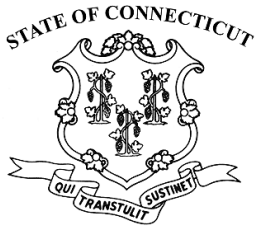

Substitute House Bill No. 5163

Public Act No. 18-168

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:

Section 1. Subdivision (3) of subsection (a) of section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(3) "Health care provider" means any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370, 372, 373, 375, 378 and 379 or is licensed or certified pursuant to chapter **[**368d**]** 384d*;*

Sec. 2. Subparagraph (B) of subdivision (15) of subsection (a) of section 19a-14 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(B) Not further disclose patient medical records received pursuant to the provisions of this subdivision or personnel records received during the course of the investigation. Patient records received pursuant to this subdivision or personnel records received during the course of the investigation shall not be subject to disclosure under

section 1-210.

Sec. 3. Subsection (b) of section 19a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(b) Notwithstanding the provisions of subsection (a) of this section, all records obtained by the commissioner in connection with any investigation under this chapter shall not be subject to the provisions of section 1-210 for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier, except those medical and personnel records described in subparagraph (B) of subdivision (15) of subsection (a) of section 19a-14, as amended by this act, shall not be subject to disclosure under section 1-210. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

Sec. 4. Subdivision (2) of subsection (a) of section 20-126*l* of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(2) "Public health facility" means an institution, as defined in section 19a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education, **[**or**]** a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children, a senior center or a managed residential community, as defined in section 19a-693;

Sec. 5. Subsection (b) of section 19a-6i of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

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

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

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

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

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

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

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

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

(8) **[**One**]** Three appointed by the Commissioner of Public Health, **[**who**]** one of whom shall be a representative of a school-based health

center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;

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

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

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

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

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

[(13)**]** (14) The executive director of the Commission on Women, Children and Seniors, or the executive director's designee; and

[(14)**]** (15) Three school-based health center providers, one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

Sec. 6. Subsection (c) of section 7-51a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(c) For deaths occurring **[**after December 31, 2001**]** on or after July 1,

1997, the Social Security number **[**, occupation, business or industry, race, Hispanic origin if applicable, and educational level**]** of the deceased person **[**, if known,**]** shall be recorded in the "administrative purposes" section of the death certificate. Such administrative purposes section, and the Social Security number contained therein, shall be restricted and disclosed only to the following eligible parties: (1) All parties specified on the death certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician and town clerk, **[**shall have access to the Social Security numbers of the decedent as well as other information contained in the "administrative purposes" section specified on the original death certificate**]** for the purpose of processing the certificate, **[**. For any death occurring after July 1, 1997, only**]** (2) the surviving spouse, (3) the next of kin, or (4) any state and federal agencies authorized by federal law. **[**may receive a certified copy of a death certificate with the decedent's Social Security number or the complete "administrative purposes" section included on the certificate. Any**]** The department shall provide any other individual, researcher or state or federal agency requesting a certified or uncertified death certificate, or the information contained within such certificate, for a death occurring on or after July 1, 1997, **[**may obtain the information included in the "administrative purposes" section of such certificate, except that the**]** such certificate or information. The decedent's Social Security number shall be removed or redacted from such certificate or information or the administrative purposes section shall be omitted from such certificate.

Sec. 7. Section 19a-62a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

[(a) (1) Within available appropriations, the Commissioner of Public Health, in consultation with the Commissioner of Social Services, shall establish a pilot program for the early identification and treatment of

pediatric asthma. The Commissioner of Public Health shall make grants-in-aid under the pilot program for projects to be established in two municipalities to identify, screen and refer children with asthma for treatment. Such projects shall work cooperatively with providers of maternal and child health, including, but not limited to, local health departments, community health centers, Healthy Start and the Nurturing Families Network established pursuant to section 17b-751b, to target children who were born prematurely, premature infants or pregnant women at risk of premature delivery for early identification of asthma. Such projects may utilize private resources through public-private partnerships to establish a public awareness program and innovative outreach initiatives targeting urban areas to encourage early screening of children at risk of asthma.

(2) The Commissioner of Public Health shall evaluate the pilot program established under this subsection and shall submit a report of the commissioner's findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies, not later than October 1, 2001, in accordance with the provisions of section 11-4a.**]**

[(b) Not later than January 1, 2003, the**]** (a) The Commissioner of Public Health shall **[**establish and**]** maintain a system of monitoring asthma **[**. Such system shall include, but not be limited to, annual surveys of asthma in schools and reports of asthma visits and the number of persons having asthma as voluntarily reported by health care providers. The monitoring system may include reports of the number of persons having asthma medication prescriptions filled by pharmacies in this state. Such system shall be used by the commissioner in estimating the annual incidence and distribution of asthma in the state, including, but not limited to, such incidence and distribution based on age and gender and among ethnic, racial and

cultural populations and on school enrollment and the education reference group, as determined by the Department of Education, for the town or regional school district in which the student's school is located.

(c) The Commissioner of Public Health, in consultation with local directors of health, shall establish a comprehensive state-wide asthma plan. Not later than October 1, 2002, the commissioner shall develop a model case definition of asthma for purposes of asthma diagnosis and monitoring.

(d) Not later than October 1, 2003, and annually thereafter, the commissioner shall submit a report of the status and results of the monitoring system established under subsection (b) of this section and the state-wide asthma plan established under subsection (c) of this section to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a.**]** screening information reported to the Department of Public Health pursuant to subsection (f) of section 10-206, as amended by this act.

(b) Not later than October 1, 2021, and triennially thereafter, the Department of Public Health shall post on its Internet web site the activities of the asthma screening monitoring system maintained under subsection (a) of this section, including a report of the information obtained by the department pursuant to subsection (f) of section 10-206, as amended by this act.

Sec. 8. Subsection (b) of section 10-206 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

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

assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma. **[**as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a.**]** The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 9. Subsection (f) of section 10-206 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(f) On and after October 1, 2017, each local or regional board of education shall report to the local health department and the Department of Public Health, on an triennial basis, the total number of pupils per school and per school district having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, **[**2004**]** 2021, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of section 11-4a and shall include, but not be limited to, (A) trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located, and (B) activities of the asthma screening monitoring system maintained under section 19a-62a, as amended by this act.

Sec. 10. Subsection (c) of section 20-195q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(c) Nothing in this **[**section**]** chapter shall prohibit: (1) A student enrolled in a doctoral or master's degree program accredited by the Council on Social Work Education from performing such work as is incidental to his course of study, provided such person is designated by a title which clearly indicates his status as a student; (2) a person licensed or certified in this state in a field other than clinical social

work from practicing within the scope of such license or certification; (3) a person enrolled in an educational program or fulfilling other state requirements leading to licensure or certification in a field other than social work from engaging in work in such other field; (4) a person who is employed or retained as a social work designee, social worker, or social work consultant by a nursing home or rest home licensed under section 19a-490 and who meets the qualifications prescribed by the department in its regulations from performing the duties required of them in accordance with state and federal laws governing those duties; (5) for the period from October 1, 2010, to October 1, 2013, inclusive, a master social worker from engaging in independent practice; (6) a social worker from practicing community organization, policy and planning, research or administration that does not include engaging in clinical social work or supervising a social worker engaged in clinical treatment with clients; **[**and**]** (7) individuals with a baccalaureate degree in social work from a Council on Social Work Education accredited program from performing nonclinical social work functions; and (8) a person who holds a professional educator certificate issued by the State Board of Education pursuant to section 10-145b, with a school social worker endorsement, from using the title of school social worker to describe such person's activities while working in a public or nonpublic school in the state.

Sec. 11. Subsection (b) of section 19a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(b) The department may inspect an institution to determine compliance with applicable state statutes and regulations. Upon a finding of noncompliance with such statutes or regulations, the department shall issue a written notice of noncompliance to the institution. Not later than ten business days after such institution receives a notice of noncompliance, the institution shall submit a plan

of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include: (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance; (2) the date each such corrective measure or change by the institution is effective; (3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction. The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction that meets the requirements of this section may be subject to disciplinary action.

Sec. 12. Section 19a-490n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) As used in this section **[**, "commissioner"**]** and section 19a-490o, as amended by this act:

(1) "Commissioner" means the Commissioner of Public Health; **[**"department"**]**

(2) "Department" means the Department of Public Health; **[**"healthcare associated infection"**]**

(3) "Health care setting" means any location where health care is provided by a licensed health care professional;

(4) "Health care facility" means an institution licensed under this chapter; and

(5) "Health care associated infection" means any localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent or its toxin that **[**(1)**]** (A) occurs in a patient in a health care **[**setting**]** facility, **[**(2)**]** and (B) was not found to be present or incubating at the time of admission unless the infection was related to a previous admission to the same health care **[**setting, and (3) if the setting is a hospital, meets the criteria for a specific infection site, as defined by the National Centers for Disease Control; and "hospital" means a hospital licensed under this chapter**]** facility.

(b) There is established an Advisory Committee on Healthcare Associated Infections **[**, which**]** and Antimicrobial Resistance for purposes of advising the Department of Public Health on issues related to health care associated infections. The advisory committee shall consist of the commissioner or the commissioner's designee, and the following members appointed by the commissioner: Two members representing the Connecticut Hospital Association; two members representing outpatient hemodialysis centers; two members representing long-term acute care hospitals; two members representing nursing home facilities; two members representing surgical facilities; two members from organizations representing health care consumers; two members who are either hospital-based infectious disease specialists or epidemiologists with demonstrated knowledge and competence in infectious disease related issues; one representative of the Connecticut State Medical Society; one representative of the Connecticut Infectious Disease Society; one representative of a clinical microbiology laboratory; one representative of a labor organization representing hospital based nurses; and two public members. **[**All appointments to the committee shall be made no later than August 1, 2006, and the committee shall convene its first meeting no later than September 1, 2006.**]**

(c) **[**The**]** Upon the request of the commissioner, the Advisory

Committee on Healthcare Associated Infections **[**shall**]** and Antimicrobial Resistance may meet to:

(1) Advise the department with respect to the **[**development, implementation,**]** operation and monitoring of **[**a**]** the mandatory reporting system for healthcare associated infections and antimicrobial resistance; and

(2) Identify, evaluate and recommend to the department appropriate standardized measures, including aggregate and health care facility specific reporting measures for healthcare associated infections and antimicrobial resistance and processes designed to prevent healthcare associated infections and antimicrobial resistance in **[**hospital settings and**]** any **[**other**]** health care **[**settings**]** setting deemed appropriate by the committee. Each such recommended measure shall, to the extent applicable to the type of measure being considered, be (A) capable of being validated, (B) based upon nationally recognized and recommended standards, to the extent such standards exist, (C) based upon competent and reliable scientific evidence, (D) protective of practitioner information and information concerning individual patients, and (E) capable of being used and easily understood by consumers. **[**; and

(3) Identify, evaluate and recommend to the Department of Public Health appropriate methods for increasing public awareness about effective measures to reduce the spread of infections in communities and in hospital settings and any other health care settings deemed appropriate by the committee.**]**

Sec. 13. Section 19a-490o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) The Department of Public Health shall **[**consider the recommendations of the Advisory Committee on Healthcare

Associated Infections established pursuant to section 19a-490n, with respect to the establishment of**]** establish a mandatory reporting system for healthcare associated infections and antimicrobial resistance designed to prevent healthcare associated infections and antimicrobial resistance. Such system shall be based on nationally recognized and recommended standards.

(b) The Department of Public Health shall **[**submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the plan for the mandatory reporting system for healthcare associated infections recommended by the Advisory Committee on Healthcare Associated Infections pursuant to section 19a-490n, and the status of such plan implementation, in accordance with the provisions of section 11-4a.

(c) On or before May 1, 2011, and annually thereafter, the department shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health on the information**]** post annually on the department's Internet web site information collected by the department pursuant to the mandatory reporting system for healthcare associated infections and antimicrobial resistance established under subsection (a) of this section. **[**, in accordance with the provisions of section 11-4a. Such report shall include, for each facility, information reported to the department or the Medicare Hospital Compare program concerning the number and type of infections, including, but not limited to, central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, methicillin-resistant staphylococcus aureus (MRSA) infections and Clostridium difficile (C. difficile) infections. Such report shall be posted on the department's Internet web site and made available to the public.

(d) The department shall post information on its Internet web site regarding healthcare associated infections.**]** Such information shall

include, **[**clear and easily accessible links on the department's home page to the annual reports submitted in accordance with subsection (c) of this section and to the Medicare Hospital Compare Internet web site to**]** but need not be limited to, the following: (1) The number and type of health care associated infections and antimicrobial resistance reported by each health care facility; (2) links to the National Centers for Disease Control and Prevention's health care associated infection data reports and the federal Centers for Medicare and Medicaid Services' quality improvement program Internet web site; and (3) information to assist members of the public in learning about healthcare associated infections and **[**comparing the rate of such infections at facilities in the state**]** antimicrobial resistance and how to prevent such infections and resistance.

Sec. 14. Subsections (f) to (j), inclusive, of section 19a-127*l* of the 2018 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

[(f) The Commissioner of Public Health shall report on the quality of care program on or before June 30, 2003, and annually thereafter, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health and to the Governor. Each report on said program shall include activities of the program during the prior year and a plan of activities for the following year.

(g) On or before April 1, 2004, the Commissioner of Public Health shall prepare a report, available to the public, that compares all licensed hospitals in the state based on the quality performance measures developed under the quality of care program.

(h) (1) The advisory committee shall examine and evaluate (A) possible approaches that would aid in the utilization of an existing data collection system for cardiac outcomes, and (B) the potential for

state-wide use of a data collection system for cardiac outcomes, for the purpose of continuing the delivery of quality cardiac care services in the state.

(2) On or before December 1, 2007, the advisory committee shall submit, in accordance with the provisions of section 11-4a, the results of the examination authorized by this subsection, along with any recommendations, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.**]**

[(i)**]** (f) The advisory committee shall establish methods for informing the public regarding access to the department's consumer and regulatory services.

[(j)**]** (g) The Department of Public Health may seek out funding for the purpose of implementing the provisions of this section. Said provisions shall be implemented upon receipt of such funding.

Sec. 15. Section 19a-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The Department of Public Health is authorized to receive, hold and use real estate and to receive, hold, invest and disburse money, securities, supplies or equipment offered it for the protection and preservation of the public health and welfare by the federal government, another state or by any person, corporation or association, provided such real estate, money, securities, supplies or equipment shall be used only for the purposes designated by the federal government or such state, person, corporation or association. **[**Said department shall include in its annual report an account of the property so received, the names of its donors, its location, the use made thereof and the amount of unexpended balances on hand.**]**

Sec. 16. Section 19a-538 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2018*):

[On or before January 1, 1977, and annually thereafter, the**]** The Department of Public Health shall **[**publish a report,**]** make available to the public **[**,**]** on the department's Internet web site a list that shall include, but need not be limited to, **[**a list of**]** (1) all nursing home facilities and residential care homes in this state; **[**whether such nursing home facilities and residential care homes are proprietary or nonproprietary;**]** (2) the classification of each such nursing home facility and residential care home; **[**the name of the owner or owners, including the name of any partnership, corporation, trust, individual proprietorship or other legal entity that owns or controls, directly or indirectly, such facility or residential care homes; the total number of beds; the number of private and semiprivate rooms; the religious affiliation, and religious services offered, if any, in the nursing home facility or residential care home; the cost per diem for private patients; the languages spoken by the administrator and staff of such nursing home facility or residential care home; the number of full-time employees and their professions; whether or not such nursing home facility or residential care home accepts Medicare and Medicaid patients; recreational and other programs available and the number and nature of any class A or class B citation issued against such nursing home facility or residential care home in the previous year**]** (3) the number and effective date of the license issued to each such nursing home facility and residential care home; and (4) the address of each such nursing home facility and residential care home.

