as specified in [said] sections 19a-110, as amended by this  
1627 act, and 19a-111g, as amended by this act.

1628 Sec. 37. Section 19a-111j of the general statutes is repealed and the  
1629 following is substituted in lieu thereof (*Effective October 1, 2023*):

1630 (a) The Department of Public Health shall, within available  
1631 appropriations, establish and administer a program of financial  
1632 assistance to local health departments for expenses incurred in  
1633 complying with this section and the applicable provisions of sections  
1634 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-  
1635 206, 47a-52 and 47a-54f. Local health departments shall use the funds  
1636 disbursed through the program for lead poisoning prevention and  
1637 control services as described in subsection (b) of this section and other  
1638 lead poisoning prevention and control purposes approved by the  
1639 Department of Public Health.

1640 (b) To be eligible to receive program funding from the Department of  
1641 Public Health, a local health department shall administer a local lead  
1642 poisoning prevention and control program approved by the  
1643 department. Such program shall include, but need not be limited to: (1)  
1644 Case management services; (2) lead poisoning educational services; (3)  
1645 environmental health services; (4) health education services, including,  
1646 but not limited to, education concerning proper nutrition for good  
1647 health and the prevention of lead poisoning; and (5) participation in the  
1648 Department of Public Health's system for the collection, tabulation,  
1649 analysis and reporting of lead poisoning prevention and control  
1650 statistics.

1651 (c) A local health department may directly provide lead poisoning  
1652 prevention and control services within its geographic coverage area or  
1653 may contract for the provision of such services. A local health  
1654 department's case management services shall include medical,  
1655 behavioral, epidemiological and environmental intervention strategies  
1656 for each child having [one confirmed] a blood lead level that is equal to,  
1657 or greater than, [twenty] three and one-half micrograms of lead per  
1658 deciliter of blood, [or two confirmed blood lead levels, collected from  
1659 samples taken not less than three months apart, that are equal to, or  
1660 greater than, fifteen micrograms of lead per deciliter of blood but less

1661 than twenty micrograms of lead per deciliter of blood.] A local health  
1662 department shall initiate case management services for such child not  
1663 later than five business days after the local health department receives  
1664 the results of a test confirming that the child has a blood lead level as  
1665 described in this subsection.

1666 (d) A local health department's educational services shall include the  
1667 distribution of educational materials concerning lead poisoning  
1668 prevention to the parent, legal guardian and the appropriate health care  
1669 provider for each child with a [confirmed] blood lead level equal to, or  
1670 greater than, [ten] three and one-half micrograms of lead per deciliter of  
1671 blood. Such educational materials shall be provided in English, Spanish  
1672 and any other language common to the persons in the local health  
1673 department's jurisdiction.

1674 (e) The Department of Public Health shall disburse program funds to  
1675 the local health department on an annual basis. After approving a local  
1676 health department's application for program funding, the funding  
1677 period shall begin on July first each year. The amount of such funding  
1678 shall be determined by the Department of Public Health based on the  
1679 number of confirmed childhood lead poisoning cases reported in the  
1680 local health department's geographic coverage area during the previous  
1681 calendar year. The director of any local health department that applies  
1682 for program funding shall submit, not later than September thirtieth,  
1683 annually, to the Department of Public Health a report concerning the  
1684 local health department's lead poisoning and prevention control  
1685 program. Such report shall contain: (1) A proposed budget for the  
1686 expenditure of program funds for the new fiscal year; (2) a summary of  
1687 planned program activities for the new fiscal year; and (3) a summary  
1688 of program expenditures, services provided and operational activities  
1689 during the previous fiscal year. The Department of Public Health shall  
1690 approve a local health department's proposed budget prior to  
1691 disbursing program funds to the local health department.

1692 Sec. 38. Section 20-474 of the general statutes is repealed and the  
1693 following is substituted in lieu thereof (*Effective October 1, 2023*):

1694 As used in sections 20-474 to 20-482, inclusive, as amended by this  
1695 act, and subsections (e) and (f) of section 19a-88; [and section 19a-111:]

1696 (1) "Abatement" means any set of measures designed to eliminate  
1697 lead hazards in accordance with standards established pursuant to  
1698 sections 20-474 to 20-482, inclusive, as amended by this act, and  
1699 subsections (e) and (f) of section 19a-88 and regulations adopted  
1700 thereunder, including, but not limited to, the encapsulation,  
1701 replacement, removal, enclosure or covering of paint, plaster, soil or  
1702 other material containing toxic levels of lead and all preparation, clean-  
1703 up, disposal and reoccupancy clearance testing;

1704 (2) "Certificate" means a document issued by the department  
1705 indicating successful completion of an approved training course;

1706 (3) "Code enforcement official" means the director of health or a  
1707 person authorized by the director to act on the director's behalf, the local  
1708 housing code official or a person authorized by the local housing code  
1709 official to act on the local housing code official's behalf, or an agent of  
1710 the commissioner;

1711 (4) "Commissioner" means the Commissioner of Public Health, or the  
1712 commissioner's designee;

1713 (5) "Department" means the Department of Public Health;

1714 (6) "Director of health" means a municipal health director or a district  
1715 director of health as defined in chapters 368e and 368f;

1716 (7) "Dwelling" means every building or shelter used or intended for  
1717 human habitation, including exterior surfaces and all common areas  
1718 thereof, and the exterior of any other structure located within the same  
1719 lot, even if not used for human habitation;

1720 (8) "Dwelling unit" means a room or group of rooms within a  
1721 dwelling arranged for use as a single household by one or more  
1722 individuals living together who share living and sleeping facilities;

1723 (9) "Entity" means any person, partnership, firm, association,  
1724 corporation, limited liability company, sole proprietorship or any other  
1725 business concern, state or local government agency or political  
1726 subdivision or authority thereof, or any religious, social or union  
1727 organization, whether operated for profit or otherwise;

1728 (10) "Lead abatement contractor" means any entity which contracts to  
1729 perform lead hazard reduction by means of abatement including, but  
1730 not limited to, the encapsulation, replacement, removal, enclosure or  
1731 covering of paint, plaster, soil or other material containing toxic levels  
1732 of lead;

1733 (11) "Lead abatement supervisor" means an individual who oversees  
1734 lead abatement activities;

1735 (12) "Lead abatement worker" means an individual who performs  
1736 lead abatement activities;

1737 (13) "Lead consultant contractor" means any entity which contracts to  
1738 perform lead hazard reduction consultation work utilizing a lead  
1739 inspector, lead inspection risk assessor or lead planner-project designer;

1740 (14) "Lead inspection" means an investigation to determine the  
1741 presence of lead in paint, lead in other surface coverings, lead in dust,  
1742 lead in soil or lead in drinking water, and the provision of a report  
1743 explaining the results of the investigation;

1744 (15) "Lead inspector" means an individual who performs inspections  
1745 solely for the purpose of determining the presence of lead-based paint  
1746 and surface coverings and lead in soil, dust and drinking water through  
1747 the use of on-site testing including, but not limited to, x-ray fluorescence  
1748 (XRF) analysis with portable analytical instruments, and the collection  
1749 of samples for laboratory analysis and who collects information  
1750 designed to assess the level of risk;

1751 (16) "Lead inspector risk assessor" means an individual who (A)  
1752 performs (i) lead inspection risk assessments for the purpose of

1753 determining the presence, type, severity and location of lead-based  
1754 paint hazards, including lead hazards in paint, dust, drinking water and  
1755 soil, through the use of on-site testing, including, but not limited to, x-  
1756 ray fluorescence (XRF) analysis with portable instruments, and (ii) the  
1757 collection of samples for laboratory analysis, and (B) provides suggested  
1758 ways to control any identified lead hazards;

1759 (17) "Lead planner-project designer" means an individual who  
1760 designs lead abatement and management activities;

1761 (18) "Lead training provider" means an entity that offers an approved  
1762 training course or refresher training course in lead abatement or lead  
1763 consultant services;

1764 (19) "License" means the whole or part of any department permit,  
1765 approval or similar form of permission required by the general statutes  
1766 and which further requires: (A) Practice of the profession by licensed  
1767 persons or entities only; (B) that a person or entity demonstrate  
1768 competence to practice through an examination or other means and  
1769 meet certain minimum standards; and (C) enforcement of standards by  
1770 the department;

1771 (20) "Premises" means the area immediately surrounding a dwelling;

1772 (21) "Refresher training course" means an annual, supplemental  
1773 training course for personnel engaged in lead abatement or lead  
1774 consultation services; and

1775 (22) "Training course" means an approved training course offered by  
1776 a training provider for persons seeking instruction in lead abatement or  
1777 lead consultation services.

