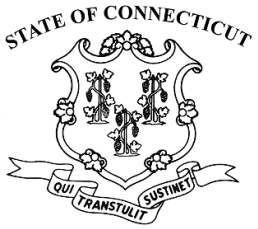


***Substitute House Bill No. 5290***

# *Public Act No. 24-68*

***AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.***

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

Section 1. Subsection (c) of section 7-48 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(c) (1) When a birth occurs outside an institution, the certificate shall be prepared and filed by the physician or midwife in attendance at or immediately after the birth or, in the absence of such a person, by the **[**father or mother**]** parent of the child, pursuant to the provisions of section 19a-41-1 of the regulations of Connecticut state agencies.

(2) If the parent is unable to provide the information required to prepare and file the certificate pursuant to the provisions of section 19a-41-1 of the regulations of Connecticut state agencies, such parent may, prior to the child's first birthday, petition the court of probate for the district where the birth is alleged to have occurred for an order requiring the registrar of vital statistics for the town where the birth occurred to create and file the certificate. The petitioner shall include with the petition the affidavits and other documentary evidence submitted to the registrar pursuant to the provisions of section 19a-41-1 of the regulations

of Connecticut state agencies. Such court shall schedule a hearing and cause notice of the hearing to be given to the following persons: (A) The petitioner; (B) the parent or legal guardian of the child, if the parent or legal guardian are not the petitioner; (C) the registrar; and (D) any other person as the court may determine has an interest in the hearing. The registrar or the registrar's authorized representative may appear and testify at such hearing. The petitioner shall have the burden of proving the parentage of the child and that the birth occurred on the date and at the place alleged by the petitioner. If the court finds by a preponderance of the evidence the parentage of the child and that the birth occurred on the date and at the place alleged by the petitioner, the court shall issue an order directing the registrar to prepare, register and file the certificate.

(3) In any proceeding under subdivision (2) of this subsection, the court, on the motion of any party or on the court's own motion, may order genetic testing, as provided in sections 46b-495 to 46b-500, inclusive, to determine parentage. The petitioner shall be responsible for the cost of any such genetic test required by the court, except the department shall pay such cost for any petitioner who is found by the court to be indigent. If the results of such test indicate a ninety-nine per cent or greater probability that a person is the parent of the child for whom a registration of birth is sought, the results shall constitute a rebuttable presumption that the person is, in fact, the parent of the child for whom a registration of birth is sought.

Sec. 2. Subdivision (1) of subsection (a) of section 7-51 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) (1) The department and registrars of vital statistics shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (A) The person whose birth is recorded, if such person is (i) over

eighteen years of age, (ii) a certified homeless youth, as defined in section 7-36, as amended by this act, or (iii) a minor emancipated pursuant to sections 46b-150 to 46b-150e, inclusive; (B) such person's child, grandchild, spouse, parent, legal guardian, legal custodian or grandparent; (C) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (D) the local director of health for the town or city where the birth or fetal death occurred or where the person who gave birth was a resident at the time of the birth or fetal death, or the director's authorized agent; (E) attorneys-at-law representing such person or such person's parent, guardian, child or surviving spouse; (F) a conservator of the person appointed for such person; (G) a member of a genealogical society incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state; (H) an agent of a state or federal agency as approved by the department; and (I) a researcher approved by the department pursuant to section 19a-25.

Sec. 3. Section 8-3i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section "water company" means a water company, as defined in section 25-32a, and "petition" includes a petition or proposal to change the regulations, boundaries or classifications of zoning districts.

(b) When an application, petition, request or plan is filed with the zoning commission, planning and zoning commission or zoning board of appeals of any municipality concerning any **[**project on any site that**]** land, all or a portion of which is within the aquifer protection area delineated pursuant to section 22a-354c or the watershed of a water company, the applicant or the person making the filing shall: (1) Provide written notice of the application, petition, request or plan to the water company and the Department of Public Health; and (2) determine if the **[**project**]** land is within the watershed of a water company by consulting

the maps posted on the department's Internet web site showing the boundaries of the watershed. Such applicant shall send such notice to the water company by certified mail, return receipt requested, and to the department by electronic mail to the electronic mail address designated on its Internet web site for receipt of such notice. Such applicant shall mail such notice not later than seven days after the date of the application. Such water company and the Commissioner of Public Health may, through a representative, appear and be heard at any hearing on any such application, petition, request or plan.