Sec. 17. Subdivision (8) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(8) (A) Develop an emergency medical services data collection system. Each emergency medical service organization licensed or certified pursuant to chapter 386d shall submit data to the

commissioner, on a quarterly basis, from each licensed ambulance service, certified ambulance service or paramedic intercept service that provides emergency medical services. Such submitted data shall include, but not be limited to: (i) The total number of calls for emergency medical services received by such licensed ambulance service, certified ambulance service or paramedic intercept service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service, certified ambulance service or paramedic intercept service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls, both made and received, during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The data required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service, certified ambulance service or paramedic intercept service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service, certified ambulance service or paramedic intercept service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service, certified ambulance service or paramedic intercept service as the commissioner deems necessary in order to verify the accuracy of such reported data.

(B) **[**The**]** On or before December 31, 2018, and annually thereafter, the commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following data: (i) The total number of calls for emergency medical services received during the reporting year by each licensed ambulance service, certified ambulance

service or paramedic intercept service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service, certified ambulance service or paramedic intercept service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such data for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service, certified ambulance service or paramedic intercept service does not submit the data required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service, certified ambulance service or paramedic intercept service knowingly or intentionally submitted incomplete or false data, the commissioner shall issue a written order directing such licensed ambulance service, certified ambulance service or paramedic intercept service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing data or such corrected data as the commissioner may require. If such licensed ambulance service, certified ambulance service or paramedic intercept service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service, certified ambulance service or paramedic intercept service shall be required to show cause why the primary service area assignment of such licensed ambulance service, certified ambulance service or paramedic intercept service should not be revoked, and (ii) may take

such disciplinary action under section 19a-17 as the commissioner deems appropriate.

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

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

Sec. 18. Section 20-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The Department of Public Health may, **[**without examination, issue

a license to any dentist who is licensed in some other state or territory, if such other state or territory has requirements for admission determined by the department to be similar to or higher than the requirements of this state, upon certification from the board of examiners or like board of the state or territory in which such dentist was a practitioner certifying to his competency and upon payment of a fee of five hundred sixty-five dollars to said department**]** upon receipt of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a practicing dentist in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with the state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than five years immediately preceding the application for licensure without examination. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the Dental Commission annually of the number of applications it receives for licensure under this section.

Sec. 19. Subdivision (3) of subsection (e) of section 19a-88 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(3) Each person holding a license or certificate issued pursuant to chapter 400c shall, annually, during the month of such person's birth, apply for renewal of such license or certificate to the department. Each lead training provider certified pursuant to chapter 400c and each asbestos training provider certified pursuant to chapter 400a shall, annually, during the anniversary month of such training provider's initial certification, apply for renewal of such certificate to the

department.

Sec. 20. Section 19a-36g of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

As used in this section and sections 19a-36h to 19a-36o, inclusive, as amended by this act:

(1) "Catering food service establishment" means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business;

(2) "Certified food protection manager" means a food employee that has supervisory and management responsibility and the authority to direct and control food preparation and service;

(3) "Class 1 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers **[**for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B)**]** (A) commercially **[**processed**]** packaged food in its original commercial package that **[**(i)**]** is time or temperature controlled for safety, **[**and heated for hot holding, but (ii) is not permitted to be cooled**]** or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

(4) "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food-

borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

(5) "Class 3 food establishment" means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) **[**has an extensive menu of foods, many of which are**]** offers food that is time or temperature controlled for safety and **[**require**]** requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding;

(6) "Class 4 food establishment" means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food;

(7) "Cold holding" means maintained at a temperature of forty-one degrees Fahrenheit or below;

(8) "Commissioner" means the Commissioner of Public Health or the commissioner's designee;

(9) "Contact hour" means a minimum of fifty minutes of a training activity;

(10) "Department" means the Department of Public Health;

(11) "Director of health" means the director of a local health department or district health department appointed pursuant to section 19a-200, as amended by this act, or 19a-242, as amended by this

act;

(12) "Food code" means the food code administered under section 19a-36h, as amended by this act;

(13) "Food establishment" means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34, a private residential dwelling in which food is prepared under section 21a-62a or a food manufacturing establishment, as defined in section 21a-151;

(14) "Food inspector" means a director of health, or his or her authorized agent, or a registered sanitarian who has been certified as a food inspector by the commissioner;

(15) "Food inspection training officer" means a certified food inspector who has received training developed or approved by the commissioner and been authorized by the commissioner to train candidates for food inspector certification;

(16) "Food-borne illness" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, acquired through the ingestion of a common-source food or water contaminated with a

chemical, infectious agent or the toxic products of a chemical or infectious agent;

(17) "Food-borne outbreak" means illness, including, but not limited to, illness due to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens intoxication and hepatitis A, in two or more individuals, acquired through the ingestion of common-source food or water contaminated with a chemical, infectious agent or the toxic products of a chemical or infectious agent;

(18) "Hot holding" means maintained at a temperature of one hundred thirty-five degrees Fahrenheit or above;

(19) "Itinerant food vending establishment" means a vehicle-mounted, self-contained, mobile food establishment;

(20) "Permit" means a written document issued by a director of health that authorizes a person to operate a food establishment;

(21) "Temporary food service establishment" means a food establishment that operates for a period of not more than fourteen consecutive days in conjunction with a single event or celebration;

(22) "Time or temperature controlled for safety" means maintained at a certain temperature or maintained for a certain length of time, or both, to prevent microbial growth and toxin production; and

(23) "Variance" means a written document issued by the commissioner that authorizes a modification or waiver of one or more requirements of the food code.

Sec. 21. Section 19a-36m of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Nothing in this section or sections 19a-36h to 19a-36*l*, inclusive, as amended by this act, shall limit the authority of directors of health under chapter 368e or 368f.

(b) For purposes of this section and sections 19a-36h to 19a-36*l*, inclusive, as amended by this act, the provisions of the general statutes and regulations of Connecticut state agencies pertaining to certified farmers' markets shall not limit the authority of the Commissioner of Agriculture and the director of health to require a farmer to comply with the requirements of sections 22-6r, as amended by this act, and 22-6s.

(c) The provisions of the food code that concern the employment of a certified food protection manager and any reporting requirements relative to such certified food protection manager (1) shall not apply to (A) an owner or operator of a soup kitchen that relies exclusively on services provided by volunteers, (B) any volunteer who serves meals from a nonprofit organization, including a temporary food service establishment and a special event sponsored by a nonprofit civic organization, including, but not limited to, school sporting events, little league food booths, church suppers and fairs, or (C) any person who serves meals to individuals at a registered congregate meal site funded under Title III of the Older Americans Act of 1965, as amended from time to time, that were prepared under the supervision of a certified food protection manager, and (2) shall not prohibit the sale or distribution of food at (A) a bed and breakfast establishment that prepares and offers food to guests, provided the operation is owner-occupied and the total building occupant load is not more than sixteen persons, including the owner and occupants, has no provisions for cooking or warming food in the guest rooms, breakfast is the only meal offered and the consumer of such operation is informed by statements contained in published advertisements, mailed brochures and placards posted in the registration area that the food is prepared in

a kitchen that is not regulated and inspected by the local health director, and (B) a noncommercial function, including, but not limited to, an educational, religious, political or charitable organization's bake sale or potluck supper, provided the seller or person distributing the food maintains the food at the temperature, pH level and water activity level conditions that will inhibit the growth of infectious or toxigenic microorganisms. For the purposes of this subsection, "noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit.

(d) The provisions of the food code shall not apply to a residential care home with thirty beds or less that is licensed pursuant to chapter 368v, provided the administrator of the residential care home or the administrator's designee has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for Food Protection as conforming to its standard for accreditation of food protection manager certification programs, unless such residential care home enters into a service contract with a food establishment or lends, rents or leases any area of its facility to any person or entity for the purpose of preparing or selling food, at which time the provisions of the food code shall apply to such residential care home.

Sec. 22. Subsection (d) of section 22-6r of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(d) A food establishment, as defined in section 19a-36g, as amended by this act, may purchase farm products that have been produced and are sold in conformance with the applicable regulations of Connecticut state agencies at a farmers' market, provided such establishment requests and obtains an invoice from the farmer or person selling farm products. The farmer or person selling farm products shall provide to

the food **[**service**]** establishment an invoice that indicates the source and date of purchase of the farm products at the time of the sale.

Sec. 23. Subsection (a) of section 19a-36f of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) No person shall use or require the use of disposable, nonsterile or sterile natural rubber latex gloves at a retail food establishment. **[**, including, but not limited to, a food establishment, catering food service establishment or itinerant food vending establishment.**]**

Sec. 24. Section 4-106 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

No hospital which receives appropriations made by the General Assembly and which has facilities reasonably suitable for the treatment of **[**venereal**]** sexually transmitted diseases shall refuse to admit for treatment any patient suffering from any such disease.

Sec. 25. Section 18-94 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

When the medical officer of, or any physician or advanced practice registered nurse employed in, any correctional or charitable institution reports in writing to the warden, superintendent or other officer in charge of such institution that any inmate thereof committed thereto by any court or supported therein in whole or in part at public expense is afflicted with any **[**venereal**]** sexually transmitted disease so that **[**his**]** such inmate's discharge from such institution would be dangerous to the public health, such inmate shall, with the approval of such warden, superintendent or other officer in charge, be detained in such institution until such medical officer, physician or advanced practice registered nurse reports in writing to the warden, superintendent or officer in charge of such institution that such inmate

may be discharged therefrom without danger to the public health. During detention the person so detained shall be supported in the same manner as before such detention.

Sec. 26. Subsection (a) of section 19a-7p of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Not later than September first, annually, the Secretary of the Office of Policy and Management, in consultation with the Commissioner of Public Health, shall (1) determine the amounts appropriated for the syringe services program, AIDS services, breast and cervical cancer detection and treatment, x-ray screening and tuberculosis care, and **[**venereal**]** sexually transmitted disease control; and (2) inform the Insurance Commissioner of such amounts.

Sec. 27. Subsection (a) of section 19a-216 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Any municipal health department, state institution or facility, licensed physician or public or private hospital or clinic, may examine or provide treatment for **[**venereal**]** sexually transmitted disease for a minor, if the physician or facility is qualified to provide such examination or treatment. The consent of the parents or guardian of the minor shall not be a prerequisite to the examination or treatment. The physician in charge or other appropriate authority of the facility or the licensed physician concerned shall prescribe an appropriate course of treatment for the minor. The fact of consultation, examination or treatment of a minor under the provisions of this section shall be confidential and shall not be divulged by the facility or physician, including the sending of a bill for the services to any person other than the minor, except for purposes of reports under section 19a-215, and except that, if the minor is not more than twelve years of age, the

facility or physician shall report the name, age and address of that minor to the Commissioner of Children and Families or the commissioner's designee who shall proceed thereon as in reports under section 17a-101g.

Sec. 28. Section 21a-114 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The advertisement of a drug or device representing it to have any effect in albuminuria, appendicitis, arteriosclerosis, blood poison, bone disease, Bright's disease, cancer, carbuncles, cholecystitis, diabetes, diphtheria, dropsy, erysipelas, gallstones, heart and vascular diseases, high blood pressure, mastoiditis, measles, meningitis, mumps, nephritis, otitis media, paralysis, pneumonia, poliomyelitis (infantile paralysis), prostate gland disorders, pyelitis, scarlet fever, sexual impotence, sinus infection, smallpox, tuberculosis, tumors, typhoid, uremia or **[**venereal**]** sexually transmitted disease, shall also be deemed to be false; except that no advertisement not in violation of section 21a-113 shall be deemed to be false under this section if it is disseminated only to members of the medical, dental or veterinary profession, or appears only in the scientific periodicals of these professions, or is disseminated only for the purpose of public health education by persons not commercially interested, directly or indirectly, in the sale of such drugs or devices; provided, whenever the commissioner and director, acting jointly, agree that an advance in medical science has made any type of self-medication safe as to any of the diseases named above, the commissioner and director, acting jointly, shall, by regulation, authorize the advertisement of drugs having curative or therapeutic effect for such disease, subject to such conditions and restrictions as the commissioner and director, acting jointly, deem necessary in the interests of public health; and provided this section shall not be construed as indicating that self-medication for diseases other than those named herein is safe or efficacious.

Sec. 29. Section 54-102a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) The court before which is pending any case involving a violation of any provision of sections 53a-65 to 53a-89, inclusive, may, before final disposition of such case, order the examination of the accused person or, in a delinquency proceeding, the accused child to determine whether or not the accused person or child is suffering from any **[**venereal**]** sexually transmitted disease, unless the court from which such case has been transferred has ordered the examination of the accused person or child for such purpose, in which event the court to which such transfer is taken may determine that a further examination is unnecessary.

(b) Notwithstanding the provisions of section 19a-582, the court before which is pending any case involving a violation of section 53-21 or any provision of sections 53a-65 to 53a-89, inclusive, that involved a sexual act, as defined in section 54-102b, may, before final disposition of such case, order the testing of the accused person or, in a delinquency proceeding, the accused child for the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, unless the court from which such case has been transferred has ordered the testing of the accused person or child for such purpose, in which event the court to which such transfer is taken may determine that a further test is unnecessary. If the victim of the offense requests that the accused person or child be tested, the court may order the testing of the accused person or child in accordance with this subsection and the results of such test may be disclosed to the victim. The provisions of sections 19a-581 to 19a-585, inclusive, and section 19a-590, except any provision requiring the subject of an HIV-related test to provide informed consent prior to the performance of such test and any provision that would prohibit or limit the disclosure of the results of such test to the victim under this

subsection, shall apply to a test ordered under this subsection and the disclosure of the results of such test.

(c) A report of the result of such examination or test shall be filed with the Department of Public Health on a form supplied by it. If such examination discloses the presence of **[**venereal**]** sexually transmitted disease or if such test discloses the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus, the court may make such order with reference to the continuance of the case or treatment or other disposition of such person as the public health and welfare require. Such examination or test shall be conducted at the expense of the Department of Public Health. Any person who fails to comply with any order of any court under the provisions of this section shall be guilty of a class C misdemeanor.

Sec. 30. Section 20-222 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) No person, firm, partnership or corporation shall enter into, engage in, or carry on a funeral service business unless **[**an inspection certificate**]** a funeral home license has been issued by the department for each place of business. Any person, firm, partnership or corporation desiring to engage in the funeral service business shall submit, in writing, to the department an application upon blanks furnished by the department for **[**an inspection certificate**]** a funeral home license for a funeral service business for each place of business, and each such application shall be accompanied by a fee of three hundred seventy-five dollars and shall identify the manager. Each holder of **[**an inspection certificate**]** a funeral home license shall, annually, on or before July first, submit in writing to the Department of Public Health an application for renewal of such certificate together with a fee of one hundred ninety dollars. If the Department of Public Health issues to such applicant such **[**an inspection certificate**]** a

funeral home license, the same shall be valid until July first next following, unless revoked or suspended.

(b) Upon receipt of an initial application for **[**an inspection certificate or renewal thereof**]** a funeral home license, the Department of Public Health shall make an inspection of each building or part thereof wherein a funeral service business is conducted or is intended to be conducted, and satisfactory proof shall be furnished the Department of Public Health that the building or part thereof, in which it is intended to conduct the funeral service business, contains an adequate sanitary preparation room equipped with tile, cement or composition flooring, necessary ventilation, sink, and hot and cold running water, sewage facilities, and such instruments and supplies for the preparing or embalming of dead human bodies for burial, transportation or other disposition as the Commissioner of Public Health, with advice and assistance from the board, deems necessary and suitable for the conduct and maintenance of such business.