1778 Sec. 39. Subsection (b) of section 10-206 of the general statutes is  
1779 repealed and the following is substituted in lieu thereof (*Effective October*  
1780 *1, 2023*):

1781 (b) Each local or regional board of education shall require each child  
1782 to have a health assessment prior to public school enrollment. The



1783 assessment shall include: (1) A physical examination which shall  
1784 include hematocrit or hemoglobin tests, height, weight, blood pressure,  
1785 a medical risk assessment for lead poisoning and, when indicated by  
1786 such assessment, a test of the child's blood lead level, and, beginning  
1787 with the 2003-2004 school year, a chronic disease assessment which shall  
1788 include, but not be limited to, asthma. The assessment form shall  
1789 include (A) a check box for the provider conducting the assessment, as  
1790 provided in subsection (a) of this section, to indicate an asthma  
1791 diagnosis, (B) screening questions relating to appropriate public health  
1792 concerns to be answered by the parent or guardian, and (C) screening  
1793 questions to be answered by such provider; (2) an updating of  
1794 immunizations as required under section 10-204a, provided a registered  
1795 nurse may only update said immunizations pursuant to a written order  
1796 by a physician or physician assistant, licensed pursuant to chapter 370,  
1797 or an advanced practice registered nurse, licensed pursuant to chapter  
1798 378; (3) vision, hearing, speech and gross dental screenings; and (4) such  
1799 other information, including health and developmental history, as the  
1800 physician feels is necessary and appropriate. The assessment shall also  
1801 include tests for tuberculosis, sickle cell anemia [or] and Cooley's  
1802 anemia [and tests for lead levels in the blood] where the local or regional  
1803 board of education determines after consultation with the school  
1804 medical advisor and the local health department, or in the case of a  
1805 regional board of education, each local health department, that such  
1806 tests are necessary, provided a registered nurse may only perform said  
1807 tests pursuant to the written order of a physician or physician assistant,  
1808 licensed pursuant to chapter 370, or an advanced practice registered  
1809 nurse, licensed pursuant to chapter 378.

1810 Sec. 40. Subdivision (1) of section 4d-30 of the general statutes is  
1811 repealed and the following is substituted in lieu thereof (*Effective October*  
1812 *1, 2023*):

1813 (1) "Contract" means a contract for state agency information system  
1814 or telecommunication system facilities, equipment or services, which is  
1815 awarded pursuant to this chapter or subsection (e) of section 1-205,  
1816 subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-

1817 5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-  
1818 110, as amended by this act.

1819 Sec. 41. Section 4d-47 of the general statutes is repealed and the  
1820 following is substituted in lieu thereof (*Effective October 1, 2023*):

1821 With respect to any state employee whose position is eliminated or  
1822 who is laid off as a result of any contract or amendment to a contract  
1823 which is subject to the provisions of this chapter and subsection (e) of  
1824 section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-  
1825 212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection  
1826 (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as  
1827 amended by this act, or any subcontract for work under such contract  
1828 or amendment, (1) the contractor shall hire the employee, upon  
1829 application by the employee, unless the employee is hired by a  
1830 subcontractor of the contractor, or (2) the employee may transfer to any  
1831 vacant position in state service for which such employee is qualified, to  
1832 the extent allowed under the provisions of existing collectively  
1833 bargained agreements and the general statutes. If the contractor or any  
1834 such subcontractor hires any such state employee and does not provide  
1835 the employee with fringe benefits which are equivalent to, or greater  
1836 than, the fringe benefits that the employee would have received in state  
1837 service, the state shall, for two years after the employee terminates from  
1838 state service, provide to the employee either (A) the same benefits that  
1839 such employee received from the state, or (B) compensation in an  
1840 amount which represents the difference in the value of the fringe  
1841 benefits that such employee received when in state service and the  
1842 fringe benefits that such employee receives from the contractor or  
1843 subcontractor.

1844 Sec. 42. Section 4d-48 of the general statutes is repealed and the  
1845 following is substituted in lieu thereof (*Effective October 1, 2023*):

1846 No contract or subcontract for state agency information system or  
1847 telecommunication system facilities, equipment or services may be  
1848 awarded to any business entity or individual pursuant to this chapter or

1849 subsection (e) of section 1-205, subsection (c) of section 1-211, subsection  
1850 (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or  
1851 subsection [(a)] (b) of section 19a-110, as amended by this act, if such  
1852 business entity or individual previously had a contract with the state or  
1853 a state agency to provide information system or telecommunication  
1854 system facilities, equipment or services and such prior contract was  
1855 finally terminated by the state or a state agency within the previous five  
1856 years for the reason that such business entity or individual failed to  
1857 perform or otherwise breached a material obligation of the contract  
1858 related to information system or telecommunication system facilities,  
1859 equipment or services. If the termination of any such previous contract  
1860 is contested in an arbitration or judicial proceeding, the termination  
1861 shall not be final until the conclusion of such arbitration or judicial  
1862 proceeding. If the fact-finder determines, or a settlement stipulates, that  
1863 the contractor failed to perform or otherwise breached a material  
1864 obligation of the contract related to information system or  
1865 telecommunication system facilities, equipment or services, any award  
1866 of a contract pursuant to said chapter or sections during the pendency  
1867 of such arbitration or proceeding shall be rescinded and the bar  
1868 provided in this section shall apply to such business entity or individual.

1869 Sec. 43. Section 20-195ggg of the general statutes is repealed and the  
1870 following is substituted in lieu thereof (*Effective October 1, 2023*):

1871 [(a)] As used in this section and sections 44 to 47, inclusive, of this act:

1872 (1) "Commissioner" means the Commissioner of Public Health;

1873 (2) "Department" means the Department of Public Health;

1874 [(1)] (3) "Music therapy" means the clinical and evidence-based use of  
1875 music interventions to accomplish individualized goals within a  
1876 therapeutic relationship by a credentialed professional who has  
1877 completed a music therapy program approved by the American Music  
1878 Therapy Association, or any successor of said association; and

1879 [(2)] (4) "Music therapist" means a person who [(A) has earned a

1880 bachelor's or graduate degree in music therapy or a related field from  
1881 an accredited institution of higher education, and (B) is certified as a  
1882 music therapist by the Certification Board for Music Therapists or any  
1883 successor of said board] has been licensed as a music therapist under the  
1884 provisions of sections 44 to 47, inclusive, of this act.

1885 [(b) No person unless certified as a music therapist by the  
1886 Certification Board for Music Therapists, or any successor of said board,  
1887 may use the title "music therapist" or "certified music therapist" or make  
1888 use of any title, words, letters, abbreviations or insignia indicating or  
1889 implying that he or she is a certified music therapist. Any person who  
1890 violates this section shall be guilty of a class D felony. For purposes of  
1891 this section, each instance of contact or consultation with an individual  
1892 that is in violation of any provision of this section shall constitute a  
1893 separate offense.

1894 (c) The provisions of this section shall not apply to a person who (1)  
1895 is licensed, certified or regulated under the laws of this state in another  
1896 profession or occupation, including, but not limited to, occupational  
1897 therapy, physical therapy, speech and language pathology, audiology  
1898 or counseling, or is supervised by such a licensed, certified or regulated  
1899 person, and uses music in the practice of his or her licensed, certified or  
1900 regulated profession or occupation that is incidental to such practice,  
1901 provided the person does not hold himself or herself out to the public  
1902 as a music therapist, (2) is a student enrolled in a music therapy  
1903 educational program or graduate music therapy educational program  
1904 approved by the American Music Therapy Association, or any successor  
1905 of said association, and music therapy is an integral part of the student's  
1906 course of study and such student is performing such therapy under the  
1907 direct supervision of a music therapist, or (3) is a professional whose  
1908 training and national certification attests to such person's ability to  
1909 practice his or her certified occupation or profession and whose use of  
1910 music is incidental to the practice of such occupation or profession,  
1911 provided such person does not hold himself or herself out to the public  
1912 as a music therapist.]

1913       Sec. 44. (NEW) (*Effective October 1, 2023*) (a) No person may use the  
1914 title "music therapist" or "licensed music therapist" or make use of any  
1915 title, words, letters, abbreviations or insignia that may reasonably be  
1916 confused with licensure as a music therapist unless such person is  
1917 licensed pursuant to section 45 of this act or has been issued a temporary  
1918 permit pursuant to section 46 of this act.