(c) Notwithstanding the provisions of subsection (b) of this section, when an agent of the zoning commission, planning and zoning commission or zoning board of appeals is authorized to approve an application, petition, request or plan concerning any **[**site**]** land that is within the aquifer protection area delineated pursuant to section 22a-354c or the watershed of a water company without the approval of the zoning commission, planning and zoning commission or zoning board of appeals, and such agent determines that the proposed activity will not adversely affect the public water supply, the applicant or person making the filing shall not be required to notify the water company or the Department of Public Health.

Sec. 4. Subsections (a) and (b) of section 19a-6i of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such

terms are defined in section 19a-6r, and (3) other topics of relevance to the school-based health centers and expanded school sites, as requested by the commissioner.

(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 one of whom shall be a representative of a school-based health center that is sponsored by a hospital, a staff member of a children's hospital or a pediatric health care clinician;

(8) Three appointed by the Commissioner of Public Health, 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;

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

(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. 5. Section 19a-36i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) No person, firm or corporation shall operate or maintain any food

establishment where food or beverages are served or sold to the public in any town, city or borough without obtaining a valid permit to operate from the director of health of such town, city or borough, in a form and manner prescribed by the director of health. The director of health shall issue a permit to operate a food establishment upon receipt of an application if the food establishment meets the requirements of this section. All food establishments shall comply with the food code.

(b) All food establishments shall be inspected by a certified food inspector in a form and manner prescribed by the commissioner. The Commissioner of Public Health may, **[**in consultation with**]** after notifying the Commissioner of Consumer Protection, grant a variance for the requirements of the food code if the Commissioner of Public Health determines that such variance would not result in a health hazard or nuisance.

**[**(c) No permit to operate a food establishment shall be issued by a director of health unless the applicant has provided the director of health with proof of registration with the department and a written application for a permit in a form and manner prescribed by the department. Temporary food establishments and certified farmers' markets, as defined in section 22-6r, shall be exempt from registering with the Department of Public Health.**]**

**[**(d)**]** (c) 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: (1) All employees are in compliance with the requirements of this section; (2) foods are safely prepared in accordance with the requirements of the food code; (3) emergencies are managed properly; (4) a food inspector is admitted into the food establishment upon request; and (5) he or she receives and signs inspection reports.

**[**(e)**]** (d) The commissioner shall collaborate with the directors of health to develop a process that allows for the reciprocal licensing of an itinerant food vending establishment that has obtained a valid permit or license under subsection (a) of this section and seeks to operate as an itinerant food vending establishment in another town, city or borough. Not later than December 1, 2021, the commissioner shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, of the process developed pursuant to this subsection. Not later than January 1, 2022, the commissioner and each director of health shall implement such process.

Sec. 6. Subdivision (1) of subsection (g) of section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(g) (1) The Department of Public Health shall administer a secure on-line license renewal system for persons holding a license **[**to practice medicine or surgery under chapter 370, dentistry under chapter 379, nursing under chapter 378 or nurse-midwifery under chapter 377**]** under chapters 370 to 373, inclusive, 375 to 378, inclusive, 379 to 381b, inclusive, 382a, 383 to 383d, inclusive, 383f to 388, inclusive, 393a, 395, 397a to 399, inclusive, 400a and 400c. The department shall require such persons to renew their licenses using the on-line renewal system and to

pay professional services fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account, except in extenuating circumstances, including, but not limited to, circumstances in which a licensee does not have access to a credit card and submits a notarized affidavit affirming that fact, the department may allow the licensee to renew his or her license using a paper form prescribed by the department and pay professional service fees by check or money order.

Sec. 7. Subsections (b) and (c) of section 19a-580h of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Commissioner of Public Health shall establish a state-wide program to implement the use of medical orders for life-sustaining treatment by health care providers. Patient participation in the program shall be voluntary. An agreement to participate in the program shall be documented by the signature of the patient or the patient's legally authorized representative on the medical order for **[**life sustaining**]** life-sustaining treatment form. **[**and verified by the signature of a witness.**]**