(c) Any person, firm, partnership or corporation desiring to change its place of business shall notify the Department of Public Health thirty days in advance of such change, and a fee of twenty-five dollars shall accompany the application for the **[**inspection certificate**]** funeral home license of the new premises. Any person, firm, partnership or corporation desiring to change its manager shall notify the Department of Public Health thirty days in advance of such change, on a form prescribed by the Commissioner of Public Health.

(d) The building or part thereof in which is conducted or intended to be conducted any funeral service business shall be open at all times for inspection by the board or the Department of Public Health. The Department of Public Health may make inspections whenever it deems advisable.

(e) If, upon inspection by the Department of Public Health, it is

found that such building, equipment or instruments are in such an unsanitary condition as to be detrimental to public health, the board shall give to the applicant or operator of the funeral service business notice and opportunity for hearing as provided in the regulations adopted by the Commissioner of Public Health. At any such hearing, the Commissioner of Public Health or his designee shall be considered a member of the board and entitled to a vote. The board, or the Department of Public Health or his designee acting upon the board's finding or determination, may, after such hearing, revoke or refuse to issue or renew any such **[**certificate**]** funeral home license upon cause found after hearing. Any person aggrieved by the finding of said board or action taken by the Department of Public Health may appeal therefrom in accordance with the provisions of section 4-183.

(f) Any of the inspections provided for in this section may be made by a person designated by the Department of Public Health or by a representative of the Commissioner of Public Health.

(g) Any person, firm, partnership or corporation engaged in the funeral service business shall maintain at the address of record of the funeral service business identified on the **[**certificate of inspection**]** funeral home license the following:

(1) All records relating to contracts for funeral services, prepaid funeral service contracts or escrow accounts for a period of not less than six years after the death of the individual for whom funeral services were provided;

(2) Copies of all death certificates, burial permits, authorizations for cremation, documentation of receipt of cremated remains and written agreements used in making arrangements for final disposition of dead human bodies, including, but not limited to, copies of the final bill and other written evidence of agreement or obligation furnished to consumers, for a period of not less than six years after such final

disposition; and

(3) Copies of price lists, for a period of not less than six years from the last date such lists were distributed to consumers.

Sec. 31. Section 20-222a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Each embalmer's license **[**,**]** and funeral director's license **[**and inspection certificate**]** issued pursuant to the provisions of this chapter shall be renewed, except for cause, by the Department of Public Health upon the payment to said Department of Public Health by each applicant (1) for license renewal of the sum of one hundred fifteen dollars in the case of an embalmer, and (2) two hundred thirty-five dollars in the case of a funeral director. **[**, and (2) for inspection certificate renewal of the sum of one hundred ninety dollars for each certificate to be renewed. Fees for renewal of inspection certificates shall be given to the Department of Public Health on or before July first in each year and the renewal of inspection certificates shall begin on July first of each year and shall be valid for one calendar year.**]** Licenses shall be renewed in accordance with the provisions of section 19a-88, as amended by this act.

(b) Each funeral home license issued pursuant to the provisions of this chapter shall be renewed on an annual basis, except for cause, by the Department of Public Health upon payment to said department in the amount of one hundred ninety dollars for each funeral home license renewed. Fees for renewal of a funeral home license shall be given to the Department of Public Health on or before July first in each year and the renewal of the funeral home license shall begin on July first of each year and be valid for one calendar year. The department shall complete an inspection, not less than triennially, of each place of business that has been issued a funeral home license.

Sec. 32. Section 20-222c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

Upon the transfer of more than a fifty per cent ownership share, discontinuance or termination of a funeral service business, the person, firm, partnership or corporation to whom the **[**inspection certificate**]** funeral home license has been issued shall:

(1) Notify each person who has purchased a prepaid funeral service contract from such funeral service business of such transfer, discontinuance or termination;

(2) Mail a letter to each person for whom the funeral service business is storing cremated remains notifying such person of such transfer, discontinuance or termination; and

(3) Provide the Department of Public Health with a notice of such transfer, discontinuance or termination and a list of all unclaimed cremated remains held by the funeral service business at the time of such transfer, discontinuance or termination not later than ten days after any such transfer, discontinuance or termination.

Sec. 33. Section 20-227 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

The Department of Public Health may refuse to grant a license **[**or inspection certificate**]** or the board may take any of the actions set forth in section 19a-17 against a licensee **[**,**]** or registrant **[**or holder of an inspection certificate**]** if it finds the existence of any of the following grounds: (1) The practice of any fraud or deceit in obtaining or attempting to obtain a license **[**,**]** or registration; **[**or inspection certificate;**]** (2) violation of the statutes or regulations of said department relative to the business of embalming or funeral directing in this state; (3) the conviction of a crime in the course of professional activities; (4) incompetency, negligence or misconduct in the carrying

on of such business or profession; (5) violation of or noncompliance with the provisions of this chapter or the rules established hereunder; (6) loaning, borrowing or using a license **[**or inspection certificate**]** of another, or knowingly aiding or abetting in any way the granting of an improper license; **[**or inspection certificate;**]** (7) aiding or abetting the practice of embalming or funeral directing by an unlicensed person; (8) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; or (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order of any action taken pursuant to section 19a-17. The Department of Public Health shall not refuse to renew any license **[**or inspection certificate**]** nor shall the board suspend any such license **[**,**]** or registration **[**or inspection certificate**]** until the holder thereof has been given notice and opportunity for hearing in accordance with the regulations adopted by the Commissioner of Public Health. Any person aggrieved by the action of said department in refusing to renew a license **[**or inspection certificate**]** or by the action of said board in suspending or revoking any license **[**,**]** or registration **[**or inspection certificate**]** under the provisions of this chapter or action taken under section 19a-17 may appeal therefrom in accordance with the provisions of section 4-183. No person whose license **[**,**]** or registration **[**or inspection certificate**]** is suspended or revoked shall, during such suspension or revocation, enter or engage, either personally or through any corporation, partnership or other organization, or through any agent, in any of the activities which such license **[**,**]** or registration **[**or inspection certificate**]** entitled **[**him**]** such person to engage in; nor shall any such person receive any money or any other valuable consideration on account of engaging in any of such activities. No person shall pay, promise, offer

or give to anyone whose license **[**,**]** or registration **[**or inspection certificate**]** is suspended or revoked any money or other valuable consideration for engaging in any of the activities which such license **[**,**]** or registration **[**or inspection certificate**]** entitled **[**him**]** such person to engage in.

Sec. 34. Section 19a-570 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

For purposes of this section and sections 19a-571 to **[**19a-580c**]** 19a-580g, inclusive:

(1) "Advance health care directive" or "advance directive" means a writing executed in accordance with the provisions of this chapter, including, but not limited to, a living will, or an appointment of health care representative, or both;

(2) "Appointment of health care representative" means a document executed in accordance with section 19a-575a, as amended by this act, or 19a-577, as amended by this act, that appoints a health care representative to make health care decisions for the declarant in the event the declarant becomes incapacitated;

(3) "Advanced practice registered nurse" means an advanced practice registered nurse licensed pursuant to chapter 378 who is selected by, or assigned to, the patient, who has primary responsibility for the treatment and care of the patient;

[(3)**]** (4) "Attending physician" means **[**the**]** a physician licensed pursuant to chapter 370 who is selected by, or assigned to, the patient, who has primary responsibility for the treatment and care of the patient;

[(4)**]** (5) "Beneficial medical treatment" includes the use of medically appropriate treatment, including surgery, treatment, medication and

the utilization of artificial technology to sustain life;

[(5)**]** (6) "Health care representative" means the individual appointed by a declarant pursuant to an appointment of health care representative for the purpose of making health care decisions on behalf of the declarant;

[(6)**]** (7) "Incapacitated" means being unable to understand and appreciate the nature and consequences of health care decisions, including the benefits and disadvantages of such treatment, and to reach and communicate an informed decision regarding the treatment;

[(7)**]** (8) "Life support system" means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness, including, but not limited to, mechanical or electronic devices, including artificial means of providing nutrition or hydration;

[(8)**]** (9) "Living will" means a written statement in compliance with section 19a-575a, as amended by this act, containing a declarant's wishes concerning any aspect of his or her health care, including the withholding or withdrawal of life support systems;

[(9)**]** (10) "Next of kin" means any member of the following classes of persons, in the order of priority listed: (A) The spouse of the patient; (B) an adult son or daughter of the patient; (C) either parent of the patient; (D) an adult brother or sister of the patient; and (E) a grandparent of the patient;

[(10)**]** (11) "Permanently unconscious" means an irreversible condition in which the individual is at no time aware of himself or herself or the environment and shows no behavioral response to the environment and includes permanent coma and persistent vegetative state;

[(11)**]** (12) "Terminal condition" means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short time period, in the opinion of the attending physician or advanced practice registered nurse.

Sec. 35. Section 19a-575 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

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

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

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

"I, ... (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician or advanced practice registered nurse, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I

am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to:

Artificial respiration
Cardiopulmonary resuscitation
Artificial means of providing nutrition and hydration

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

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

Other specific requests:

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

.... (Signature)
.... (Date)

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

.... (Witness)
.... (Address)
.... (Witness)
.... (Address)

Sec. 36. Section 19a-575a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Any person eighteen years of age or older may execute a

document that contains health care instructions, the appointment of a health care representative, the designation of a conservator of the person for future incapacity and a document of anatomical gift. Any such document shall be signed and dated by the maker with at least two witnesses and may be in the substantially following form:

THESE ARE MY HEALTH CARE INSTRUCTIONS.
MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,
THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
FOR MY FUTURE INCAPACITY
AND
MY DOCUMENT OF ANATOMICAL GIFT

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

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

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

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

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

If a conservator of my person should need to be appointed, I designate .... be appointed my conservator. If .... is unwilling or unable

to serve as my conservator, I designate ..... I designate .... to be successor conservator. No bond shall be required of either of them in any jurisdiction.

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

I give: (check one)

.... (1) any needed organs or parts
.... (2) only the following organs or parts ….

to be donated for: (check one)

(1) .... any of the purposes stated in subsection (a) of section 19a-289j
(2) .... these limited purposes ....

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

Date ...., 20..

.... L.S.

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

....
(Witness) (Witness)

....
(Number and Street) (Number and Street)
....
(City, State and Zip Code) (City, State and Zip Code)

STATE OF CONNECTICUT }
ss. ....
COUNTY OF ....

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request, and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this .... day of .... 20...

. . . .
(Witness) (Witness)

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

....
Commissioner of the Superior Court
Notary Public
My commission expires: ....

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

(b) Except as provided in section 19a-579b, an appointment of health care representative may only be revoked by the declarant, in writing, and the writing shall be signed by the declarant and two witnesses.

(c) The attending physician or other health care provider shall make the revocation of an appointment of health care representative a part of the declarant's medical record.

(d) In the absence of knowledge of the revocation of an appointment of health care representative, a person who carries out an advance directive pursuant to the provisions of this chapter shall not be subject to civil or criminal liability or discipline for unprofessional conduct for carrying out such advance directive.

(e) The revocation of an appointment of health care representative does not, of itself, revoke the living will of the declarant.

Sec. 37. Section 19a-576 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Any person eighteen years of age or older may appoint a health care representative by executing a document in accordance with section 19a-575a, as amended by this act, or section 19a-577, as amended by this act, signed and dated by such person in the presence of two adult witnesses who shall also sign the document. The person appointed as representative shall not act as witness to the execution of such document or sign such document.

(b) For persons who reside in facilities operated or licensed by the Department of Mental Health and Addiction Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician, advanced practice registered nurse or licensed clinical psychologist with specialized training in

treating mental illness.

(c) For persons who reside in facilities operated or licensed by the Department of Developmental Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician, advanced practice registered nurse or licensed clinical psychologist with specialized training in developmental disabilities.

(d) An operator, administrator or employee of a hospital, residential care home, rest home with nursing supervision or chronic and convalescent nursing home may not be appointed as a health care representative by any person who, at the time of the appointment, is a patient or a resident of, or has applied for admission to, one of the foregoing facilities. An administrator or employee of a government agency that is financially responsible for a person's medical care may not be appointed as a health care representative for such person. This restriction shall not apply if such operator, administrator or employee is related to the principal by blood, marriage or adoption.

(e) A physician or advanced practice registered nurse shall not act as both health care representative for a principal and attending physician or advanced practice registered nurse for the principal.

Sec. 38. Section 19a-577 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

Any person eighteen years of age or older may execute a document that may, but need not be, in substantially the following form:

DOCUMENT CONCERNING THE APPOINTMENT
OF HEALTH CARE REPRESENTATIVE

"I understand that, as a competent adult, I have the right to make decisions about my health care. There may come a time when I am

unable, due to incapacity, to make my own health care decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and health care wishes. By signing this appointment of health care representative, I appoint a health care representative with legal authority to make health care decisions on my behalf in such case or at such time.

I appoint .... (Name) to be my health care representative. If my attending physician or advanced practice registered nurse determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment, my health care representative is authorized to (1) accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law, such as for psychosurgery or shock therapy, as defined in section 17a-540, and (2) make the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in a living will, or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If this person is unwilling or unable to serve as my health care representative, I appoint .... (Name) to be my alternative health care representative."

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

.... (Signature)
.... (Date)

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

.... (Witness)
.... (Address)
.... (Witness)
.... (Address)

Sec. 39. Section 19a-579 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

A living will or appointment of health care representative becomes operative when (1) the document is furnished to the attending physician or advanced practice registered nurse, and (2) the declarant is determined by the attending physician or advanced practice registered nurse to be incapacitated. At any time after the appointment of a health care representative, the attending physician or advanced practice registered nurse shall disclose such determination of incapacity, in writing, upon the request of the person named as the health care representative.

Sec. 40. Subsection (a) of section 19a-491 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) No person acting individually or jointly with any other person shall establish, conduct, operate or maintain an institution in this state without a license as required by this chapter, except for persons issued a license by the Commissioner of Children and Families pursuant to section 17a-145 for the operation of (1) a substance abuse treatment facility, or (2) a facility for the purpose of caring for women during pregnancies and for women and their infants following such

pregnancies. Application for such license shall (A) be made to the Department of Public Health upon forms provided by it, (B) be accompanied by the fee required under subsection (c), (d) or (e) of this section, **[**and**]** (C) contain such information as the department requires, which may include affirmative evidence of ability to comply with reasonable standards and regulations prescribed under the provisions of this chapter, and (D) not be required to be notarized. The commissioner may require as a condition of licensure that an applicant sign a consent order providing reasonable assurances of compliance with the Public Health Code. The commissioner may issue more than one chronic disease hospital license to a single institution until such time as the state offers a rehabilitation hospital license.

Sec. 41. Section 31-44 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

Each owner, lessee or occupant of a factory or other building included within the provisions of this chapter, or owning or controlling the use of any room in such building, shall, for the violation of any provision of section 31-42, **[**or 31-43,**]** or for obstructing or hindering the commissioner or the commissioner's deputies in carrying out the duties imposed on them by law, be fined not more than fifty dollars; but no prosecution shall be brought for any such violation until four weeks after notice has been given by the commissioner to such owner, lessee or occupant of any changes necessary to be made to comply with the provisions of said sections, and not then if, in the meantime, such changes have been made in accordance with such notification. Nothing herein shall limit the right of a person injured to bring an action to recover damages.