1919       (b) The provisions of this section shall not apply to a person who (1)  
1920 is licensed, certified or regulated under the laws of this state in another  
1921 profession or occupation, including, but not limited to, occupational  
1922 therapy, physical therapy, speech and language pathology, audiology  
1923 or counseling, or is supervised by such a licensed, certified or regulated  
1924 person, and uses music in the practice of such person's licensed, certified  
1925 or regulated profession or occupation that is incidental to such practice,  
1926 provided the person does not hold himself or herself out to the public  
1927 as a music therapist, (2) is a student enrolled in a music therapy  
1928 educational program or graduate music therapy educational program  
1929 approved by the American Music Therapy Association, or any successor  
1930 of said association, and music therapy is an integral part of the student's  
1931 course of study and such student is performing such therapy under the  
1932 direct supervision of a music therapist, or (3) is a professional whose  
1933 training and national certification attests to such person's ability to  
1934 practice such person's certified occupation or profession and whose use  
1935 of music is incidental to the practice of such occupation or profession,  
1936 provided such person does not hold himself or herself out to the public  
1937 as a music therapist.

1938       Sec. 45. (NEW) (*Effective October 1, 2023*) (a) On and after October 1,  
1939 2023, the Commissioner of Public Health shall grant a license as a music  
1940 therapist to any applicant who, except as provided in subsections (b)  
1941 and (c) of this section, furnishes evidence satisfactory to the  
1942 commissioner that such applicant (1) has earned a bachelor's or  
1943 graduate degree in music therapy or a related field from an accredited  
1944 institution of higher education, and (2) holds a current certification as a  
1945 music therapist from the Certification Board for Music Therapists, or  
1946 any successor of said board. The commissioner shall develop and

1947 provide application forms. The application fee shall be three hundred  
1948 fifteen dollars.

1949 (b) An applicant for licensure by endorsement shall present evidence  
1950 satisfactory to the commissioner that the applicant is licensed or  
1951 certified as a music therapist, or as a person entitled to perform similar  
1952 services under a different designation, in another state or jurisdiction  
1953 that has requirements for practicing in such capacity that are  
1954 substantially similar to, or higher than, those of this state and that there  
1955 are no disciplinary actions or unresolved complaints pending in this  
1956 state or any other state.

1957 (c) Licenses issued under this section shall be renewed annually  
1958 pursuant to section 19a-88 of the general statutes. The fee for such  
1959 renewal shall be one hundred ninety dollars. Each licensed music  
1960 therapist applying for license renewal shall furnish evidence  
1961 satisfactory to the commissioner of having current certification with the  
1962 Certification Board for Music Therapists, or any successor of said board,  
1963 and having obtained continuing education units for certification as  
1964 required by said board.

1965 (d) (1) Any individual who has been convicted of any criminal offense  
1966 may request, at any time, that the commissioner determine whether  
1967 such individual's criminal conviction disqualifies the individual from  
1968 obtaining a license issued or conferred by the commissioner pursuant to  
1969 this section or section 46 of this act based on (A) the nature of the  
1970 conviction and its relationship to the individual's ability to safely or  
1971 competently perform the duties or responsibilities associated with such  
1972 license, (B) information pertaining to the degree of rehabilitation of the  
1973 individual, and (C) the time elapsed since the conviction or release of  
1974 the individual. An individual making such request shall include (i)  
1975 details of the individual's criminal conviction, and (ii) any payment  
1976 required by the commissioner. The commissioner may charge a fee of  
1977 not more than fifteen dollars for each request made under this  
1978 subsection. The commissioner may waive such fee.

1979 (2) Not later than thirty days after receiving a request under this  
1980 subsection, the commissioner shall inform the individual making such  
1981 request whether, based on the criminal record information submitted,  
1982 such individual is disqualified from receiving or holding a license  
1983 issued pursuant to this section.

1984 (3) The commissioner is not bound by a determination made under  
1985 this subsection, if, upon further investigation, the commissioner  
1986 determines that the individual's criminal conviction differs from the  
1987 information presented in the determination request.

1988 Sec. 46. (NEW) (*Effective October 1, 2023*) The Department of Public  
1989 Health may issue a temporary permit to an applicant for licensure as a  
1990 music therapist who holds a bachelor's degree or higher in music  
1991 therapy or a related field. Such temporary permit shall authorize the  
1992 holder of the temporary permit to practice music therapy under the  
1993 general supervision of a licensed music therapist at all times during  
1994 which the holder of the temporary permit performs music therapy. Such  
1995 temporary permit shall be valid for a period not to exceed three hundred  
1996 sixty-five calendar days after the date of attaining such bachelor's  
1997 degree or higher and shall not be renewable. No temporary permit shall  
1998 be issued under this section to any applicant against whom professional  
1999 disciplinary action is pending or who is the subject of an unresolved  
2000 complaint in this state or any other state. The commissioner may revoke  
2001 a temporary permit for good cause, as determined by the commissioner.  
2002 The fee for a temporary permit shall be fifty dollars.

2003 Sec. 47. (NEW) (*Effective October 1, 2023*) The Commissioner of Public  
2004 Health may deny an application of an individual or take any  
2005 disciplinary action set forth in section 19a-17 of the general statutes  
2006 against a music therapist for any of the following reasons: (1) Failure to  
2007 conform to the accepted standards of the profession; (2) conviction of a  
2008 felony, provided any action taken is based upon (A) the nature of the  
2009 conviction and its relationship to the license holder's ability to safely or  
2010 competently practice as a music therapist, (B) information pertaining to  
2011 the degree of rehabilitation of the license holder, and (C) the time

2012 elapsed since the conviction or release; (3) fraud or deceit in obtaining  
2013 or seeking reinstatement of a license to practice music therapy; (4) fraud  
2014 or deceit in the practice of music therapy; (5) negligent, incompetent or  
2015 wrongful conduct in professional activities; (6) physical, mental or  
2016 emotional illness or disorder resulting in an inability to conform to the  
2017 accepted standards of the profession; (7) alcohol or substance abuse; or  
2018 (8) wilful falsification of entries in any hospital, patient or other record  
2019 pertaining to music therapy. The commissioner may order a license  
2020 holder to submit to a reasonable physical or mental examination if such  
2021 license holder's physical or mental capacity to practice safely is the  
2022 subject of an investigation. The commissioner may petition the superior  
2023 court for the judicial district of Hartford to enforce such order or any  
2024 action taken pursuant to section 19a-17 of the general statutes. The  
2025 commissioner shall give notice and an opportunity to be heard on any  
2026 contemplated action under section 19a-17 of the general statutes.

2027 Sec. 48. Subsection (b) of section 20-206f of the general statutes is  
2028 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2029 *2023*):

2030 (b) No more than [six] eighteen continuing education units shall be  
2031 completed via the Internet or distance learning and no more than twelve  
2032 continuing education units shall be obtained from providers that are not  
2033 approved by the National Certification Board for Therapeutic Massage  
2034 and Bodywork. For purposes of this section, "continuing education unit"  
2035 means fifty to sixty minutes of participation in accredited continuing  
2036 professional education.

2037 Sec. 49. (NEW) (*Effective January 1, 2024*) The Commissioner of Public  
2038 Health shall provide funeral directors licensed pursuant to chapter 385  
2039 of the general statutes who operate or are affiliated with a funeral home  
2040 or funeral service business that (1) is located in another state, and (2) has  
2041 a reciprocal agreement on file with the Department of Public Health,  
2042 with access to the electronic death registry system.

2043 Sec. 50. Section 20-195cc of the general statutes is repealed and the



2044 following is substituted in lieu thereof (*Effective July 1, 2023*):

2045 (a) The Commissioner of Public Health shall grant a license (1) as a  
2046 professional counselor to any applicant who furnishes evidence  
2047 satisfactory to the commissioner that such applicant has met the  
2048 requirements of section 20-195dd, and (2) as a professional counselor  
2049 associate to any applicant who furnishes evidence satisfactory to the  
2050 commissioner that such applicant has met the requirements of section  
2051 20-195dd. The commissioner shall develop and provide application  
2052 forms. The application fee for a professional counselor shall be three  
2053 hundred fifteen dollars. The application fee for a professional counselor  
2054 associate shall be two hundred twenty dollars.