(c) Notwithstanding the provisions of sections 19a-495 and 19a-580d and the regulations adopted thereunder, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, for the program established in accordance with this section to ensure that: (1) Medical orders for life-sustaining treatment are transferrable among, and recognized by, various types of health care institutions subject to any limitations set forth in federal law; (2) any procedures and forms developed for recording medical orders for life-sustaining treatment require the signature of the patient or the patient's legally authorized representative **[**and a witness**]** on the medical order for life-sustaining treatment and the patient or the patient's legally authorized representative is given the original order immediately after signing such order and a copy of such order is immediately placed in

the patient's medical record; (3) prior to requesting the signature of the patient or the patient's legally authorized representative on such order, the physician, advanced practice registered nurse or physician assistant writing the medical order discusses with the patient or the patient's legally authorized representative the patient's goals for care and treatment and the benefits and risks of various methods for documenting the patient's wishes for end-of-life treatment, including medical orders for life-sustaining treatment; and (4) each physician, advanced practice registered nurse or physician assistant that intends to write a medical order for life-sustaining treatment receives training concerning: (A) The importance of talking with patients about their personal treatment goals; (B) methods for presenting choices for end-of-life care that elicit information concerning patients' preferences and respects those preferences without directing patients toward a particular option for end-of-life care; (C) the importance of fully informing patients about the benefits and risks of an immediately effective medical order for life-sustaining treatment; (D) awareness of factors that may affect the use of medical orders for life-sustaining treatment, including, but not limited to, advanced health care directives, race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness and geographic area of residence; and (E) procedures for properly completing and effectuating medical orders for life-sustaining treatment.

Sec. 8. Section 20-123b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) On and after the effective date of the regulations adopted in accordance with subsection **[**(d)**]** (e) of this section, no dentist licensed under this chapter shall use moderate sedation, deep sedation or general anesthesia, as these terms are defined in section 20-123a, on any patient unless such dentist has a permit, currently in effect, issued by the

commissioner, initially for a period of twelve months and renewable annually thereafter, authorizing the use of such moderate sedation, deep sedation or general anesthesia. A dentist may use minimal sedation, as defined in section 20-123a, without obtaining a permit issued by the commissioner.

(b) No applicant shall be issued **[**a permit initially**]** an initial permit or reinstatement of a lapsed permit as required in subsection (a) of this section unless (1) the commissioner approves the results of an on-site evaluation of the applicant's facility conducted in consultation with the Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state, (2) the commissioner is satisfied that the applicant is in compliance with guidelines in the American Dental Association Guidelines for Teaching and the Comprehensive Control of Pain and Anxiety in Dentistry or successor guidelines, and (3) such initial application includes payment of a fee in the amount of two hundred dollars. An applicant who has obtained an initial permit or reinstatement of a lapsed permit as required by subsection (a) of this section may administer moderate sedation or general anesthesia at an additional facility, provided such facility has had an approved on-site evaluation conducted in consultation with the Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner and such evaluation is conducted without cost to the state. The commissioner may waive the on-site evaluation of any additional facility, provided such facility has been evaluated in accordance with subdivision (1) of this subsection in the preceding five years. Any dentist requesting a waiver shall apply in writing to the commissioner in a form and manner prescribed by the commissioner. The commissioner may impose any conditions deemed appropriate on the granting of a waiver or revoke any waiver if the commissioner finds that

the health, safety or welfare of any patient has been jeopardized.

(c) The commissioner may renew such permit annually, provided (1) application for renewal is received by the commissioner not later than three months after the date of expiration of such permit, (2) payment of a renewal fee of two hundred dollars is received with such application, and (3) an on-site evaluation of the dentist's facility **[**is**]** has been conducted in the preceding five years in consultation with The Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state on a schedule established in regulations adopted pursuant to this section and the commissioner approves the results of each such evaluation.

(d) The commissioner, in consultation with the Anesthesia Committee of the Connecticut Society of Oral and Maxillo-Facial Surgeons, shall post a list of office equipment, personnel and emergency medications that are required to be maintained at a facility that administers moderate sedation, deep sedation or general anesthesia on the department's Internet web site and distribute such list to each permitted dentist in the state. A dentist who has obtained a permit pursuant to the provisions of this section shall maintain such equipment, personnel and emergency medications at each such facility.

**[**(d)**]** (e) The commissioner, with the advice and assistance of the State Dental Commission, shall adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section.

**[**(e)**]** (f) The commissioner or the State Dental Commission may deny or revoke a permit based on disciplinary action taken against a dentist pursuant to the provisions of section 20-114.