Sec. 42. Subsection (a) of section 20-195 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Nothing in this chapter shall be construed to limit the activities and services of a graduate student, intern or resident in psychology, pursuing a course of study in an educational institution under the provisions of section 20-189, if such activities constitute a part of a supervised course of study. No license as a psychologist shall be required of a person holding a doctoral degree based on a program of studies whose content was primarily psychological from an educational institution approved under the provisions of section 20-189, provided (1) such activities and services are necessary to satisfy the work experience as required by section 20-188, and (2) not later than two years after completion of such work experience, the exemption from the licensure requirement shall cease **[**upon notification that**]** if the person did not successfully complete the licensing examination, as required under section 20-188. **[**, or one year after completion of such work experience, whichever occurs first.**]** The provisions of this chapter shall not apply to any person in the salaried employ of any person, firm, corporation, educational institution or governmental agency when acting within the person's own organization. Nothing in this chapter shall be construed to prevent the giving of accurate information concerning education and experience by any person in any application for employment. Nothing in this chapter shall be construed to prevent physicians, optometrists, chiropractors, members of the clergy, attorneys-at-law or social workers from doing work of a psychological nature consistent with accepted standards in their respective professions.

Sec. 43. Subsection (a) of section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Each applicant for licensure as a marital and family therapist shall present to the department satisfactory evidence that such applicant has: (1) Completed a graduate degree program specializing

in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education offered by a regionally accredited institution of higher education; (2) completed a supervised practicum or internship with emphasis in marital and family therapy supervised by the program granting the requisite degree or by an accredited postgraduate clinical training program, accredited by the Commission on Accreditation for Marriage and Family Therapy Education offered by a regionally accredited institution of higher education in which the student received a minimum of five hundred direct clinical hours that included one hundred hours of clinical supervision; (3) completed **[**a minimum of**]** twelve months of relevant postgraduate experience, including **[**at least**]** (A) a minimum of one thousand hours of direct client contact offering marital and family therapy services subsequent to being awarded a master's degree or doctorate or subsequent to the training year specified in subdivision (2) of this subsection, and (B) one hundred hours of postgraduate clinical supervision provided by a licensed marital and family therapist; and (4) passed an examination prescribed by the department. The fee shall be three hundred fifteen dollars for each initial application.

Sec. 44. Subsection (c) of section 20-195bb of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(c) No license as a professional counselor shall be required of the following: (1) A person who furnishes uncompensated assistance in an emergency; (2) a clergyman, priest, minister, rabbi or practitioner of any religious denomination accredited by the religious body to which the person belongs and settled in the work of the ministry, provided the activities that would otherwise require a license as a professional counselor are within the scope of ministerial duties; (3) a sexual assault

counselor, as defined in section 52-146k; (4) a person participating in uncompensated group or individual counseling; (5) a person with a master's degree in a health-related or human services-related field employed by a hospital, as defined in subsection (b) of section 19a-490, performing services in accordance with section 20-195aa under the supervision of a person licensed by the state in one of the professions identified in **[**subparagraphs (A) to (F)**]** clauses (i) to (vii), inclusive, of subparagraph (C) of subdivision **[**(2)**]** (1) of subsection (a) of section 20-195dd; (6) a person licensed or certified by any agency of this state and performing services within the scope of practice for which licensed or certified; (7) a student, intern or trainee pursuing a course of study in counseling in a regionally accredited institution of higher education, provided the activities that would otherwise require a license as a professional counselor are performed under supervision and constitute a part of a supervised course of study; (8) a person employed by an institution of higher education to provide academic counseling in conjunction with the institution's programs and services; (9) a vocational rehabilitation counselor, job counselor, credit counselor, consumer counselor or any other counselor or psychoanalyst who does not purport to be a counselor whose primary service is the application of established principles of psycho-social development and behavioral science to the evaluation, assessment, analysis and treatment of emotional, behavioral or interpersonal dysfunction or difficulties that interfere with mental health and human development; or (10) a person who earned a degree in accordance with the requirements of subdivision (2) of subsection (a) of section 20-195dd, provided (A) the activities performed and services provided by such person constitute part of the supervised experience required for licensure under subdivision (3) of subsection (a) of said section, and (B) not later than two years after completion of such supervised experience, the exemption to the licensure requirement shall cease **[**upon notification that**]** if the person did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said

section. **[**, or one year after completion of such supervised experience, whichever occurs first.**]**

Sec. 45. Subsection (a) of section 20-195f of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) No license as a marital and family therapist shall be required of: (1) A student pursuing a course of study in an educational institution meeting the requirements of section 20-195c if such activities constitute a part of his supervised course of study; (2) a faculty member within an institution of higher learning performing duties consistent with his position; (3) a person holding a graduate degree in marriage and family therapy; provided (A) the activities performed or services provided by the person constitute part of the supervised work experience required for licensure under subdivision (3) of subsection (a) of section 20-195c, and (B) not later than two years after completion of such supervised work experience, the exemption to the licensure requirement shall cease **[**for a person who has completed the work experience required for licensure and received notification that he or she**]** if the person did not successfully complete the licensing examination, as required under subdivision (4) of subsection (a) of said section; **[**, one year after completion of such work experience;**]** or (4) a person licensed or certified in this state in a field other than marital and family therapy practicing within the scope of such license or certification.

Sec. 46. Subsection (a) of section 19a-36h of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than **[**July 1, 2018**]** January 1, 2019, the commissioner shall adopt and administer by reference the United States Food and Drug Administration's Food Code, as amended from time to time, and

any Food Code Supplement published by said administration as the state's food code for the purpose of regulating food establishments.

Sec. 47. Subsection (a) of section 19a-36j of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) On and after **[**July 1, 2018**]** January 1, 2019, no person shall engage in the practice of a food inspector unless such person has obtained a certification from the commissioner in accordance with the provisions of this section. The commissioner shall develop a training and verification program for food inspector certification that shall be administered by the food inspection training officer at a local health department.

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

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

(3) Certifications issued under this section shall be subject to

renewal once every three years. A food inspector applying for renewal of his or her certification shall demonstrate successful completion of twenty contact hours in food protection training, as approved by the commissioner, and reassessment by the food inspection training officer.

Sec. 48. Section 19a-36o of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Notwithstanding any provision of the general statutes, from June 30, 2017, until **[**June 30**]** December 31, 2018, a food service establishment may request a variance from the Commissioner of Public Health from the requirements of the Public Health Code, established under section 19a-36, to utilize the process of sous vide and acidification of sushi rice, as defined in section 3-502.11 of the United States Food and Drug Administration's Food Code, as amended from time to time. The Commissioner of Public Health shall review the request for a variance and provide the food establishment with notification regarding the status of its request not later than thirty days after the commissioner receives such request. The commissioner may grant such variance if he or she determines that such variance would not result in a health hazard or nuisance.

Sec. 49. Subdivision (4) of section 19a-36i of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(4) Each class 2 food establishment, class 3 food establishment and class 4 food establishment shall employ a certified food protection manager. No person shall serve as a certified food protection manager unless such person has satisfactorily passed a test as part of a food protection manager certification program that is evaluated and approved by an accrediting agency recognized by the Conference for

Food Protection as conforming to its standards for accreditation of food protection manager certification programs. A certified food inspector shall verify that the food protection manager is certified upon inspection of the food establishment. The owner or manager of the food service establishment shall designate an alternate person or persons to be in charge at all times when the certified food protection manager cannot be present. The alternate person or persons in charge shall be responsible for ensuring the following: (A) All employees are in compliance with the requirements of this section; (B) foods are safely prepared in accordance with the requirements of the food code; (C) emergencies are managed properly; (D) a food inspector is admitted into the food establishment upon request; and (E) he or she receives and signs inspection reports.

Sec. 50. Section 19a-4*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

There is established, within the Department of Public Health, an Office of Oral Public Health. The director of the Office of Oral Public Health shall be (1) a dental health professional with experience in public health and a license to practice under chapter 379 or 379a, (2) a person who holds the degree of doctor of medicine or doctor of osteopathy from an accredited institution of higher education, or (3) a public health professional with a graduate degree in public health, and shall:

[(1)**]** (A) Coordinate and direct state activities with respect to state and national dental public health programs;

[(2)**]** (B) Serve as the department's chief advisor on matters involving oral health; and

[(3)**]** (C) Plan, implement and evaluate all oral health programs within the department.

Sec. 51. Section 19a-491c of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb, (B) checks of state and national criminal history records conducted in accordance with section 29-17a, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a background search program.

(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521, a residential care home, as defined in section 19a-521, a home health agency, as defined in section 19a-490, an assisted living services agency, as defined in section 19a-490, an intermediate care facility for individuals with intellectual disabilities, as defined in 42 USC 1396d(d), <u>except any such facility operated by a Department of Developmental Services' program subject to background checks pursuant to section 17a-227a,</u> a chronic

disease hospital, as defined in section 19a-550, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

(b) **[**(1) On or before July 1, 2012, the**]** The Department of Public Health shall create and implement a criminal history and patient abuse background search program, within available appropriations, in order to facilitate the performance, processing and analysis of the criminal history and patient abuse background search of individuals who have direct access.

[(2) The Department of Public Health shall develop a plan to implement the criminal history and patient abuse background search program, in accordance with this section. In developing such plan, the department shall (A) consult with the Commissioners of Emergency Services and Public Protection, Developmental Services, Mental Health and Addiction Services, Social Services and Consumer Protection, or their designees, the State Long-Term Care Ombudsman, or a designee, the chairperson of the Board of Pardons and Paroles, or a designee, a representative of each category of long-term care facility and representatives from any other agency or organization the Commissioner of Public Health deems appropriate, (B) evaluate factors including, but not limited to, the administrative and fiscal impact of components of the program on state agencies and long-term care facilities, background check procedures currently used by long-term care facilities, federal requirements pursuant to Section 6201 of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended from time to time, and the effect of full and provisional pardons on employment, and (C) outline (i) an integrated process with the Department of Emergency Services and Public Protection to cross-check and periodically update criminal information collected in criminal databases, (ii) a process by which individuals with

disqualifying offenses can apply for a waiver, and (iii) the structure of an Internet-based portal to streamline the criminal history and patient abuse background search program. The Department of Public Health shall submit such plan, including a recommendation as to whether homemaker-companion agencies should be included in the scope of the background search program, to the joint standing committees of the General Assembly having cognizance of matters relating to aging, appropriations and the budgets of state agencies, and public health, in accordance with the provisions of section 11-4a, not later than February 1, 2012.**]**

(c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to, or entering into a contract for, the provision of long-term care services with any individual who will have direct access, or prior to allowing any individual to begin volunteering at such long-term care facility when the long-term care facility reasonably expects such volunteer will regularly perform duties that are substantially similar to those of an employee with direct access, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of Emergency Services and Public Protection to report the results of such checks to the Department of Public Health.

(2) No long-term care facility shall be required to comply with the provisions of this subsection if the individual provides evidence to the long-term care facility that such individual submitted to a background

search conducted pursuant to subdivision (1) of this subsection not more than three years immediately preceding the date such individual applies for employment, seeks to enter into a contract or begins volunteering with the long-term care facility and that the prior background search confirmed that the individual did not have a disqualifying offense.

(d) (1) The Department of Public Health shall review all reports provided to the department pursuant to subsection (c) of this section. If any such report contains evidence indicating that an individual has a disqualifying offense, the department shall provide notice to the individual and the long-term care facility indicating the disqualifying offense and providing the individual with the opportunity to file a request for a waiver pursuant to subdivisions (2) and (3) of this subsection.

(2) An individual may file a written request for a waiver with the department not later than thirty days after the date the department mails notice to the individual pursuant to subdivision (1) of this subsection. The department shall mail a written determination indicating whether the department shall grant a waiver pursuant to subdivision (3) of this subsection not later than fifteen business days after the department receives the written request from the individual, except that said time period shall not apply to any request for a waiver in which an individual challenges the accuracy of the information obtained from the background search.

(3) The department may grant a waiver from the provisions of subsection (e) of this section to an individual who identifies mitigating circumstances surrounding the disqualifying offense, including (A) inaccuracy in the information obtained from the background search, (B) lack of a relationship between the disqualifying offense and the position for which the individual has applied, (C) evidence that the individual has pursued or achieved rehabilitation with regard to the

disqualifying offense, or (D) that substantial time has elapsed since committing the disqualifying offense. The department and its employees shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed, for good faith conduct in granting waivers pursuant to this subdivision.

(4) After completing a review pursuant to subdivision (1) of this subsection, the department shall notify in writing the long-term care facility to which the individual has applied for employment or with which the individual seeks to enter into a contract or volunteer (A) of any disqualifying offense and any information the individual provided to the department regarding mitigating circumstances surrounding such offense, or of the lack of a disqualifying offense, and (B) whether the department granted a waiver pursuant to subdivision (3) of this subsection.

(e) Notwithstanding the provisions of section 46a-80, no long-term care facility shall employ an individual required to submit to a background search, contract with any such individual to provide long-term care services or allow such individual to volunteer if the long-term care facility receives notice from the department that the individual has a disqualifying offense in the individual's background search and the department has not granted a waiver pursuant to subdivision (3) of subsection (d) of this section. A long-term care facility may, but is not obligated to, employ, enter into a contract with or allow to volunteer an individual who was granted a waiver pursuant to said subdivision (3).

(f) (1) Except as provided in subdivision (2) of this subsection, a long-term care facility shall not employ, enter into a contract with or allow to volunteer any individual required to submit to a background search until the long-term care facility receives notice from the Department of Public Health pursuant to subdivision (4) of subsection (d) of this section.

(2) A long-term care facility may employ, enter into a contract with or allow to volunteer an individual required to submit to a background search on a conditional basis before the long-term care facility receives notice from the department that such individual does not have a disqualifying offense, provided: (A) The employment or contractual or volunteer period on a conditional basis shall last not more than sixty days, except the sixty-day time period may be extended by the department to allow for the filing and consideration of written request for a waiver of a disqualifying offense filed by an individual pursuant to subsection (d) of this section, (B) the long-term care facility has begun the review required under subsection (c) of this section and the individual has submitted to checks pursuant to subsection (c) of this section, (C) the individual is subject to direct, on-site supervision during the course of such conditional employment or contractual or volunteer period, and (D) the individual, in a signed statement (i) affirms that the individual has not committed a disqualifying offense, and (ii) acknowledges that a disqualifying offense reported in the background search required by subsection (c) of this section shall constitute good cause for termination and a long-term care facility may terminate the individual if a disqualifying offense is reported in said background search.

[(g) Notwithstanding the provisions of subsection (b) of this section, the department may phase in implementation of the criminal history and patient abuse background search program by category of long-term care facility. No long-term care facility shall be required to comply with the provisions of subsections (c), (e) and (f) of this section until the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the commissioner is implementing the criminal history and patient abuse background search program for the category of such long-term care facility.**]**

(g) Records and information with respect to any individual that are obtained by the department pursuant to this section shall not be subject to disclosure under section 1-210.

(h) The department shall adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section. The department may implement policies and procedures consistent with the provisions of this section while in the process of adopting such policies and procedures as regulation, provided notice of intention to adopt regulations is printed in the Connecticut Law Journal not later than twenty days after the date of implementation. Such policies and procedures shall be valid until the time final regulations are effective.

Sec. 52. Section 17a-227a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) The Commissioner of Developmental Services shall require each applicant for employment in a Department of Developmental Services program that provides direct services to persons with intellectual disability to **[**submit to a check of such applicant's state criminal background**]** be fingerprinted and submit to state and national criminal history records checks. The criminal history records checks required by this section shall be conducted in accordance with section 29-17a. Employment by the department shall be considered conditional until the results of the criminal history records checks are received and reviewed by the department.