2055 (b) Licenses issued to professional counselors and professional  
2056 counselor associates under this section may be renewed annually  
2057 pursuant to section 19a-88. The fee for such renewal shall be one  
2058 hundred ninety-five dollars. Each licensed professional counselor and  
2059 professional counselor associate applying for license renewal shall  
2060 furnish evidence satisfactory to the commissioner of having participated  
2061 in continuing education programs. The commissioner shall adopt  
2062 regulations, in accordance with chapter 54, to (1) define basic  
2063 requirements for continuing education programs that shall include (A)  
2064 not less than one contact hour of training or education each registration  
2065 period on the topic of cultural competency, (B) on and after January 1,  
2066 2016, not less than two contact hours of training or education during the  
2067 first renewal period in which continuing education is required and not  
2068 less than once every six years thereafter on the topic of mental health  
2069 conditions common to veterans and family members of veterans,  
2070 including (i) determining whether a patient is a veteran or family  
2071 member of a veteran, (ii) screening for conditions such as post-traumatic  
2072 stress disorder, risk of suicide, depression and grief, and (iii) suicide  
2073 prevention training, and (C) on and after January 1, 2018, not less than  
2074 three contact hours of training or education each registration period on  
2075 the topic of professional ethics, (2) delineate qualifying programs, (3)  
2076 establish a system of control and reporting, and (4) provide for a waiver  
2077 of the continuing education requirement for good cause.

2078 (c) (1) Any individual who has been convicted of any criminal offense  
2079 may request, at any time, that the commissioner determine whether  
2080 such individual's criminal conviction disqualifies the individual from  
2081 obtaining a license issued or conferred by the commissioner pursuant to  
2082 this chapter based on (A) the nature of the conviction and its  
2083 relationship to the individual's ability to safely or competently perform  
2084 the duties or responsibilities associated with such license, (B)  
2085 information pertaining to the degree of rehabilitation of the individual,  
2086 and (C) the time elapsed since the conviction or release of the individual.

2087 (2) An individual making such request shall include (A) details of the  
2088 individual's criminal conviction, and (B) any payment required by the  
2089 commissioner. The commissioner may charge a fee of not more than  
2090 fifteen dollars for each request made under this subsection. The  
2091 commissioner may waive such fee.

2092 (3) Not later than thirty days after receiving a request under this  
2093 subsection, the commissioner shall inform the individual making such  
2094 request whether, based on the criminal record information submitted,  
2095 such individual is disqualified from receiving or holding a license  
2096 issued or conferred pursuant to this chapter.

2097 (4) The commissioner is not bound by a determination made under  
2098 this section, if, upon further investigation, the commissioner determines  
2099 that the individual's criminal conviction differs from the information  
2100 presented in the determination request.

2101 (d) Notwithstanding the provisions of this section, a person who is a  
2102 graduate of a course of study described in subdivision (1) or (2) of  
2103 subsection (b) of section 20-195dd may practice professional counseling  
2104 for a period not greater than one hundred twenty calendar days after  
2105 the date such person completed such course of study, provided such  
2106 person works under professional supervision.

2107 Sec. 51. Section 20-195c of the general statutes is repealed and the  
2108 following is substituted in lieu thereof (*Effective July 1, 2023*):

2109 (a) Each applicant for licensure as a marital and family therapist shall  
2110 present to the department satisfactory evidence that such applicant has:  
2111 (1) Completed a graduate degree program specializing in marital and  
2112 family therapy offered by a regionally accredited college or university  
2113 or an accredited postgraduate clinical training program accredited by  
2114 the Commission on Accreditation for Marriage and Family Therapy  
2115 Education offered by a regionally accredited institution of higher  
2116 education; (2) completed a supervised practicum or internship with  
2117 emphasis in marital and family therapy supervised by the program  
2118 granting the requisite degree or by an accredited postgraduate clinical  
2119 training program accredited by the Commission on Accreditation for  
2120 Marriage and Family Therapy Education and offered by a regionally  
2121 accredited institution of higher education; (3) completed twelve months  
2122 of relevant postgraduate experience, including (A) a minimum of one  
2123 thousand hours of direct client contact offering marital and family  
2124 therapy services subsequent to being awarded a master's degree or  
2125 doctorate or subsequent to the training year specified in subdivision (2)  
2126 of this subsection, and (B) one hundred hours of postgraduate clinical  
2127 supervision provided by a licensed marital and family therapist; and (4)  
2128 passed an examination prescribed by the department. The fee shall be  
2129 three hundred fifteen dollars for each initial application.

2130 (b) Each applicant for licensure as a marital and family therapist  
2131 associate shall present to the department (1) satisfactory evidence that  
2132 such applicant has completed a graduate degree program specializing  
2133 in marital and family therapy offered by a regionally accredited  
2134 institution of higher education or an accredited postgraduate clinical  
2135 training program accredited by the Commission on Accreditation for  
2136 Marriage and Family Therapy Education and offered by a regionally  
2137 accredited institution of higher education, and (2) verification from a  
2138 supervising licensed marital and family therapist that the applicant is  
2139 working toward completing the postgraduate experience required for  
2140 licensure as a marital and family therapist under subdivision (3) of  
2141 subsection (a) of this section. The fee shall be one hundred twenty-five  
2142 dollars for each initial application.

2143 (c) The department may grant licensure without examination, subject  
2144 to payment of fees with respect to the initial application, to any  
2145 applicant who is currently licensed or certified as a marital or marriage  
2146 and family therapist or a marital and family therapist associate in  
2147 another state, territory or commonwealth of the United States, provided  
2148 such state, territory or commonwealth maintains licensure or  
2149 certification standards which, in the opinion of the department, are  
2150 equivalent to or higher than the standards of this state. No license shall  
2151 be issued under this section to any applicant against whom professional  
2152 disciplinary action is pending or who is the subject of an unresolved  
2153 complaint.

2154 (d) (1) A license issued to a marital and family therapist issued under  
2155 this section may be renewed annually in accordance with the provisions  
2156 of section 19a-88. The fee for such renewal shall be three hundred  
2157 twenty dollars. Each licensed marital and family therapist applying for  
2158 license renewal shall furnish evidence satisfactory to the commissioner  
2159 of having participated in continuing education programs. The  
2160 commissioner shall adopt regulations, in accordance with chapter 54, to  
2161 (A) define basic requirements for continuing education programs,  
2162 which shall include not less than one contact hour of training or  
2163 education each registration period on the topic of cultural competency  
2164 and, on and after January 1, 2016, not less than two contact hours of  
2165 training or education during the first renewal period in which  
2166 continuing education is required and not less than once every six years  
2167 thereafter on the topic of mental health conditions common to veterans  
2168 and family members of veterans, including (i) determining whether a  
2169 patient is a veteran or family member of a veteran, (ii) screening for  
2170 conditions such as post-traumatic stress disorder, risk of suicide,  
2171 depression and grief, and (iii) suicide prevention training, (B) delineate  
2172 qualifying programs, (C) establish a system of control and reporting,  
2173 and (D) provide for waiver of the continuing education requirement for  
2174 good cause.

2175 (2) A license issued to a marital and family therapist associate shall  
2176 expire on or before twenty-four months after the date on which such

2177 license was issued and may be renewed once for an additional twenty-  
 2178 four months in accordance with the provisions of section 19a-88. The fee  
 2179 for such renewal shall be two hundred twenty dollars. Each licensed  
 2180 marital and family therapist associate applying for license renewal shall  
 2181 furnish evidence satisfactory to the commissioner of working toward  
 2182 completing the postgraduate experience required for licensure as a  
 2183 marital and family therapist under subdivision (3) of subsection (a) of  
 2184 this section and the potential for successful completion of such  
 2185 experience prior to the expiration of the twenty-four month renewal  
 2186 period.

2187 (e) Notwithstanding the provisions of this section, an applicant who  
 2188 is currently licensed or certified as a marital or marriage and family  
 2189 therapist in another state, territory or commonwealth of the United  
 2190 States that does not maintain standards for licensure or certification that  
 2191 are equivalent to or higher than the standards in this state may  
 2192 substitute three years of licensed or certified work experience in the  
 2193 practice of marital and family therapy, as defined in section 20-195a, in  
 2194 lieu of the requirements of subdivisions (2) and (3) of subsection (a) of  
 2195 this section.

2196 (f) Notwithstanding the provisions of this section, a person who is a  
 2197 graduate of a graduate degree program or a postgraduate clinical  
 2198 training program described in subdivision (1) of subsection (b) of this  
 2199 section may practice marital and family therapy for a period not greater  
 2200 than one hundred twenty calendar days after the date such person  
 2201 completed such program, provided such person works under the  
 2202 clinical supervision of a licensed marital family therapist.