(b) The commissioner may require **[**private sector service**]** providers **[**under contract with or**]** licensed or funded by the department to provide residential, day or support services to persons with intellectual disability, to require each applicant for employment who will have direct and ongoing contact with persons and families receiving such services to submit to a check of such applicant's state

criminal background. If the department requires such providers to have such applicants submit to such checks, the administrative costs associated with such checks shall be considered an allowable cost on the annual cost report. Employment by a provider licensed or funded by the department shall be considered conditional until the results of the background checks have been received and reviewed by the provider.

[(c) If such checks are conducted, no applicant shall be hired by the department or a private sector service provider until the results of such checks are available.**]**

Sec. 53. Subdivision (4) of subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a nuclear medicine technologist, as defined in section 20-74uu, who (i) has successfully completed the individual certification exam for computed tomography or magnetic resonance imaging administered by the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board, and (ii) holds and maintains in good standing, computed tomography or magnetic resonance imaging certification by the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board from fully operating a computed tomography or magnetic resonance imaging portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a positron emission tomography or single-photon emission computed tomography imaging system; or (B) require a technologist who is certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists and who operates a bone densitometry system under the supervision, control and responsibility

of a physician licensed pursuant to chapter 370, to be licensed as a radiographer.

Sec. 54. Subsection (g) of section 21a-252 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) A physician assistant licensed pursuant to section 20-12b, in good faith and in the course of the physician assistant's professional practice only, may prescribe, dispense, and administer controlled substances in schedule II, III, IV or V, or may cause the same to be administered by **[**an advanced practice registered nurse,**]** a registered nurse **[**,**]** or licensed practical nurse who is acting under a physician's direction, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to physician assistant practice.

Sec. 55. Section 20-74s of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) For purposes of this section and subdivision (18) of subsection (c) of section 19a-14:

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

(2) "Licensed alcohol and drug counselor" means a person licensed under the provisions of this section;

(3) "Certified alcohol and drug counselor" means a person certified under the provisions of this section;

(4) "Practice of alcohol and drug counseling" means **[**the professional application of methods that assist an individual or group to develop an understanding of alcohol and drug dependency

problems, define goals, and plan action reflecting the individual's or group's interest, abilities and needs as affected by alcohol and drug dependency problems**]** (A) the clinical evaluation by a licensed alcohol and drug counselor of substance use disorders and co-occurring disorders, including screening, assessment and diagnosis, treatment planning, counseling, therapy, trauma-informed care and psychoeducation with individuals, families and groups in the areas of substance use disorders and co-occurring disorders, and may include, as appropriate, **[**(A)**]** (i) conducting a substance use disorder screening or psychosocial history evaluation of an individual to document the individual's use of drugs prescribed for pain, other prescribed drugs, illegal drugs and alcohol to determine the individual's risk for substance abuse, **[**(B)**]** (ii) developing a preliminary diagnosis for the individual based on such screening or evaluation, **[**(C)**]** (iii) determining the individual's risk for abuse of drugs prescribed for pain, other prescribed drugs, illegal drugs and alcohol, **[**(D)**]** (iv) developing a treatment plan and referral options for the individual to ensure the individual's recovery support needs are met, and **[**(E)**]** (v) developing and submitting an opioid use consultation report to an individual's primary care provider to be reviewed by the primary care provider and included in the individual's medical record, or (B) the professional application by a certified alcohol and drug counselor of methods that assist an individual or group to develop an understanding of alcohol and drug dependency problems, define goals and plan action reflecting the individual's or group's interest, abilities and needs as affected by alcohol and drug dependency problems;

(5) "Private practice of alcohol and drug counseling" means the independent practice of alcohol and drug counseling by a licensed or certified alcohol and drug counselor who is self-employed on a full-time or part-time basis and who is responsible for that independent practice;

(6) "Self-help group" means a voluntary group of persons who offer peer support to each other in recovering from an addiction; **[**and**]**

(7) "Supervision" means the regular on-site observation, by a licensed alcohol and drug counselor or other licensed mental health professional whose scope of practice includes the screening, assessment, diagnosis and treatment of substance use disorders and co-occurring disorders, of the functions and activities of an alcohol and drug counselor in the performance of his or her duties and responsibilities to include a review of the records, reports, treatment plans or recommendations with respect to an individual or group;

(8) "Substance use disorder" means the recurrent use of alcohol or drugs that leads to clinically and functionally significant impairment, including, but not limited to, health problems, disability and failure to meet major responsibilities at work, school or home; and

(9) "Co-occurring disorder" means the presence of a concurrent psychiatric or medical disorder in combination with a substance use disorder.

(b) Except as provided in subsections (s) to (x), inclusive, of this section, no person shall engage in the practice of alcohol and drug counseling unless licensed as a licensed alcohol and drug counselor pursuant to subsection (d) of this section or certified as a certified alcohol and drug counselor pursuant to subsection (e) of this section.

(c) Except as provided in subsections (s) to (x), inclusive, of this section, no person shall engage in the private practice of alcohol and drug counseling unless (1) licensed as a licensed alcohol and drug counselor pursuant to subsection (d) of this section, or (2) certified as a certified alcohol and drug counselor pursuant to subsection (e) of this section and practicing under the supervision of a licensed alcohol and drug counselor.

(d) To be eligible for licensure as a licensed alcohol and drug counselor, an applicant shall (1) have attained a master's degree from an accredited institution of higher education in social work, marriage and family therapy, counseling, psychology or a related field approved by the commissioner that included a minimum of eighteen graduate semester hours in counseling or counseling-related subjects, except applicants holding certified clinical supervisor status by the Connecticut Certification Board, Inc. as of October 1, 1998, may substitute such certification in lieu of the master's degree requirement, and (2) have completed the certification eligibility requirements described in subsection (e) of this section.

(e) To be eligible for certification by the Department of Public Health as a certified alcohol and drug counselor, an applicant shall have (1) completed three hundred hours of supervised practical training in alcohol and drug counseling that the commissioner deems acceptable; (2) completed three years of supervised paid work experience or unpaid internship that the commissioner deems acceptable that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) completed three hundred sixty hours of commissioner-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling; and (4) successfully completed a department prescribed examination.

(f) For individuals applying for certification as an alcohol and drug counselor by the Department of Public Health prior to October 1, 1998, current certification by the Department of Mental Health and Addiction Services may be substituted for the certification requirements of subsection (e) of this section.

(g) The commissioner shall grant a license as an alcohol and drug counselor to any applicant who furnishes satisfactory evidence that

such applicant has met the requirements of subsection (d) or (o) of this section. The commissioner shall develop and provide application forms. The application fee shall be one hundred ninety dollars.

(h) A license as an alcohol and drug counselor shall be renewed in accordance with the provisions of section 19a-88, as amended by this act, for a fee of one hundred ninety-five dollars.

(i) The commissioner shall grant certification as a certified alcohol and drug counselor to any applicant who furnishes satisfactory evidence that such applicant has met the requirements of subsection (e) or (o) of this section. The commissioner shall develop and provide application forms. The application fee shall be one hundred ninety dollars.

(j) A certificate as an alcohol and drug counselor may be renewed in accordance with the provisions of section 19a-88, as amended by this act, for a fee of one hundred ninety-five dollars.

(k) The commissioner may contract with a qualified private organization for services that include (1) providing verification that applicants for licensure or certification have met the education, training and work experience requirements under this section; and (2) any other services that the commissioner may deem necessary.

(l) Any person who has attained a master's level degree and is certified by the Connecticut Certification Board as a substance abuse counselor on or before July 1, 2000, shall be deemed a licensed alcohol and drug counselor. Any person so deemed shall renew such person's license pursuant to section 19a-88, as amended by this act, for a fee of one hundred ninety-five dollars.

(m) Any person who has not attained a master's level degree and is certified by the Connecticut Certification Board as a substance abuse counselor on or before July 1, 2000, shall be deemed a certified alcohol

and drug counselor. Any person so deemed shall renew such person's certification pursuant to section 19a-88, as amended by this act, for a fee of one hundred ninety-five dollars.

(n) Any person who is not certified by the Connecticut Certification Board as a substance abuse counselor on or before July 1, 2000, who (1) documents to the department that such person has a minimum of five years full-time or eight years part-time paid work experience, under supervision, as an alcohol and drug counselor, and (2) successfully passes a commissioner-approved examination no later than July 1, 2000, shall be deemed a certified alcohol and drug counselor. Any person so deemed shall renew such person's certification pursuant to section 19a-88, as amended by this act, for a fee of one hundred ninety-five dollars.

(o) The commissioner may license or certify without examination any applicant who, at the time of application, is licensed or certified by a governmental agency or private organization located in another state, territory or jurisdiction whose standards, in the opinion of the commissioner, are substantially similar to, or higher than, those of this state.

(p) No person shall assume, represent himself as, or use the title or designation "alcoholism counselor", "alcohol counselor", "alcohol and drug counselor", "alcoholism and drug counselor", "licensed clinical alcohol and drug counselor", "licensed alcohol and drug counselor", "licensed associate alcohol and drug counselor", "certified alcohol and drug counselor", "chemical dependency counselor", "chemical dependency supervisor" or any of the abbreviations for such titles, unless licensed or certified under subsections (g) to (n), inclusive, of this section and unless the title or designation corresponds to the license or certification held.

(q) The commissioner shall adopt regulations, in accordance with

chapter 54, to implement provisions of this section.

(r) The commissioner may suspend, revoke or refuse to issue a license in circumstances that have endangered or are likely to endanger the health, welfare or safety of the public.

(s) Nothing in this section shall be construed to apply to the activities and services of a rabbi, priest, minister, Christian Science practitioner or clergyman of any religious denomination or sect, when engaging in activities that are within the scope of the performance of the person's regular or specialized ministerial duties and for which no separate charge is made, or when these activities are performed, with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and when the person rendering services remains accountable to the established authority thereof.

(t) Nothing in this section shall be construed to apply to the activities and services of a person licensed in this state to practice medicine and surgery, psychology, marital and family therapy, clinical social work, professional counseling, advanced practice registered nursing or registered nursing, when such person is acting within the scope of the person's license and doing work of a nature consistent with that person's license, provided the person does not hold himself or herself out to the public as possessing a license or certification issued pursuant to this section.

(u) Nothing in this section shall be construed to apply to the activities and services of a student intern or trainee in alcohol and drug counseling who is pursuing a course of study in an accredited institution of higher education or training course, provided these activities are performed under supervision and constitute a part of an accredited course of study, and provided further the person is

designated as an intern or trainee or other such title indicating the training status appropriate to his level of training.

(v) Nothing in this section shall apply to individuals who are on October 1, 2010, employed by a state agency as a rehabilitation counselor who is acting in the capacity of an alcohol and drug counselor.

(w) Nothing in this section shall be construed to apply to the activities and services of paid alcohol and drug counselors who are working under supervision or uncompensated alcohol and drug abuse self-help groups, including, but not limited to, Alcoholics Anonymous and Narcotics Anonymous.

(x) The provisions of this section shall apply to employees of the Department of Correction, other than trainees or student interns covered under subsection (u) of this section and persons completing supervised paid work experience in order to satisfy mandated clinical supervision requirements for certification under subsection (e) of this section, as follows: (1) Any person hired by the Department of Correction on or after October 1, 2002, for a position as a substance abuse counselor or supervisor of substance abuse counselors shall be a licensed or certified alcohol and drug counselor; (2) any person employed by the Department of Correction prior to October 1, 2002, as a substance abuse counselor or supervisor of substance abuse counselors shall become licensed or certified as an alcohol and drug counselor by October 1, 2007; and (3) any person employed by the Department of Correction on or after October 1, 2007, as a substance abuse counselor or supervisor of substance abuse counselors shall be a licensed or certified alcohol and drug counselor.

(y) **[**On and after July 12, 2013, no**]** No initial license to engage in the practice of alcohol and drug counseling shall be issued unless the applicant meets the requirements of this section to practice alcohol and

drug counseling. The foregoing provision shall not apply to alcohol and drug counselors licensed in this state on or after June 15, 2012, and prior to July 12, 2013.

[(z) Nothing in this section shall be construed to prohibit or limit the ability of a licensed alcohol and drug counselor, who in the practice of alcohol and drug counseling, provides counseling services to an individual diagnosed with a co-occurring mental health condition other than alcohol and drug dependency, provided such counseling services are within the scope of practice of a licensed alcohol and drug counselor as described in this section.**]**

Sec. 56. Section 4-28f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a

term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall, **[**meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, and,**]** not later than January first of each year, except **[**during the fiscal years ending June 30, 2004, and June 30, 2005**]** following a fiscal year in which the trust fund does not receive a deposit from the Tobacco Settlement Fund, shall submit a report of its activities and

accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6d, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year. For the fiscal year ending June 30, 2014, and each fiscal year thereafter, the board may recommend authorization of disbursement of up to the total unobligated balance remaining in the trust fund after disbursement in accordance with the provisions of the general statutes and relevant special and public acts for such purposes, not to exceed twelve million dollars per fiscal year. The board's recommendations shall give (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to

subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall, not later than February first of each year, except **[**during the fiscal years ending June 30, 2004, and June 30, 2005**]** following a fiscal year in which the trust fund does not receive a deposit from the Tobacco Settlement Fund, submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

Sec. 57. Subsection (b) of section 19a-42a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(b) Except for the IV-D agency, as provided in subsection (a) of this section, the department shall restrict access to and issuance of certified copies of acknowledgments of paternity to the following parties: (1) Parents named on the acknowledgment of paternity; (2) the person whose birth is acknowledged, if such person is **[**over**]** eighteen years of age or older; (3) a guardian of the person whose birth is acknowledged; (4) an authorized representative of the Department of Social Services; **[**(4)**]** (5) an attorney representing such person or a

parent named on the acknowledgment; or **[**(5)**]** (6) agents of a state or federal agency, as approved by the department.

Sec. 58. Section 19a-200 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) The mayor of each city, **[**the warden of each borough, and**]** the chief executive officer of each town and the warden of each borough shall, unless the charter of such city, town or borough otherwise provides, nominate some person to be director of health for such city, town or borough, which nomination shall be confirmed or rejected by the board of selectmen, if there be such a board, otherwise by the legislative body of such city or town or by the burgesses of such borough within thirty days thereafter. Notwithstanding the charter provisions of any city, town or borough with respect to the qualifications of the director of health, on and after October 1, 2010, any person nominated to be a director of health shall (1) be a licensed physician and hold a degree in public health from an accredited school, college, university or institution, or (2) hold a graduate degree in public health from an accredited **[**school, college or**]** institution of higher education. The educational requirements of this section shall not apply to any director of health nominated or otherwise appointed as director of health prior to October 1, 2010. In cities, towns or boroughs with a population of forty thousand or more for five consecutive years, according to the estimated population figures authorized pursuant to subsection (b) of section 8-159a, such director of health shall serve in a full-time capacity, except where a town has designated such director as the chief medical advisor for its public schools under section 10-205, and shall not, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the **[**Public Health Code**]** regulations of Connecticut

state agencies or specified by the appointing authority of the city, town or borough in its written agreement with such director. Such director of health shall have and exercise within the limits of the city, town or borough for which such director is appointed all powers necessary for enforcing the general statutes, provisions of the **[**Public Health Code**]** regulations of Connecticut state agencies relating to the preservation and improvement of the public health and preventing the spread of diseases therein. In case of the absence or inability to act of a city, town or borough director of health or if a vacancy exists in the office of such director, the appointing authority of such city, town or borough may, with the approval of the Commissioner of Public Health, designate in writing a suitable person to serve as acting director of health during the period of such absence or inability or vacancy, provided the commissioner may appoint such acting director if the city, town or borough fails to do so. The person so designated, when sworn, shall have all the powers and be subject to all the duties of such director. In case of vacancy in the office of such director, if such vacancy exists for thirty days, said commissioner may appoint a director of health for such city, town or borough. Said commissioner, may, for cause, remove an officer the commissioner or any predecessor in said office has appointed, and the common council of such city, town or the burgesses of such borough may, respectively, for cause, remove a director whose nomination has been confirmed by them, provided such removal shall be approved by said commissioner; and, within two days thereafter, notice in writing of such action shall be given by the clerk of such city, town or borough, as the case may be, to said commissioner, who shall, within ten days after receipt, file with the clerk from whom the notice was received, approval or disapproval. Each such director of health shall hold office for the term of four years from the date of appointment and until a successor is nominated and confirmed in accordance with this section. Each director of health shall, annually, at the end of the fiscal year of the city, town or borough, file with the Department of Public Health a report of the doings as such

director for the year preceding.

(b) On and after July 1, 1988, each **[**municipality**]** city, town and borough shall provide for the services of a sanitarian **[**certified**]** licensed under chapter 395 to work under the direction of the local director of health. Where practical, the local director of health may act as the sanitarian.

(c) As used in this chapter, "authorized agent" means a sanitarian **[**certified**]** licensed under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the **[**Public Health Code**]** general statutes and regulations of Connecticut state agencies.

Sec. 59. Section 19a-242 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) The board shall, after approval of the Commissioner of Public Health, appoint some discreet person, possessing the qualifications specified in section 19a-244, to be director of health for such district, and if **[**he**]** the director of health is not selected within sixty days from the formation of any such district, or if a vacancy in said office continues to exist for sixty days, such director shall then be appointed by said commissioner. The board may appoint a person to serve as the acting director of health during such time as the director of health is absent or a vacancy exists, provided such acting director shall meet the qualifications for directors of health in section 19a-244, or such other qualifications as may be approved by said commissioner. Upon the appointment of a director of health under the provisions of this section, the terms of office of the directors of health of the towns, cities or boroughs forming such district shall terminate.

(b) Such director of health may be removed whenever a majority of the **[**directors**]** board of such health district **[**find**]** finds that such

director of health is guilty of misconduct, material neglect of duty or incompetence in the conduct of **[**his**]** such director's office.

(c) On and after July 1, 1988, each district health department shall provide for the services of a sanitarian **[**certified**]** licensed under chapter 395 to work under the direction of the district director of health. Where practical, the district director of health may act as the sanitarian.

(d) As used in this chapter, "authorized agent" means a sanitarian **[**certified**]** licensed under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the **[**Public Health Code**]** general statutes and regulations of Connecticut state agencies.

Sec. 60. Subsection (a) of section 19a-243 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) Each board may make and adopt reasonable rules and regulations for the promotion of general health within the district not in conflict with law or with the **[**Public Health Code**]** general statutes or regulations of Connecticut state agencies. The powers of each district shall include but not be limited to the following enumerated powers: (1) To sue and be sued; (2) to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the health district; (3) to make and from time to time amend and repeal bylaws, rules and regulations; (4) to acquire real estate; (5) to provide for the financing of the programs, projects or other functions of the district in the manner described in subsection (b) of this section; **[**and**]** (6) to join an existing health district; and (7) to have such other powers as are necessary to properly carry out its powers as an independent entity of government.

Sec. 61. (NEW) (*Effective October 1, 2018*) (a) As used in this section:

(1) "Small community water system" means a water company that regularly serves at least twenty-five, but not more than one thousand, year-round residents;

(2) "Unaccounted for water loss" means water that the small community water system supplies to its distribution system, but that never reaches its consumers;

(3) "Useful life" means a manufacturer's recommended life or the estimated lifespan of a water company's capital asset, taking into consideration the service history and the condition of such capital asset at the time a fiscal and asset management plan is prepared; and

(4) "Water company" has the same meaning as provided in section 25-32a of the general statutes.

(b) Each small community water system shall prepare a fiscal and asset management plan for all of the capital assets that comprise such system. The fiscal and asset management plan shall include, but need not be limited to, (1) a list of all capital assets of the small community water system, (2) the useful life of such capital assets, which shall be based on the current condition of such capital assets, (3) the maintenance and service history of such capital assets, (4) the manufacturer's recommendation regarding such capital assets, and (5) the small community water system's plan for the reconditioning, refurbishment or replacement of such capital assets. Such fiscal and asset management plan shall also provide information regarding whether the small community water system has any unaccounted for water loss, the amount of such unaccounted for water loss, what is causing such unaccounted for water loss and the measures the small community water system is taking to reduce such unaccounted for water loss. Each small community water system shall make the

assessment of its hydropneumatic pressure tanks its initial priority in its preparation of the fiscal and asset management plan.

(c) Each small community water system shall complete the fiscal and asset management plan for all of its capital assets not later than January 1, 2021. Following the completion of the initial fiscal and asset management plan, each small community water system shall update such fiscal and asset management plan annually and make such fiscal and asset management plan available to the department upon request.

(d) Each small community water system shall complete, on a form developed by the Department of Public Health, the fiscal and asset management plan assessment review of its hydropneumatic pressure tanks not later than May 2, 2019.

(e) This section shall not apply to a small community water system that is (1) regulated by the Public Utilities Regulatory Authority, (2) subject to the requirements set forth in section 25-32d of the general statutes, or (3) a state agency.

(f) The provisions of this section shall be deemed to relate to the purity and adequacy of water supplies for the purposes of the imposition of a penalty under section 25-32e of the general statutes, as amended by this act.

(g) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to carry out the provisions of this section.

Sec. 62. Subsections (a) to (e), inclusive, of section 25-32e of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) If, upon review, investigation or inspection, the Commissioner of Public Health determines that a water company has violated any

provision of section 25-32, section 25-32d or any regulation adopted under section 25-32d, or any **[**regulation in the Public Health Code relating**]** provision of title 19 or 25 or any regulation promulgated pursuant to said titles that relate to the purity and adequacy of water supplies or to the testing of water supplies or any report of such testing, the commissioner may impose a civil penalty not to exceed five thousand dollars per violation per day upon such water company. Governmental immunity shall not be a defense against the imposition of any civil penalty imposed pursuant to this section. **[**The commissioner shall adopt regulations, in accordance with the provisions of chapter 54,**]** In establishing a schedule or schedules of the amounts, or the ranges of amounts, of civil penalties which may be imposed under this section, **[**. In adopting such regulations,**]** the commissioner shall consider the size of or the number of persons served by the water company, the level of assessment necessary to insure immediate and continued compliance with such provision, and the character and degree of injury or impairment to or interference with or threat thereof to: (1) The purity of drinking water supplies; (2) the adequacy of drinking water supplies; and (3) the public health, safety or welfare. **[**No such civil penalty may be imposed until the regulations required by this subsection have been adopted.**]** The commissioner shall publish annually, or as the commissioner deems necessary in response to any guidelines or ruling promulgated by the United States Environmental Protection Agency, a schedule of the amounts, or ranges of amounts, of civil penalties that may be imposed under this section on the Department of Public Health's Internet web site if the civil penalty for a violation under this section has not been established by statute. Notwithstanding the provisions of chapter 54, the commissioner shall not be required to adopt or revise any regulations regarding the imposition of civil penalties when publishing such schedule. Not less than six months prior to publishing such schedule, the commissioner shall publish notice in the Connecticut Law Journal of his or her intention to publish such

schedule on the department's Internet web site. Such notice shall include such schedule and the date on which the commissioner intends to hold a public hearing on such schedule and indicate that public comment on such schedule shall be provided to the commissioner not later than thirty days after the date of publication of such notice. The commissioner shall hold the public hearing on such schedule not later than thirty days after the date of publishing such notice. The commissioner shall take any public comments received under this subsection into consideration in establishing such schedule. The commissioner shall publish a document responding to such comments on the department's Internet web site not less than one month prior to publishing such schedule.

(b) In setting a civil penalty in a particular case, where the civil penalty has not been established by statute or pursuant to the schedule in subsection (a) of this section, the commissioner shall consider all factors which the commissioner deems relevant, including, but not limited to, the following: (1) The amount of assessment necessary to **[**insure**]** ensure immediate and continued compliance with such provision; (2) the character and degree of impact of the violation on the purity and adequacy of drinking water supplies; (3) whether the water company incurring the civil penalty is taking all feasible steps or procedures necessary or appropriate to comply with such provisions or to correct the violation; (4) any prior violations by such water company of statutes, regulations, orders or permits administered, adopted or issued by the commissioner; (5) the character and degree of injury to, or interference with, public health, safety or welfare which has been or may be caused by such violation; and (6) **[**after the adoption of the federal Safe Drinking Water Act Public Notification Rule pursuant to section 5 of public act 01-185,**]** whether the consumers of the water company have been notified of such violation pursuant to **[**such rule**]** section 19-13-B102 of the regulations of Connecticut state agencies.

(c) If the commissioner has reason to believe that a violation has occurred, the commissioner may impose a penalty if compliance is not achieved by a specified date and send to the suspected violator, by certified mail, return receipt requested, or personal service at the address filed with the department by the water company as required under subsection (a) of section 25-33 or, if the water company did not file an address as required under said subsection, to the last known address of the water company on file at the department, a notice which shall include: (1) A reference to the sections of the statute or regulation involved; (2) a short and plain statement of the **[**matters asserted or charged**]** violation; (3) a statement of the amount of the civil penalty or penalties **[**to be**]** imposed; (4) the initial date of the imposition of the penalty when the penalty is imposed for a continuing violation, or the date for which the penalty is imposed when the penalty is imposed for an isolated violation; and (5) a statement of the **[**party's**]** water company's right to a hearing. The commissioner shall send a copy of such notice to the local director of health in the municipality or municipalities in which such violation occurred or that utilize such water.

(d) The civil penalty shall be payable for noncompliance on the date specified in subsection (c) of this section and for each day thereafter until the water company against which the penalty was issued **[**notifies**]** demonstrates to the commissioner that the violation has been corrected. **[**Upon receipt of such notification, the commissioner shall determine whether or not the violation has been corrected and shall notify the water company, in writing, of such determination. The water company may, within twenty days after such notice is sent by the commissioner, request a hearing to contest an adverse determination. If, after such hearing, the commissioner finds that the violation still exists, or if the water company fails to request a hearing, the penalty shall continue in force from the original date of imposition.**]**

(e) The water company to which the notice is addressed shall have twenty days from the date of mailing of the notice to make written application to the commissioner for a hearing to contest the imposition of the penalty. The application shall include a detailed statement of all of the grounds for contesting the imposition of the penalty. The water company shall send a copy of such application to the local director of health in the municipality or municipalities in which such violation occurred or that utilize such water. All hearings under this section shall be conducted pursuant to sections 4-176e to 4-184, inclusive, except that the presiding officer shall automatically grant each local director of health in the municipality or municipalities in which such violation occurred or that utilize such water the right to be heard in the proceeding. Any civil penalty may be mitigated by the commissioner upon such terms and conditions as the commissioner, in the commissioner's discretion, deems proper or necessary upon consideration of the factors set forth in subsection (b) of this section.

Sec. 63. Section 20-206b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) (1) No person shall engage in the practice of massage therapy unless the person has obtained a license from the department pursuant to this section. Each person seeking licensure as a massage therapist shall make application on forms prescribed by the department, pay an application fee of three hundred seventy-five dollars and present to the department satisfactory evidence that the applicant: **[**(1)**]** (A) Has graduated from a school of massage therapy offering a course of study of not less than five hundred classroom hours, with the instructor present, that, at the time of the applicant's graduation, had a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork and was either **[**(A)**]** (i) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and

business schools, or **[**(B)**]** (ii) accredited by the Commission on Massage Therapy Accreditation, and **[**(2)**]** (B) has passed an examination prescribed by the department. The National Certification Board for Therapeutic Massage and Bodywork's national examination for state licensing option shall not satisfy the examination requirements for a person seeking licensure pursuant to this section.

(2) Each person seeking licensure as a massage therapist on and after October 1, 2019, shall (A) notwithstanding the provisions of subparagraph (A) of subdivision (1) of this section, have graduated from a school of massage therapy offering a course of study of not less than seven hundred fifty classroom hours, with the instructor present, that, at the time of the applicant's graduation, has a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork and was either (i) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or (ii) accredited by the Commission on Massage Therapy Accreditation, and (B) in addition to the requirement set forth in subparagraph (B) of subdivision (1) of this subsection, have completed not less than sixty hours of unpaid and supervised clinical or internship experience.

(b) Licenses shall be renewed once every two years in accordance with the provisions of section 19a-88, as amended by this act. The fee for renewal shall be two hundred fifty-five dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or jurisdiction. Any certificate granted by the department prior to June 1, 1993, shall be deemed a valid license permitting continuance of profession subject to the provisions of this chapter.

(c) (1) Notwithstanding the provisions of subsection (a) of this section, the department may issue a license to an applicant whose

school of massage therapy does not satisfy the requirement of subparagraph (A) or (B) of subdivision (1) or (2) of said subsection (a), provided the school held, at the time of the applicant's graduation, a certificate issued by the Commissioner of Education pursuant to section 10-7b and provided the applicant graduated within thirty-three months of the date such school first offered the curriculum completed by the applicant. No license shall be issued under this subsection to a graduate of a school that fails to apply for and obtain accreditation by (A) an accrediting agency recognized by the United States Department of Education, or (B) the Commission on Massage Therapy Accreditation within thirty-three months of the date such school first offered the curriculum.

(2) Notwithstanding the provisions of subsection (a) of this section and subdivision (1) of this subsection, the department may issue a license to an applicant who submits evidence satisfactory to the commissioner that the applicant (A) was enrolled, on or before July 1, 2005, in a school of massage therapy that was approved or accredited by a state board of postsecondary technical trade and business schools or a state agency recognized as such state's board of postsecondary technical trade and business schools, (B) graduated from a school of massage therapy with a course of study of not less than five hundred classroom hours, with the instructor present, that at the time of the applicant's graduation was approved or accredited by a state board of postsecondary technical trade and business schools or a state agency recognized as such state's board of postsecondary technical trade and business schools, and (C) has passed an examination prescribed by the department.

(d) Each person licensed pursuant to this section has an affirmative duty to make a written referral to a licensed healing arts practitioner, as defined in section 20-1, of any client who has any physical or medical condition that would constitute a contraindication for massage

therapy or that may require evaluation or treatment beyond the scope of massage therapy.

(e) No person shall use the title "massage therapist", "licensed massage therapist", "massage practitioner", "massagist", "masseur" or "masseuse", unless the person holds a license issued in accordance with this section or other applicable law.

(f) Notwithstanding the provisions of subsection (a) of this section, the commissioner may issue a license to an out-of-state applicant who submits evidence satisfactory to the commissioner of either: (1) (A) A current license to practice therapeutic massage from another state or jurisdiction, (B) documentation of practice for at least one year immediately preceding application, and (C) successful completion of the examination prescribed pursuant to subsection (a) of this section; or (2) (A) (i) on or before October 1, 2019, graduation from a school of massage therapy offering a course of study of not less than five hundred classroom hours, with the instructor present, and, at the time of the applicant's graduation, was either **[**(i)**]** (I) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or **[**(ii)**]** (II) accredited by the Commission on Massage Therapy Accreditation, **[**and**]** or (ii) on and after October 1, 2019, graduation from a school of massage therapy offering a course of study of not less than seven hundred fifty classroom hours, with the instructor present, and, at the time of the applicant's graduation, was either (I) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or (II) accredited by the Commission on Massage Therapy, (B) successful completion of the examination prescribed pursuant to subsection (a) of this section, and (C) on and after October 1, 2019, completion of not less than sixty hours of unpaid and supervised clinical or internship experience.