2203 Sec. 52. Section 19a-111h of the general statutes is repealed. (*Effective*  
 2204 *October 1, 2023*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-490
Sec. 2	<i>from passage</i>	19a-564(g)

Sec. 3	<i>from passage</i>	20-195o(b)
Sec. 4	<i>October 1, 2023</i>	20-195u(a) and (b)
Sec. 5	<i>from passage</i>	20-265b(b)
Sec. 6	<i>from passage</i>	20-265d(b)
Sec. 7	<i>from passage</i>	20-206mm(b)
Sec. 8	<i>July 1, 2023</i>	19a-181(b) to (d)
Sec. 9	<i>October 1, 2023</i>	19a-565
Sec. 10	<i>from passage and applicable to taxable years commencing on or after January 1, 2022</i>	12-704i
Sec. 11	<i>October 1, 2023</i>	19a-7o(b)
Sec. 12	<i>July 1, 2023</i>	19a-1271(a)
Sec. 13	<i>from passage</i>	19a-112j(a) and (b)
Sec. 14	<i>October 1, 2023</i>	19a-332a
Sec. 15	<i>from passage</i>	20-440
Sec. 16	<i>from passage</i>	20-478
Sec. 17	<i>from passage</i>	25-32(a) to (n)
Sec. 18	<i>July 1, 2023</i>	New section
Sec. 19	<i>from passage</i>	22a-474c
Sec. 20	<i>from passage</i>	20-265a(4)
Sec. 21	<i>October 1, 2023</i>	7-60
Sec. 22	<i>October 1, 2023</i>	19a-403(a)
Sec. 23	<i>October 1, 2023</i>	19a-404
Sec. 24	<i>October 1, 2023</i>	19a-405
Sec. 25	<i>October 1, 2023</i>	19a-409
Sec. 26	<i>January 1, 2024</i>	19a-36j
Sec. 27	<i>from passage</i>	New section
Sec. 28	<i>October 1, 2023</i>	19a-109aa
Sec. 29	<i>October 1, 2023</i>	19a-110
Sec. 30	<i>October 1, 2023</i>	19a-110a
Sec. 31	<i>October 1, 2023</i>	19a-111
Sec. 32	<i>October 1, 2023</i>	19a-111a
Sec. 33	<i>October 1, 2023</i>	19a-111b
Sec. 34	<i>October 1, 2023</i>	19a-111c
Sec. 35	<i>January 1, 2024</i>	19a-111g
Sec. 36	<i>from passage</i>	19a-111i
Sec. 37	<i>October 1, 2023</i>	19a-111j
Sec. 38	<i>October 1, 2023</i>	20-474
Sec. 39	<i>October 1, 2023</i>	10-206(b)
Sec. 40	<i>October 1, 2023</i>	4d-30(1)

Sec. 41	<i>October 1, 2023</i>	4d-47
Sec. 42	<i>October 1, 2023</i>	4d-48
Sec. 43	<i>October 1, 2023</i>	20-195ggg
Sec. 44	<i>October 1, 2023</i>	New section
Sec. 45	<i>October 1, 2023</i>	New section
Sec. 46	<i>October 1, 2023</i>	New section
Sec. 47	<i>October 1, 2023</i>	New section
Sec. 48	<i>July 1, 2023</i>	20-206f(b)
Sec. 49	<i>January 1, 2024</i>	New section
Sec. 50	<i>July 1, 2023</i>	20-195cc
Sec. 51	<i>July 1, 2023</i>	20-195c
Sec. 52	<i>October 1, 2023</i>	Repealer section

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	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

The bill as amended results in a revenue gain to the General Fund that will be dependent upon the number of initial and renewal licenses, and temporary permits, issued by the Department of Public Health (DPH), as described by section below. Other provisions of the bill as amended are not anticipated to result in a fiscal impact to the state or municipalities.

**Sections 1 and 9** create new DPH licensure categories for blood collection facilities and source plasma donation centers, starting 10/1/23, with an initial application fee of \$200 and a biennial renewal fee of the same amount. The revenue gain to the General Fund from the new licensure categories will be dependent upon the number of initial and renewal licenses for blood collection facilities and source plasma donation centers issued by DPH.

**Sections 43-47** create a new DPH licensure category for Music Therapists, and a temporary permit for the practice of music therapy under certain circumstances. The revenue gain to the General Fund from the new licensure category and temporary permit will be dependent upon the number of initial and renewal licenses, and temporary permits, issued by DPH. The initial application fee is \$315, with an annual renewal fee of \$195. The temporary permit for the practice of music



therapy is valid for one year after attaining a bachelor's degree or higher for a fee of \$50. It is not renewable.

House "A" struck the language of the underlying bill and, replacing it with language anticipated to result in the fiscal impacts described above.

***The Out Years***

The General Fund revenue gain identified above would continue into the future subject to the number of initial and renewal licenses, and temporary permits, issued by DPH.

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**OLR Bill Analysis****sHB 6733 (as amended by House "A")\******AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.***

TABLE OF CONTENTS:

[SUMMARY](#)[§§ 1 & 9 — BLOOD COLLECTION FACILITIES AND SOURCE PLASMA DONATION CENTERS](#)

Creates new statutory definitions and 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

[§§ 1 & 2 — ASSISTED LIVING SERVICES AGENCIES](#)

Allows assisted living services agencies to provide nursing services and assistance with activities of daily living to people who are not chronic and stable under limited conditions

[§§ 3 & 4 — SOCIAL WORK LICENSURE](#)

Requires the DPH commissioner to temporarily waive the examination requirement for master social worker license applicants until January 1, 2026; allows the required five hours of in-person continuing education to be earned through live online classes

[§§ 5 & 6 — ESTHETICIAN AND NAIL TECHNICIAN LICENSURE](#)

Extends 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

[§ 7 — PARAMEDIC LICENSURE](#)

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

§ 8 — EMERGENCY MEDICAL SERVICES VEHICLE INSPECTIONS

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

§ 10 — 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

§ 11 — 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

§ 12 — 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

§ 13 — COMMISSION ON COMMUNITY GUN VIOLENCE

Adds three new members to the Commission on Community Gun Violence Intervention and Prevention

§ 14 — 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

§§ 15 & 16 — ASBESTOS AND LEAD ABATEMENT PROFESSIONALS

Allows the DPH commissioner to implement policies and procedures on licensure and certification standards for asbestos and lead abatement professionals while in the process of adopting them in regulations

§ 17 — PUBLIC WATER SUPPLY SOURCES

Specifies that, starting July 1, 2024, DPH has jurisdiction over public water supply sources held for future or emergency use by municipalities, public institutions, or water companies

§ 18 — 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

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

Extends by one year the deadline for (1) local health departments to 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

§ 20 — EYEBROW THREADING

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

§ 21 — 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

§§ 22-25 — 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

§ 26 — CERTIFIED FOOD INSPECTORS

Eliminates the requirement that certified food inspector applicants be employed by a local health department prior to certification; prohibits certified food inspectors, or their immediate family, or a business they associate with, from having a financial or ownership interest in a food establishment in their jurisdiction

§ 27 — LOCAL FOOD PROTECTION PROGRAM AUDITS

Authorizes DPH to conduct audits of local health department food protection programs; requires DPH to give local health directors a report on the audit’s findings and any recommended or necessary corrective actions

§§ 28-42 & 52 — LEAD POISONING PREVENTION AND TREATMENT

Makes various changes related to lead poisoning prevention and treatment, such as (1) reducing the timeframe within which a health care provider must notify the parent of a child under age 3 with an elevated blood lead level, (2) modifying the blood lead level thresholds at which local health department programs must provide children case management services, and (3) requiring pediatricians to complete annual lead risk assessment for all children from birth to age 6 and annually screen those with elevated risk

§§ 43-47 — MUSIC THERAPIST LICENSURE

Generally requires that music therapists be licensed by DPH and establishes related licensure requirements and exemptions; creates nonrenewable temporary permits authorizing the holder to work under a licensee's supervision; sets grounds for denying licenses and taking disciplinary action against licensees

§ 48 — MASSAGE THERAPIST CONTINUING EDUCATION

Increases, from six to 18, the number of continuing education units a licensed massage therapist may complete via the Internet or distance learning

§ 49 — FUNERAL DIRECTORS

Requires the DPH commissioner to give access to the state's electronic death registry system to state-licensed funeral directors who operate or are affiliated with out-of-state funeral homes or funeral businesses that have reciprocal agreements filed with DPH

§§ 50 & 51 — LICENSED PROFESSIONAL COUNSELORS AND MARITAL AND FAMILY THERAPISTS

Allows new graduates of professional counseling and marital and therapy programs to practice without a license for up to 120 days after they complete their program, if they do so under clinical supervision by specified licensed health professionals

**SUMMARY**

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

\*House Amendment "A" removes provisions from the original bill

on (1) background checks for physician and psychologist licensure applicants, (2) municipal health director qualifications, and (3) certified ambulance services providing non-emergency patient transport and treatment. It adds provisions on (1) certified food inspectors, (2) local food protection program audits, (3) lead poisoning prevention and treatment, (4) music therapist licensure, (5) massage therapist continuing education, (6) funeral directors, and (7) marital and family therapists and licensed professional counselors. Among other things, it also amends provisions in the original bill by (1) requiring the DPH commissioner to temporarily, instead of permanently, suspend the examination requirement for master social worker licensure; (2) adding conditions under which assisted living services agencies may provide services to people who are not chronic and stable; and (3) adding three new members to the Commission on Community Gun Violence Intervention and Prevention.

EFFECTIVE DATE: Various, see below

## **§§ 1 & 9 — BLOOD COLLECTION FACILITIES AND SOURCE PLASMA DONATION CENTERS**

*Creates new statutory definitions and 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 regulations for clinical laboratories.)

It requires the DPH commissioner to adopt regulations to implement the new licensure categories, which must include the requirement that a registered nurse or advanced practice registered nurse be on-site during the facility's operating hours. The bill also requires the

commissioner, on or before October 1, 2023, to implement policies and procedures while adopting the regulations. She must post the policies and procedures on the eRegulations System before adopting them, and they are valid until the final regulations are adopted.

The bill also modifies requirements for clinical laboratory licensure by eliminating certain information included on licensure applications.

EFFECTIVE DATE: October 1, 2023

### ***Definitions***

The bill adds to the statutory definition of “health care institution” blood collection facilities and source plasma donation centers. In doing so, it subjects these facilities to DPH licensure, inspection, and complaint investigation requirements.

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, the bill exempts from licensure requirements (1) a mobile or temporary blood collection facility, if its operator is licensed as a blood collection facility, and (2) a hospital for component collection activities that take place on its campus.

The bill also specifies that a licensed source plasma donation center does not need a clinical laboratory license for performing pre-donation screening tests (e.g., screenings for infectious conditions) required by federal law.

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 extends the \$200 initial and renewal license fees for clinical laboratories 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 notice of licensure from DPH, 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. This prohibition already applies to clinical laboratories.

**Background — Related Bill**

sHB 6836 (File 587), favorably reported by the Public Health Committee, contains similar provisions establishing new DPH licensure categories for blood collection facilities and source plasma donation centers and related requirements.

**§§ 1 & 2 — ASSISTED LIVING SERVICES AGENCIES**

*Allows assisted living services agencies to provide nursing services and assistance with activities of daily living to people who are not chronic and stable under limited conditions*

Under current law, assisted living services agencies (ALSAs) may provide nursing services and assistance with activities of daily living only to people who are chronic and stable. The bill allows ALSAs to also serve people who are no longer chronic and stable if:

1. the person is under the care of a licensed home health care agency or hospice agency or
2. the ALSA is arranging, in conjunction with a managed residential community (MRC, see *Background*), the delivery of ancillary medical services on the person's behalf, including physician, dental, hospice care, home health agency, pharmacy, podiatry, and restorative physical therapy services.

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

EFFECTIVE DATE: Upon passage

**Background — MRCs**

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates ALSAs that provide assisted living services. ALSAs can only provide these services at an MRC. MRCs that wishes to provide assisted living services to must obtain a DPH license as an ALSA, or arrange for the services with a licensed ALSA.

**§§ 3 & 4 — SOCIAL WORK LICENSURE**

*Requires the DPH commissioner to temporarily waive the examination requirement for master social worker license applicants until January 1, 2026; allows the required five hours of in-person continuing education to be earned through live online classes*

**Examination Requirement**

The bill requires the DPH commissioner to temporarily waive 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. She must waive the requirement until January 1, 2026, and then reinstate it.

Under the bill, the commissioner must notify higher education institutions that offer social work programs by July 1, 2025, about the reinstatement of the examination requirement for students graduating after January 1, 2026.

The bill maintains the 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.

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.

**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., a 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.

### **§§ 5 & 6 — ESTHETICIAN AND NAIL TECHNICIAN LICENSURE**

*Extends 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

## **§ 7 — 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

## **§ 8 — 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 require:

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 equipment required for their specific vehicle classification specified in the 2022 Connecticut EMS Minimum Equipment Checklist; and
3. 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

## **§ 10 — 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.

## § 11 — 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.

## § 12 — 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.

Under the bill, the DPH commissioner must consult with a Connecticut hospital association on the scope and timing of the data reporting requirements to reduce the burden on hospitals when producing and disclosing the data. It specifies that any data collected cannot include patients' personally identifiable information.

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

### **§ 13 — COMMISSION ON COMMUNITY GUN VIOLENCE**

*Adds three new members to the Commission on Community Gun Violence Intervention and Prevention*

The bill adds the following three individuals to the membership of the Commission on Community Gun Violence Intervention and Prevention, thereby increasing its members to 26:

1. the education commissioner, or her designee;
2. one municipal police chief, appointed by the Public Health Committee House ranking member; and
3. one local health director, appointed by the Public Health Committee Senate ranking member.

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

#### **§ 14 — 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

#### **§§ 15 & 16 — ASBESTOS AND LEAD ABATEMENT PROFESSIONALS**

*Allows the DPH commissioner to implement policies and procedures on licensure and certification standards for asbestos and lead abatement professionals 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 bill allows the commissioner to implement policies and procedures while in the process of adopting them in regulations, so long as she posts her intention to adopt regulations on the eRegulations System at least 20 days after they are implemented. The policies and procedures are valid until the final regulations are adopted.

EFFECTIVE DATE: Upon passage

#### **§ 17 — PUBLIC WATER SUPPLY SOURCES**

*Specifies that, starting July 1, 2024, DPH has jurisdiction over public water supply sources held for future or emergency use by municipalities, public institutions, or water companies*

Under current law, DPH has jurisdiction over the purity and adequacy of all public water supply sources used by municipalities, public institutions, or water companies. Starting July 1, 2024, the bill extends the department's jurisdiction to include water supply sources over which these entities hold the right for future or emergency use.

EFFECTIVE DATE: Upon passage

### **§ 18 — 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 when:

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 other health care professional.

EFFECTIVE DATE: July 1, 2023

**§ 19 — LOCAL HEALTH DEPARTMENT REPORTING SYSTEM FOR SODIUM CHLORIDE DAMAGE**

*Extends by one year the deadline for (1) local health departments to 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 deadline for local health departments (i.e., municipal and district health departments) to 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 deadline for these health departments to 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

**§ 20 — 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

## § 21 — 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

### **§§ 22-25 — 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.

### **§ 26 — CERTIFIED FOOD INSPECTORS**

*Eliminates the requirement that certified food inspector applicants be employed by a local health department prior to certification; prohibits certified food inspectors, or their immediate family, or a business they associate with, from having a financial or ownership interest in a food establishment in their jurisdiction*

The bill modifies DPH certification requirements for food inspectors by doing the following:

1. eliminating the requirement that applicants be employed by a municipal or district health department before receiving their certification, which allows them to complete certification requirements prior to working as a food inspector, and

2. specifying that the DPH commissioner must prescribe the required training and verification program applicants must successfully complete.

Additionally, the bill prohibits a certified food inspector, the inspector's immediate family, or a business the inspector associates with, from doing the following:

1. having any financial or ownership interest in a food establishment located in the jurisdiction where the food inspector works;
2. engaging in any business, employment, or management of a food establishment in that jurisdiction; or
3. owning the property where the food establishment is located.

Current law only prohibits a certified food inspector from owning or managing a food establishment located in their jurisdiction.

The bill also requires municipal and district health directors employing food inspectors to certify, on a form the DPH commissioner prescribes, that the food inspector is not prohibited from working as a food inspector based on the above listed conditions.

EFFECTIVE DATE: January 1, 2024

### ***Background — Related Bill***

SB 1066 (File 541), favorably reported by the Public Health Committee, contains identical provisions.

### **§ 27 — LOCAL FOOD PROTECTION PROGRAM AUDITS**

*Authorizes DPH to conduct audits of local health department food protection programs; requires DPH to give local health directors a report on the audit's findings and any recommended or necessary corrective actions*

The bill authorizes the DPH commissioner to conduct audits of local health department (i.e., municipal and district health department) food protection programs. The audits may include, but are not limited to, (1)

interviews with local health department staff and (2) joint inspections of local food establishments with local health department staff.

After completing an audit, the bill requires the commissioner to give the local health director a report detailing the audit's findings and any recommended or necessary corrective actions the director must take.