(g) Any person who violates the provisions of subsection (a) or (e) of this section shall be guilty of a class C misdemeanor.

(h) Any employer who knowingly and wilfully employs a person who is in violation of the provisions of subsection (a) or (e) of this section to engage in massage therapy shall be guilty of a class C misdemeanor.

Sec. 64. Subsection (c) of section 20-206d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(c) No provision of this chapter shall be construed to prohibit an out-of-state massage therapist who (1) is licensed or certified in another state whose standards for licensure or certification are equivalent to or greater than those required in this state, or (2) if licensure or certification is not required in such other state, is a member in good standing of the American Massage Therapy Association, from providing uncompensated massage therapy services (A) to persons with disabilities during the Special Olympics or similar athletic competitions for persons with disabilities, or (B) at the invitation of the Connecticut chapter of said association, with the emergency division of said chapter's Community Service Massage Team, provided such out-of-state massage therapist **[**(A)**]** (i) does not represent himself or herself to be a massage therapist **[**; (B)**]** licensed in this state; and (ii) provides massage therapy under the supervision of a massage therapist. **[**; and (C) only provides massage therapy to persons participating in the Special Olympics or similar athletic competitions for persons with disabilities.**]**

Sec. 65. (NEW) (*Effective October 1, 2019*) (a) A person licensed to practice massage therapy pursuant to this chapter who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice. The

amount of insurance that each such person shall carry as insurance or indemnity against claims for injury or death for professional malpractice shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million dollars.

(b) Each insurance company that issues professional liability insurance, as defined in section 38a-393 of the general statutes, as amended by this act, shall render, on and after January 1, 2019, to the Commissioner of Public Health a true record of the names and addresses, according to the classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such cancellations or refusals to renew said policies for the year ending on the thirty-first day of December next preceding.

Sec. 66. Subsection (b) of section 38a-393 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(b) For purposes of sections 38a-393 to 38a-395, inclusive, "professional liability insurance" means professional liability contracts for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4) dentists, (5) architects and engineers, (6) chiropractors, (7) licensed naturopaths, (8) podiatrists, (9) advanced practice registered nurses, **[**and**]** (10) physical therapists, and (11) massage therapists and such other categories as the Insurance Commissioner, in the commissioner's discretion, shall adopt by regulations in accordance with chapter 54.

Sec. 67. Subdivision (1) of subsection (a) of section 20-73 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) (1) No person may practice as a physical therapist unless licensed pursuant to this chapter. No person may use the term

"Registered Physical Therapist", "Licensed Physical Therapist", "Doctor of Physical Therapy" or "Physical Therapist" or the letters "R.P.T.", "L.P.T." or "D.P.T." or any other letters, words or insignia indicating or implying licensure as a physical therapist in this state unless the person is so licensed. No person may use the term Doctor of Physical Therapy or D.P.T. unless the person has earned a Doctor of Physical Therapy degree from an accredited institution of higher education.

Sec. 68. (*Effective from passage*) (a) On or before January 1, 2019, the Department of Public Health, in consultation with the Amniotic Fluid Embolism Foundation and a physician licensed pursuant to chapter 370 of the general statutes who specializes in obstetrics and gynecology and is recommended by the Connecticut State Medical Society, shall develop educational materials to be used in educating health care professionals regarding the signs and symptoms of amniotic fluid embolism. The department shall post such materials on its Internet web site.

(b) On or before July 1, 2019, the department shall distribute the educational materials developed pursuant to subsection (a) of this section to (1) the Connecticut State Medical Society, Connecticut Affiliate of the American College of Nurse-Midwives, Connecticut Advanced Practice Registered Nurse Society, Connecticut Nurses Association and Connecticut Hospital Association for distribution to their respective members and posting on their Internet web sites, and (2) each school of medicine in the state for dissemination to its students.

(c) Nothing contained in this section shall be construed to override professional medical judgment or restrict the use of other educational or instructional materials.

(d) On or before July 1, 2019, the Commissioner of Public Health shall provide the educational materials developed pursuant to

subsection (a) of this section, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 69. Section 20-50 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

"Podiatric medicine" means the diagnosis and treatment, including medical and surgical treatment, of ailments of the foot and ankle and all the anatomical structures of the foot and ankle and the administration and prescription of drugs incidental thereto, **[**. It shall include**]** in accordance with section 20-54, as amended by this act. "Podiatric medicine" includes treatment of local manifestations of systemic diseases as they appear on the foot and ankle, in accordance with section 20-54, as amended by this act. A doctor of podiatric medicine, licensed pursuant to this chapter may prescribe, administer and dispense drugs and controlled substances in schedule II, III, IV or V, in accordance with section 21a-252, in connection with the practice of podiatric medicine.

Sec. 70. Section 20-54 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) No person other than those described in section 20-57 and those to whom a license has been reissued as provided by section 20-59 shall engage in the practice of podiatry in this state until such person has presented to the department satisfactory evidence that such person has received a diploma or other certificate of graduation from an accredited school or college of chiropody or podiatry approved by the Connecticut Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, nor shall any person so practice until such person has obtained a license from the Department of Public Health after meeting the requirements of this chapter. A graduate of an

approved school of chiropody or podiatry subsequent to July 1, 1947, shall present satisfactory evidence that he or she has been a resident student through not less than four graded courses of not less than thirty-two weeks each in such approved school and has received the degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent degree; and, if a graduate of an approved chiropody or podiatry school subsequent to July 1, 1951, that he or she has completed, before beginning the study of podiatry, a course of study of an academic year of not less than thirty-two weeks' duration in a college or scientific school approved by said board with the consent of the Commissioner of Public Health, which course included the study of chemistry and physics or biology; and if a graduate of an approved college of podiatry or podiatric medicine subsequent to July 1, 1971, that he or she has completed a course of study of two such prepodiatry college years, including the study of chemistry, physics or mathematics and biology, and that he or she received the degree of D.P.M., Doctor of Podiatric Medicine. No provision of this section shall be construed to prevent graduates of a podiatric college, approved by the Connecticut Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, from receiving practical training in podiatry in a residency program in an accredited hospital facility which program is accredited by the Council on Podiatric Education.

(b) A licensed podiatrist who is board qualified or certified by the American Board of **[**Podiatric**]** Foot and Ankle Surgery or the American Board of Podiatric **[**Orthopedics and Primary Podiatric**]** Medicine, or said boards' successor organizations, may engage in the medical and nonsurgical treatment of the ankle and the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the nonsurgical treatment of manifestations of systemic diseases as they appear on the ankle. Such licensed podiatrist shall restrict treatment of displaced ankle fractures to the initial diagnosis and the initial attempt at closed reduction at the

time of presentation and shall not treat tibial pilon fractures. For purposes of this section, "ankle" means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.

(c) **[**No**]** A licensed podiatrist may independently engage in the surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, **[**until such licensed podiatrist has obtained a permit from**]** after the podiatrist provides documentation to the Department of Public Health **[**after meeting the requirements set forth in subsection (d) or (e) of this section, as appropriate. No licensed podiatrist who applies for a permit to independently engage in the surgical treatment of the ankle shall be issued such permit unless (1) the commissioner is satisfied that the applicant is in compliance with all requirements set forth in subsection (d) or (e) of this section, as appropriate, and (2) the application includes payment of a fee in the amount of one hundred dollars.**]** of the following: (1) (A) Graduation on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (B) current board certification or qualification in reconstructive rearfoot ankle surgery by the American Board of Foot and Ankle Surgery, or its successor organization; or (2) (A) graduation prior to June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in length and accredited at the time of graduation by said council, and (B) current board certification or qualification in reconstructive rearfoot ankle surgery by the American Board of Foot

and Ankle Surgery, or its successor organization. For purposes of this section, "surgical treatment of the ankle" includes all soft tissue and osseous procedures, including ankle fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae and insertion and removal of retrograde tibiotalocalcaneal intramedullary rods and locking screws up to the level of the myotendinous junction of the triceps surea, but does not include the surgical treatment of complications within the tibial diaphysis related to the use of external fixation pins, the performance of total ankle replacements or the treatment of tibial pilon fractures.

(d) The Department of Public Health **[**may issue a permit to independently engage in standard ankle surgery procedures to any licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization; (2) (A) graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) is board qualified, but not board certified, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; or (3) (A) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation, (B) holds and maintains

current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. For purposes of this subsection, "standard ankle surgery procedures" includes soft tissue and osseous procedures.**]** shall implement a mechanism for (1) a podiatrist to provide the documentation required pursuant to subsection (c) of this section as part of the initial licensure application, and (2) credentialing boards and the public to access the names of podiatrists who submitted the documentation required pursuant to said subsection. Any podiatrist who, on October 1, 2018, held a standard ankle surgery permit issued by the department shall be considered to have met the documentation requirements set forth in said subsection.

[(e) The Department of Public Health may issue a permit to independently engage in advanced ankle surgery procedures to any licensed podiatrist who has obtained a permit under subsection (d) of this section, or who meets the qualifications necessary to obtain a permit under said subsection (d), provided such licensed podiatrist: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) holds and maintains current board qualification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures; or (2) (A) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in duration and was accredited by the Council on Podiatric Medical Education at the time

of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures. For purposes of this subsection, "advanced ankle surgery procedures" includes ankle fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae, and insertion and removal of retrograde tibiotalocalcaneal intramedullary rods and locking screws up to the level of the myotendinous junction of the triceps surae, but does not include the surgical treatment of complications within the tibial diaphysis related to the use of such external fixation pins.**]**

[(f)**]** (e) A licensed podiatrist who **[**(1) graduated from a residency program in podiatric medicine and surgery that was at least two years in duration and was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (2) (A) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, (B) is board qualified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, or (C)**]** is board certified in foot and ankle surgery by the American Board of **[**Podiatric**]** Foot and Ankle Surgery, or its successor organization, may engage in the surgical treatment of the ankle, **[**including standard and advanced ankle surgery procedures, without a permit issued by the department in accordance with subsection (d) or (e) of this section,**]** provided such licensed podiatrist is performing such procedures under the direct supervision of a physician or surgeon licensed under chapter 370 who maintains hospital privileges to perform such

procedures or under the direct supervision of a licensed podiatrist who **[**has been issued a permit**]** under the provisions of subsection **[**(d) or (e)**]** (c) of this section, as appropriate, **[**to**]** may independently engage in **[**standard or advanced**]** ankle surgery procedures.

[(g) The Commissioner of Public Health shall appoint an advisory committee to assist and advise the commissioner in evaluating applicants' training and experience in midfoot, rearfoot and ankle procedures for purposes of determining whether such applicants should be permitted to independently engage in standard or advanced ankle surgery procedures pursuant to subsection (d) or (e) of this section. The advisory committee shall consist of four members, two of whom shall be podiatrists recommended by the Connecticut Podiatric Medical Association and two of whom shall be orthopedic surgeons recommended by the Connecticut Orthopedic Society.

(h) Not later than July 1, 2015, the Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to implement the provisions of subsections (c) to (f), inclusive, of this section. Such regulations shall include, but not be limited to, the number and types of procedures required for an applicant's training or experience to be deemed acceptable for purposes of issuing a permit under subsection (d) or (e) of this section. In identifying the required number and types of procedures, the commissioner shall seek the advice and assistance of the advisory committee appointed under subsection (g) of this section and shall consider nationally recognized standards for accredited residency programs in podiatric medicine and surgery for midfoot, rearfoot and ankle procedures. The commissioner may issue permits pursuant to subsections (c) to (e), inclusive, of this section prior to the effective date of any regulations adopted pursuant to this section.**]**

[(i)**]** (f) The Department of Public Health's issuance of a **[**permit**]** license to a **[**licensed**]** podiatrist to independently engage in **[**the surgical treatment of the ankle**]** surgery shall not be construed to

obligate a hospital or outpatient surgical facility to grant such licensed podiatrist privileges to perform such procedures at the hospital or outpatient surgical facility. A podiatrist's privileges and scope of practice for foot surgery are not impacted by the podiatrist's privileges or scope of practice for ankle surgery.

Sec. 71. Section 20-59 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

The board may take any of the actions set forth in section 19a-17 for any of the following reasons: (1) Procurement of a license by fraud or material deception; (2) conviction in a court of competent jurisdiction, either within or without this state, of any crime in the practice of podiatry; (3) fraudulent or deceptive conduct in the course of professional services or activities; (4) illegal or incompetent or negligent conduct in the practice of podiatry; (5) habitual intemperance in the use of spirituous stimulants or addiction to the use of morphine, cocaine or other drugs having a similar effect; (6) aiding and abetting the practice of podiatry by an unlicensed person or a person whose license has been suspended or revoked; (7) mental illness or deficiency of the practitioner; (8) physical illness or loss of motor skill, including, but not limited to, deterioration through the aging process, of the practitioner; (9) undertaking or engaging in any medical practice beyond the privileges and rights accorded to the practitioner of podiatry by the provisions of this chapter; (10) failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-58a; (11) independently engaging in the performance of ankle surgery procedures **[**without a permit,**]** in violation of section 20-54; (12) violation of any provision of this chapter or any regulation adopted hereunder; or (13) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. The Commissioner of Public Health may

order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The clerk of any court in this state in which a person practicing podiatry has been convicted of any crime shall, upon such conviction, make written report, in duplicate, to the Department of Public Health of the name and residence of such person, the crime of which such person was convicted and the date of conviction; and said department shall forward one of such duplicate reports to the board.

Sec. 72. (NEW) (*Effective July 1, 2018*) Notwithstanding the provisions of sections 17b-256, 17b-274a, 17b-274c, 17b-274e and 17b-491c, the Department of Public Health may, within available resources, administer the Connecticut Aids drug assistance program and Connecticut Insurance Premium Assistance Program. The department may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided the department posts such policies and procedures on the eRegulations System prior to adopting them. Policies and procedures implemented pursuant to this section shall be valid until regulations are adopted in accordance with chapter 54 of the general statutes.

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

Sec. 73. (NEW) (*Effective July 1, 2018*) (a) As used in this section:

(1) "Nursing home" has the same meaning as provided in section 12-

263p of the general statutes; and

(2) "Reportable event" means an event occurring at a nursing home that is deemed by the department to require the immediate notification of the department.

(b) On or before January 1, 2019, the Department of Public Health shall develop a system for nursing homes to electronically notify the department of a reportable event.

(c) On and after January 1, 2019, nursing homes shall report reportable events to the department using the electronic reporting system developed pursuant to subsection (b) of this section.

Sec. 74. Subdivision (2) of subsection (a) of section 20-195mmm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(2) "Art therapist" means a person who (A) has earned a **[**bachelor's or**]** graduate degree in art therapy or a related field from an accredited institution of higher education, and (B) is certified as an art therapist by the Art Therapy Credentials Board or any successor of said board.