EFFECTIVE DATE: Upon passage

### **Background — Related Bill**

HB 6728 (File 405), favorably reported by the Public Health Committee, contains identical provisions.

### **§§ 28-42 & 52 — LEAD POISONING PREVENTION AND TREATMENT**

*Makes various changes related to lead poisoning prevention and treatment, such as (1) reducing the timeframe within which a health care provider must notify the parent of a child under age 3 with an elevated blood lead level, (2) modifying the blood lead level thresholds at which local health department programs must provide children case management services, and (3) requiring pediatricians to complete annual lead risk assessment for all children from birth to age 6 and annually screen those with elevated risk*

This bill makes various changes affecting lead poisoning prevention and treatment, as described in the sections below.

EFFECTIVE DATE: October 1, 2023, except the provisions on (1) testing by primary care providers takes effect January 1, 2024 (§ 35) and (2) DPH's annual lead poisoning report takes effect upon passage (§ 36).

#### **Reporting Blood Lead Levels (§ 29)**

The bill reduces the timeframe, from 72 to 24 hours, within which a health care provider must make a reasonable effort to notify the parent or guardian of a child under age three whose test results indicate a blood lead level of at least 3.5 µg/dL.

By law, licensed health care institutions and clinical laboratories must report a person with blood lead levels of at least 3.5 µg/dL to DPH, local health departments, and the health care provider who ordered the testing. The report must include specified information on the person, the provider who ordered the testing, the sample collection and

analysis, and any other information the DPH commissioner requires. For the latter, the bill specifies that the information must be reported in a manner the commissioner prescribes.

It also removes the requirement under current law that the DPH commissioner consult with the administrative services commissioner to determine how data in individual and monthly lead testing reports, which health care institutions and clinical laboratories submit to DPH, is transmitted.

### ***Regional Lead Poisoning Treatment Centers (§ 30)***

The bill requires each lead poisoning treatment center to report to the DPH commissioner on the number of people treated for lead poisoning; each person's town of residence, race and ethnicity; and any other information the commissioner requires. The centers must report this information quarterly and as the commissioner prescribes.

Existing law allows the DPH commissioner, within available appropriations, to establish two regional lead poisoning treatment centers in different areas of the state by providing grants to two participating hospitals. The bill requires these two hospitals to have demonstrated expertise in lead poisoning treatment, in addition to prevention, as under current law.

The bill also specifies that the (1) DPH commissioner must determine the designated area of the state that each hospital serves and (2) centers must, at a minimum, provide consultation services to pediatricians and other primary care practitioners, instead of all physicians, on proper lead poisoning treatment.

### ***On-Site Inspections and Remediation (§ 31)***

As under current law, the bill requires local health directors to conduct on-site inspections and order remediation for children with lead poisoning if a child has a confirmed blood lead level between (1) 10 and 15 µg/dL before January 1, 2024, and (2) 5 and 10 µg/dL from January 1, 2024, to December 31, 2024. However, the bill removes the



requirement under current law that these blood lead levels must be confirmed in two tests taken at least three months apart.

***Education and Publicity Program (§ 33)***

By law, DPH's Lead Poisoning Prevention Program must include an education and publicity program that informs the general public and specified individuals of the danger, frequency, and sources of lead poisoning and ways to prevent it.

The bill requires the program to specifically direct the information to residential property owners who own housing constructed prior to 1978, instead of 1950, as under current law.

***Lead Remediation (§§ 29 & 34)***

Current law requires owners of dwellings with toxic lead levels occupied by children under age six to abate, remediate, or manage the dangerous materials and follow DPH regulations for doing so. The bill instead requires the owners to remediate the lead through testing, abatement, or management of the materials and correspondingly redefines these activities.

Under the bill, "remediation" means the process of remedying a lead hazard condition, including investigation, abatement and, if appropriate, ongoing management measures.

"Abatement" means any set of measures designed to reduce or eliminate lead hazards, including encapsulation, replacement, removal, enclosure, or covering of paint, plaster, soil, or other material containing toxic lead levels and all preparation, clean-up, disposal, and reoccupancy clearance testing.

By law, the DPH commissioner may adopt regulations with standards and procedures for lead remediation, including testing, 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. She must post the policies and procedures on the eRegulations System before adopting them, and they

are valid until the final regulations are adopted.

The bill also makes related technical and conforming changes.

***Primary Care Providers Testing (§ 35)***

***Pediatric Care Providers.*** Current law requires primary care providers who provide pediatric care, other than emergency departments, to conduct annual lead testing on children:

1. ages 36 to 72 months whom DPH determines to be at higher risk of lead exposure based on their enrollment in HUSKY or residence in a municipality with an elevated lead exposure risk;
2. all children ages nine to 35 months, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention recommendations;
3. all children ages 36 to 72 months who have never been screened; and
4. any child under 72 months if the provider determines it is clinically indicated under the advisory committee's recommendations

The bill instead requires providers to conduct lead risk assessments and testing that include the following:

1. a complete annual medical risk assessment based on guidelines the DPH commissioner prescribes for all children from birth to age six,
2. an annual lead screening test for all children with elevated risk of lead exposure based on the medical assessment findings,
3. a lead screening test for all children at ages 12 months and 24 months, and
4. follow-up testing according to schedule the DPH commissioner

sets for all children with a confirmed blood lead level of at least 3.5 µg/dL.

Similar to current law, the bill also requires providers to provide educational materials and guidance information on lead poisoning prevention to each child's parent or guardian in keeping with the DPH commissioner's childhood lead screening recommendations.

***Prenatal Care Providers.*** The bill requires prenatal health care providers to do the following:

1. provide each pregnant patient anticipatory guidance on lead poisoning prevention during pregnancy,
2. assess each pregnant patient at the initial prenatal visit for lead exposure using a risk assessment tool the DPH commissioner recommends,
3. screen or refer for blood lead screening each pregnant patient found to be at high risk for lead exposure,
4. notify the local health director in the jurisdiction where the pregnant patient lives if the patient has a blood lead level of at least 3.5 µg/dL, and
5. provide anticipatory guidance on preventing childhood lead poisoning to each patient at the patient's postpartum visit.

The bill also requires a local health director, when notified by a provider of a pregnant patient's elevated blood lead level, to conduct an epidemiological investigation and take other actions required under existing law (e.g., provide educational information and, in some cases, relocate the family).

***Local Health Department Lead Prevention and Control Programs (§ 37)***

Existing law requires DPH, within available appropriations, to establish a financial assistance program to help local health departments

pay for their expenses related to lead prevention and control. In order for a local health department's lead poisoning prevention and control program to be eligible for DPH funding, the program must meet specific requirements for case management and education services.

Under current law, local health departments must provide case management services, including medical, behavioral, epidemiological, and environmental intervention, for children who meet either of the following criteria for blood lead levels:

1. one confirmed level of at least 20 µg/dL or
2. two confirmed levels, taken at least three months apart, of at least 15 µg/dL, but less than 20 µg/dL.

The bill eliminates these criteria and instead requires local health departments to provide case management services to children with a blood level of at least 3.5 µg/dL.

Additionally, the bill lowers, from 10 to 3.5 µg/dL, the threshold for blood lead levels in children at which local health departments must give educational materials on lead poisoning prevention to the children's parents, legal guardians, and appropriate health care providers.

The bill also requires these educational materials to be provided in English, Spanish, and any other language common to people in the local health department's jurisdiction.

### ***School Health Assessments (§ 39)***

The bill requires all children, before enrolling in public school, to have a lead poisoning medical risk assessment and, if the assessment indicates risk, a test of their blood lead levels. The assessment must be conducted as part of the child's school health assessment required under existing law. By law, the school health assessment must be completed by a licensed physician, advanced practice registered nurse (APRN), physician assistant (PA), or school medical advisor in the presence of

the child's parent or guardian or a school employee.

Under current law, a child's blood lead levels must be tested as part of the school health assessment only if (1) the local or regional school board determines it is necessary, after consulting with the school medical advisor and the local health department and (2) a physician, PA, or APRN orders the test.

***Technical and Conforming Changes (§§ 28, 32, 36, 38, 40-42 & 52)***

The bill makes technical and conforming changes, including eliminating obsolete provisions on a (1) plan to phase out DPH's program on environmentally safe housing for children and families (§ 28) and (2) DPH review of lead poisoning data it collects (§ 52).

***Background — Related Bill***

sHB 6727 (File 454), favorably reported by the Public Health Committee, contains the same provisions.

**§§ 43-47 — MUSIC THERAPIST LICENSURE**

*Generally requires that music therapists be licensed by DPH and establishes related licensure requirements and exemptions; creates nonrenewable temporary permits authorizing the holder to work under a licensee's supervision; sets grounds for denying licenses and taking disciplinary action against licensees*

The bill generally requires that music therapists be licensed by DPH. To receive a license, an applicant must (1) hold a bachelor's or graduate degree and a professional certification or (2) qualify for licensure by endorsement. The bill also provides for nonrenewable temporary permits authorizing the holder to work under a licensed person's supervision.

Additionally, the bill specifies the grounds for DPH to deny a license or take disciplinary action against licensees and allows license applicants with criminal convictions to ask the DPH commissioner to determine whether their conviction disqualifies them from licensure.

The bill replaces provisions in current law that generally make it a crime to represent oneself as music therapist unless meeting certain

education and certification requirements.

Existing law defines “music therapy” as the clinical and evidence-based use of music interventions to accomplish individualized goals in a therapeutic relationship by a credentialed professional who completed a music therapy program approved by the American Music Therapy Association, or its successor.

EFFECTIVE DATE: October 1, 2023

***Licensure Requirements and Exemptions (§§ 43 & 44)***

The bill generally prohibits anyone without a music therapist license or temporary permit from (1) practicing music therapy or (2) using the title “music therapist,” “licensed music therapist,” or any title, words, letters, abbreviations, or insignia that may reasonably be confused with this credential.

These restrictions do not apply to:

1. Connecticut-licensed, -certified, or -registered professionals (e.g., occupational or physical therapists, speech and language pathologists, audiologists, or counselors), or people they supervise, who (a) use music incidentally in their professional practice and (b) do not hold themselves out as music therapists;
2. students enrolled in music therapy or graduate music therapy educational programs approved by the American Music Therapy Association, or its successor, in which music therapy is an integral part of the program, if they perform the therapy under a music therapist’s direct supervision; and
3. professionals whose training and national certification attests to their ability to practice their profession and who (a) use music incidentally in their professional practice and (b) do not hold themselves out as music therapists.

Current law does not have a music therapist license, but it is a class

D felony for someone not meeting specified credentials to refer to him- or herself as a music therapist. (The bill does not contain a similar criminal penalty for violating its provisions.) Current law includes the same exemptions as under the bill for other licensed professionals and students.

### ***License Applications, Qualifications, and Renewals (§ 45)***

The bill requires the DPH commissioner to issue a music therapist license to an applicant who submits, on a DPH form, satisfactory evidence that he or she (1) earned a bachelor's or graduate degree in music therapy or a related field from an accredited higher education institution and (2) holds current certification from the Certification Board for Music Therapists, or any successor. (These are the same requirements that a person must meet under current law to use the title "music therapist.")

The bill also allows for licensure by endorsement. The applicant must provide satisfactory evidence that he or she is licensed or certified as a music therapist, or as someone entitled to perform similar services under a different title, in another state or jurisdiction. That jurisdiction's requirements for practicing must be substantially similar to or stricter than those in Connecticut, and there must be no pending disciplinary actions or unresolved complaints against the applicant in any state.

The initial application fee is \$315, and licenses must be renewed annually for \$190. To renew, licensees must show satisfactory evidence of:

1. a current certification from the Certification Board for Music Therapists, or any successor and
2. completion of any continuing education the board requires for the certification.

### ***Temporary Permits (§ 46)***

The bill allows DPH to issue nonrenewable temporary permits to licensure applicants with a bachelor's degree or higher in music therapy

or a related field. The permit allows the holder to practice under the general supervision of a licensee and is valid for up to 365 calendar days after the person receives his or her degree. The permit fee is \$50.

The bill prohibits DPH from issuing a temporary permit to someone against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in any state. It allows the commissioner to revoke a temporary permit for good cause, as she determines.

### ***Enforcement and Disciplinary Action (§ 47)***

The bill allows the DPH commissioner to deny a license application or take disciplinary action against a music therapist for the following:

1. failing to conform to the profession's accepted standards;
2. a felony conviction, if the action taken is based on (a) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice music therapy, (b) information on the licensee's degree of rehabilitation, and (c) the time elapsed since the conviction or release;
3. fraud or deceit in obtaining or seeking reinstatement of a license or in the practice of music therapy;
4. negligence, incompetence, or wrongful conduct in professional activities;
5. an inability to conform to professional standards because of a physical, mental, or emotional illness;
6. alcohol or substance abuse; or
7. willfully falsifying entries in a hospital, patient, or other record pertaining to music therapy.

By law, disciplinary actions available to DPH include, among other things, (1) revoking or suspending a license, (2) censuring the violator,



(3) issuing a letter of reprimand, (4) placing the violator on probationary status, or (5) imposing a civil penalty (CGS § 19a-17).

Under the bill, the commissioner may order a licensee to undergo a reasonable physical or mental examination if his or her capacity to practice safely is under investigation. The bill allows the commissioner to petition Hartford Superior Court to enforce such an examination order or any DPH disciplinary action. The commissioner must give the person notice and an opportunity to be heard before taking disciplinary action.

#### ***License Disqualification Based on Criminal Convictions (§ 45)***

The bill allows a person with a criminal conviction to ask the DPH commissioner, at any time, to determine whether the conviction disqualifies the person from obtaining a music therapist license based on (1) the nature of the conviction and its relationship to the ability to practice music therapy safely or competently, (2) information on the degree of the person's rehabilitation, and (3) the time elapsed since the conviction or release.

The bill requires the requestor to include the details of the criminal conviction and any payment the commissioner requires. It authorizes the commissioner to charge up to \$15 per request and waive any fee.

Under the bill, the DPH commissioner must notify the requestor, within 30 days after receiving the request, whether he or she is disqualified from music therapist licensure. It specifies that the commissioner is not bound by this determination if, after further investigation, she determines that the requestor's criminal conviction differs from the information included in the request.

#### **§ 48 — MASSAGE THERAPIST CONTINUING EDUCATION**

*Increases, from six to 18, the number of continuing education units a licensed massage therapist may complete via the Internet or distance learning*

By law, licensed massage therapists must complete at least 24 hours of continuing education (CE) every four years, starting on the date of their first license renewal. The bill increases, from six to 18, the number

of CE units (i.e., one unit is 50-60 minutes of participation) that may be completed via the internet or distance learning.

As under current law, CE must be in areas related to the massage therapist's practice, and no more than 12 units may be obtained from providers not approved by the National Certification Board for Therapeutic Massage and Bodywork.

EFFECTIVE DATE: July 1, 2023

**Background — Related Bill**

HB 6835 (File 541), § 2, reported favorably by the Public Health Committee, contains the same provision.

**§ 49 — FUNERAL DIRECTORS**

*Requires the DPH commissioner to give access to the state's electronic death registry system to state-licensed funeral directors who operate or are affiliated with out-of-state funeral homes or funeral businesses that have reciprocal agreements filed with DPH*

The bill requires the DPH commissioner to give access to the state's electronic death registry system to state-licensed funeral directors who (1) operate or are affiliated with out-of-state funeral homes or funeral businesses and (2) have reciprocal agreements filed with DPH.

EFFECTIVE DATE: January 1, 2024

**Background — Related Bill**

sHB 6602 (File 579), § 1, reported favorably by the Public Health Committee, contains a similar provision.

**§§ 50 & 51 — LICENSED PROFESSIONAL COUNSELORS AND MARITAL AND FAMILY THERAPISTS**

*Allows new graduates of professional counseling and marital and therapy programs to practice without a license for up to 120 days after they complete their program, if they do so under clinical supervision by specified licensed health professionals*

The bill allows new graduates of professional counseling and marital and family therapy (MFT) education and training programs to practice without a license for up to 120 days after the date they completed their program under specified conditions.

Under the bill, MFT graduates may do so if they practice under the clinical supervision of a licensed MFT and successfully completed a (1) graduate degree program specializing in marital and family therapy offered by a regionally accredited college or university or (2) postgraduate clinical training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education and offered by a regionally accredited college or university.

Professional counseling graduates may do so if they practice under the clinical supervision of specified licensed health professionals (e.g., a clinical social worker, MFT, professional counselor, psychiatrist, or psychiatric advanced practice registered nurse) and successfully completed (1) a graduate degree in clinical mental health counseling as part of a higher education program accredited by the Council for Accreditation of Counseling and Related Educational Programs or (2) at least 60 graduate semester hours in counseling or a related mental health field at a regionally accredited higher education institution and with coursework in specified subjects (e.g., counseling techniques).

EFFECTIVE DATE: July 1, 2023

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 31    Nay 6    (03/27/2023)