Sec. 75. Section 20-162n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

As used in subsection (c) of section 19a-14, this section, and sections 20-162o to 20-162q, inclusive, as amended by this act:

[(a)**]** (1) "Commissioner" means the Commissioner of Public Health;

[(b)**]** (2) "Respiratory care" means health care under the direction of a physician licensed pursuant to chapter 370 or an advanced practice registered nurse licensed pursuant to chapter 378 and in accordance with written protocols developed by such physician or advanced practice registered nurse, employed in the therapy, management,

rehabilitation, diagnostic evaluation and care of patients with deficiencies and abnormalities that affect the cardiopulmonary system and associated aspects of other system functions and that includes the following: **[**(1)**]** (A) The therapeutic and diagnostic use of medical gases, administering apparatus, humidification and aerosols, administration of drugs and medications used to treat the cardiorespiratory systems, ventilatory assistance and ventilatory control, postural drainage, chest physiotherapy and breathing exercises, respiratory rehabilitation, cardiopulmonary resuscitation and maintenance of natural airways as well as the insertion and maintenance of artificial airways, **[**(2)**]** (B) the specific testing techniques employed in respiratory therapy to assist in diagnosis, monitoring, treatment and research, including the measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing and hemodynamic and other related physiological monitoring of cardiopulmonary systems, including the percutaneous insertion and monitoring and maintenance of arterial catheters and the monitoring and maintenance of other cardiovascular indwelling catheters, including central venous and pulmonary artery catheters, **[**(3)**]** (C) performance of a purified protein derivative test to identify exposure to tuberculosis, **[**and (4)**]** (D) patient education in self-care procedures as part of the ongoing program of respiratory care of such patient, (E) the insertion of intravenous and intraosseous catheters in appropriately identified health care settings, including medical evacuation and transport vehicles, outpatient bronchoscopy facilities and long-term care and rehabilitation facilities, provided the respiratory care practitioner has completed a competency-based training and education program in the insertion and maintenance of such catheters, (F) the insertion of nasogastric tubes, including such tubes used for the purpose of sensing diaphragmatic movements, and (G) the monitoring and maintenance of all forms of extracorporeal life support, including, but not limited to, extracorporeal membrane oxygenation and extracorporeal carbon

dioxide removal in appropriately identified health care settings, including, adult, pediatric and neonatal intensive care units, provided the respiratory care practitioner (i) successfully completed the examination leading to the registered respiratory therapist credential and is recognized as a registered respiratory therapist by the National Board for Respiratory Care, (ii) has clinical experience in neonatal, pediatric or adult critical care, (iii) completed education and training to practice as an extracorporeal membrane oxygenation specialist in accordance with the Extracorporeal Life Support Organization's guidelines for training and continuing education of such specialists, (iv) practices as an extracorporeal membrane oxygenation specialist under the direction and supervision of a licensed physician trained in extracorporeal membrane oxygenation, (v) does not participate in extracorporeal membrane oxygenation procedures that occur in an operating room, except in the case of a life-threatening emergency requiring immediate resuscitation of a patient, and (vi) if the practitioner is performing such monitoring or maintenance in a hospital setting, is approved by a committee of the hospital that is responsible for critical care. The practice of respiratory therapy is not limited to the hospital setting; and

[(c)**]** (3) "Respiratory care practitioner" means a person who is licensed to practice respiratory care in this state pursuant to section 20-162o, as amended by this act, and who may transcribe and implement written and verbal orders for respiratory care issued by a physician licensed pursuant to chapter 370, or a physician assistant licensed pursuant to chapter 370 or an advanced practice registered nurse licensed pursuant to chapter 378 who is functioning within the person's respective scope of practice.

Sec. 76. Section 20-162o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) Each person seeking licensure as a respiratory care practitioner

shall make application on forms prescribed by the commissioner, pay an application fee of one hundred ninety dollars and present to the commissioner satisfactory evidence that (1) **[**he**]** such person has successfully completed an educational program for respiratory therapists or respiratory therapy technicians which, at the time of **[**his**]** such person's completion, was accredited by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs, in cooperation with the Joint Review Committee for Respiratory Therapy Education, or was recognized by the Joint Review Committee for Respiratory Therapy Education **[**,**]** or accredited by the Commission on the Accreditation for Respiratory Care, and (2) **[**he has passed the entry level or advanced practitioner respiratory care examination**]** such person is credentialed as a certified respiratory therapist or registered respiratory therapist as demonstrated by achieving a passing score on the entry level or advanced practitioner respiratory care examination administered by the National Board for Respiratory Care. **[**, Inc., and (3) he is currently credentialed by the National Board for Respiratory Care as a certified respiratory therapy technician or registered respiratory therapist.**]**

[(b) Notwithstanding the provisions of subsection (a) of this section, the department may issue a license as a respiratory care practitioner to a person who (1) was credentialed by the National Board for Respiratory Care as a certified respiratory therapy technician not later than June 30, 1978, or as a registered respiratory therapist not later than June 30, 1971, and (2) meets the requirements of subdivisions (2) and (3) of subsection (a) of this section. Each person seeking licensure pursuant to this subsection shall make application on forms prescribed by the commissioner, pay an application fee of one hundred ninety dollars and present to the commissioner satisfactory evidence of his credentialing by said board.**]**

[(c)**]** (b) Notwithstanding the provisions of subsection (a) of this section, the department may issue a license as a respiratory care practitioner to a person who (1) has been registered as a respiratory therapist by the Canadian Society of Respiratory Therapists, (2) has passed the clinical simulation examination of the National Board for Respiratory Care, and (3) is currently credentialed by said board as a registered respiratory therapist. Each person seeking licensure pursuant to this subsection shall make application on forms prescribed by the commissioner, pay an application fee of one hundred ninety dollars and present to the commissioner satisfactory evidence of his credentialing by said society and said board.

[(d)**]** (c) The department may, upon receipt of an application for respiratory care licensure, accompanied by the licensure application fee of one hundred ninety dollars, issue a temporary permit to a person who has completed an educational program in respiratory care which satisfies the requirements of subdivision (1) of subsection (a) of this section. Such temporary permit shall authorize the permittee to practice as a respiratory care practitioner under the supervision of a person licensed pursuant to this section. Such practice shall be limited to those settings where the licensed supervisor is physically present on the premises and is immediately available to render assistance and supervision as needed, to the permittee. Such temporary permit shall be valid from the date of issuance of same until the date of issuance of the results of the first examination administered pursuant to subdivision (2) of subsection (a) of this section, following the permittee's completion of said educational program in respiratory care. Such permit shall remain valid for each person who passes said examination until the permittee receives their license from the department. Such permit shall become void and shall not be reissued in the event that the permittee fails to pass said examination. No permit shall be issued to any person who has previously failed said examination or who is the subject of an unresolved complaint or

pending professional disciplinary action. Violation of the restrictions on practice set forth in this section may constitute a basis for denial of licensure as a respiratory care practitioner.

[(e) Notwithstanding the provisions of subsection (a) of this section, from July 1, 1995, until July 1, 1996, a person seeking licensure pursuant to this section may present to the department satisfactory evidence that he has, from July 1, 1980, until July 1, 1995, practiced as a respiratory care practitioner for at least ten years and has been determined eligible by the National Board for Respiratory Care, Inc. to sit for the examination required pursuant to subdivision (2) of subsection (a) of this section, provided any license issued pursuant to this subsection shall become void on October 1, 1997, unless the person has, on or before that date, presented to the department satisfactory evidence that he has met the requirements of subdivisions (2) and (3) of subsection (a) of this section.**]**

[(f)**]** (d) Licenses shall be renewed annually in accordance with the provisions of section 19a-88, as amended by this act. The fee for renewal shall be one hundred five dollars.

[(g)**]** (e) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or territory.

[(h)**]** (f) The commissioner may adopt regulations in accordance with the provisions of chapter 54 to administer provisions of sections 20-162n to 20-162q, inclusive, as amended by this act.

Sec. 77. Subsection (b) of section 20-162r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(b) Except as otherwise provided in this section, for registration

periods beginning on and after **[**October 1, 2007**]** January 1, 2019, a licensee applying for license renewal shall earn a minimum of **[**six**]** ten hours of continuing education within the preceding registration period. Such continuing education shall (1) be directly related to respiratory therapy; **[**and**]** (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include a minimum of at least five hours of real-time education with opportunities for live interaction, including, but not limited to, in-person conferences or real-time webinars. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Association for Respiratory Care, regionally accredited institutions of higher education, or a state or local health department.

Sec. 78. Subsection (f) of section 20-162r of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(f) Any licensee whose license has become void pursuant to section 19a-88, as amended by this act, and who applies to the department for reinstatement of such license pursuant to section 19a-14, as amended by this act, shall submit evidence documenting successful completion of **[**six**]** ten contact hours of qualifying continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 79. Subsection (b) of section 20-12c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(b) A physician may function as a supervising physician for as many physician assistants as is medically appropriate under the circumstances, provided **[**(1)**]** the supervision is active and direct. **[**, and (2) the physician is supervising not more than six full-time physician assistants concurrently, or the part-time equivalent thereof.**]**

Sec. 80. (NEW) (*Effective July 1, 2018*) (a) Each local or regional board of education shall request that each child enrolled in the public schools submit to an oral health assessment pursuant to the provisions of this section. Such oral health assessment shall be conducted by (1) a dentist licensed pursuant to chapter 379 of the general statutes, (2) a dental hygienist licensed pursuant to chapter 379a of the general statutes, (3) a legally qualified practitioner trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health, (4) a physician assistant licensed pursuant to chapter 370 of the general statutes and trained in conducting an oral health assessment as part of such a training program, or (5) an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes and trained in conducting an oral health assessment of such a training program. No oral health assessment shall be made of any child enrolled in the public schools unless the parent or guardian of such child consents to such assessment and such assessment is made in the presence of the child's parent or guardian or in the presence of another school employee. The parent or guardian of such child shall receive prior written notice and shall have a reasonable opportunity to opt his or her child out of such assessment, be present at such assessment or provide for such assessment himself or herself. A local or regional board of education may not deny enrollment or continued attendance in public school to any child who does not submit to an oral health assessment pursuant to this section.

(b) Each local or regional board of education shall request that each child submit to an oral health assessment pursuant to subsection (a) of this section prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant

or advanced practice registered nurse. The assessment form shall include a check box for the provider conducting the assessment, as described in subsection (a) of this section, to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.

(c) If a local or regional board of education hosts a free oral health assessment event at which a provider described in subsection (a) of this section performs an oral health assessment of children attending a public school, the local or regional board of education shall notify the parents and guardians of the children attending the school in advance of the event. Each parent and guardian shall have the opportunity to opt his or her child out of the oral health assessment event. Each child whose parent did not opt him or her out of the oral health assessment event shall receive an oral health assessment, as prescribed in subsection (b) of this section, free of charge. No child shall receive dental treatment of any kind as part of the oral health assessment event unless the child's parent or guardian provides informed consent for such treatment.

(d) The results of an oral health assessment performed pursuant to this section shall be recorded on a form supplied by the State Board of Education. Such information shall be included in the cumulative health record of each pupil who submitted to an oral health assessment and kept on file in the school such pupil attends. Each dentist, dental hygienist, legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who performs an oral health assessment pursuant to this section shall completely fill out and sign the form and any recommendations of the dentist, dental hygienist, legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse concerning the pupil shall be in

writing.

(e) Appropriate school health personnel shall review the results of each oral health assessment recorded pursuant to subsection (d) of this section. When, in the judgment of such school health personnel, a pupil is in need of further testing or treatment, the superintendent of schools shall give written notice to the parent or guardian of such pupil and shall make reasonable efforts to ensure that further testing or treatment is provided. Such reasonable efforts shall include a determination of whether or not the parent or guardian has obtained the necessary testing or treatment for the pupil and, if not, advising the parent or guardian as to how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded pursuant to subsection (d) of this section and shall be reviewed by school health personnel pursuant to this subsection.

Sec. 81. Section 10-209 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(a) No record of any medical examination made or filed under the provisions of sections 10-205, 10-206, as amended by this act, 10-207 and 10-214, **[**or of any**]** psychological examination made under the supervision or at the request of a board of education, or oral health assessment conducted under section 80 of this act shall be open to public inspection.

(b) Each health care provider, as defined in section 19a-7h, who has provided immunizations pursuant to section 10-204a, **[**and**]** each health care provider as described in section 10-206, as amended by this act, who has provided health assessments pursuant to section 10-206, as amended by this act, and each dentist, dental hygienist, legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has provided an oral health assessment pursuant to section 80 of this act, to a child who is seeking to enroll in a

public school in this state shall provide reports of such immunizations, **[**and**]** health assessments and oral health assessments to the designated representative of the local or regional school district governing the school in which the child seeks to enroll. Such health care providers shall also report the results of health assessments required pursuant to section 10-206, as amended by this act, and report on immunizations provided pursuant to section 10-204a to such representative for each child enrolled in such public school. Such dentists, dental hygienists, legally qualified practitioners of medicine, physician assistants and advanced practice registered nurses shall also report the results of oral health assessments performed under section 80 of this act to such representative for each child enrolled in such public school. Each local and regional board of education shall annually designate a representative to receive such reports from health care providers.

Sec. 82. Subdivision (2) of subsection (a) of section 20-126*l* of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2018*):

(2) "Public health facility" means an institution, as defined in section 19a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education, **[**or**]** a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children or a licensed child care center, as described in section 19a-77;

Sec. 83. Subsection (a) of section 20-112a of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) As used in this section:

(1) "Direct supervision" means a licensed dentist has authorized certain procedures to be performed on a patient by a dental assistant or

an expanded function dental assistant with such dentist remaining on-site in the dental office or treatment facility while such procedures are being performed by the dental assistant or expanded function dental assistant and that, prior to the patient's departure from the dental office, such dentist reviews and approves the treatment performed by the dental assistant or expanded function dental assistant;

(2) "Indirect supervision" means a licensed dentist is in the dental office or treatment facility, has personally diagnosed the condition, planned the treatment, authorized the procedures to be performed and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant or expanded function dental assistant and evaluates the performance of the dental assistant or expanded function dental assistant;

(3) "Dental assistant" means a person who: (A) Has (i) completed on-the-job training in dental assisting under direct supervision, (ii) successfully completed a dental assistant education program accredited by the American Dental Association's Commission on Dental Accreditation, or (iii) successfully completed a dental assistant education program that is accredited or recognized by any national or regional accrediting agency recognized by the United States Department of Education; and (B) meets any requirements established by the Commissioner of Public Health in regulations adopted pursuant to subsection (f) of this section; **[**and**]**

(4) "Expanded function dental assistant" means a dental assistant who has passed the Dental Assisting National Board's certified dental assistant or certified orthodontic assistant examination and then successfully completed: (A) An expanded function dental assistant program at an institution of higher education that is accredited by the Commission on Dental Accreditation of the American Dental Association that includes (i) educational courses relating to didactic and laboratory preclinical objectives for skills used by an expanded

function dental assistant and that requires demonstration of such skills prior to advancing to clinical practice, (ii) not less than four hours of education in the area of ethics and professional standards for dental professionals, and (iii) a comprehensive clinical examination administered by the institution of higher education at the conclusion of such program; and (B) a comprehensive written examination concerning certified preventive functions and certified restorative functions administered by the Dental Assisting National Board; and

(5) "Fluoride varnish treatment" means the application of a highly concentrated form of fluoride to the surface of the teeth.

Sec. 84. Subdivision (1) of subsection (c) of section 20-112a of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(c) (1) A licensed dentist may delegate to dental assistants such dental procedures as the dentist may deem advisable, including: (A) The taking of dental x-rays if the dental assistant can demonstrate successful completion of the dental radiation health and safety examination administered by the Dental Assisting National Board; **[**and**]** (B) the taking of impressions of teeth for study models; and (C) the provision of fluoride varnish treatments. Such procedures shall be performed under direct supervision and the dentist providing direct supervision shall assume responsibility for such procedures.

Sec. 85. Sections 19a-59e, 21-7, 31-43 and 38a-558 of the general statutes are repealed. (*Effective October 1, 2018*)

Approved June 13, 2018