Sec. 9. Subsection (n) of section 25-32 of the 2024 supplement to the

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

(n) (1) On and after the effective date of regulations adopted under this subsection, no person **[**may**]** shall operate any water treatment plant, water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, **[**or**]** perform a cross connection survey without a certificate issued by the commissioner under this subsection or operate any water treatment plant or water distribution system as an operator-in-training unless such person is issued a certificate by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators and operators-in-training of such water treatment plants **[**,**]** and water distribution systems and operators of small water systems, including, but not limited to, standards and procedures for the department's approval of third parties to administer certification examinations to such operators and operators-in-training; (C) procedures for the renewal of such certificates to operators every three years; (D) standards for training required for the issuance or renewal of a certificate; (E) standards and procedures for the department's approval of course providers and courses of study as they relate to certified operators and certified operators-in-training of water treatment plants **[**,**]** and water distribution systems and certified operators of small water systems and certified persons who test backflow prevention devices or perform cross connection surveys for initial and renewal applications; and (F) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the

United States Environmental Protection Agency. For purposes of this subsection, "small water system" means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, as amended by this act, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, as amended by this act, against an operator, an operator-in-training, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's or certified operator-in-training's professional activities; (C) incompetent, negligent or illegal performance of the certified operator's or certified operator-in-training's professional activities; (D) conviction of the certified operator or certified operator-in-training for a felony; or (E) failure of the certified operator or certified operator-in-training to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, or operator-in-training certificate for a water treatment plant or water distribution system, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification

course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date, except a certificate issued for an operator-in-training pursuant to this section shall expire six years from the date of issuance and shall not be renewable. The commissioner may renew a certificate, other than a certificate for an operator-in-training, for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Sec. 10. Section 7-36 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in this chapter and sections 19a-40 to 19a-45, inclusive, 19a-320, as amended by this act, 19a-322, as amended by this act, and 19a-323, as amended by this act, unless the context otherwise requires:

(1) "Registrar of vital statistics" or "registrar" means the registrar of births, marriages, deaths and fetal deaths or any public official charged with the care of returns relating to vital statistics;

(2) "Registration" means the process by which vital records are completed, filed and incorporated into the official records of the department;

(3) "Institution" means any public or private facility that provides inpatient medical, surgical or diagnostic care or treatment, or nursing, custodial or domiciliary care, or to which persons are committed by law;

(4) "Vital records" means a certificate of birth, death, fetal death or marriage;

(5) "Certified copy" means a copy of a birth, death, fetal death or marriage certificate that (A) includes all information on the certificate except such information that is nondisclosable by law, (B) is issued or transmitted by any registrar of vital statistics, (C) includes an attested signature and the raised seal of an authorized person, and (D) if submitted to the department, includes all information required by the commissioner;

(6) "Uncertified copy" means a copy of a birth, death, fetal death or marriage certificate that includes all information contained in a certified copy except an original attested signature and a raised seal of an authorized person;

(7) "Authenticate" or "authenticated" means to affix to a vital record in paper format the official seal, or to affix to a vital record in electronic format the user identification, password, or other means of electronic identification, as approved by the department, of the creator of the vital record, or the creator's designee, by which affixing the creator of such paper or electronic vital record, or the creator's designee, affirms the integrity of such vital record;

(8) "Attest" means to verify a vital record in accordance with the provisions of subdivision (5) of this section;

(9) "Correction" means to change or enter new information on a certificate of birth, marriage, death or fetal death, within one year of the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of such vital event, where such changes or entries are to correct errors on such certificate due to inaccurate or incomplete information provided by the informant at the time the certificate was prepared, or to correct transcribing,

typographical or clerical errors;

(10) "Amendment" means to (A) change or enter new information on a certificate of birth, marriage, death or fetal death, more than one year after the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of the event, (B) create a replacement certificate of birth for matters pertaining to parentage and gender change, (C) create a replacement certificate of marriage for matters pertaining to gender change, or (D) reflect a legal name change in accordance with section 19a-42 or make a modification to a cause of death;

(11) "Acknowledgment of paternity" means to legally acknowledge paternity of a child pursuant to section 46b-570;

(12) "Adjudication of paternity" means to legally establish paternity through an order of a court of competent jurisdiction;

(13) "Parentage" includes matters relating to adoption, surrogacy agreements, paternity and maternity;

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

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

(16) "Surrogacy agreement" means an agreement between one or more intended parents and a person who is not an intended parent in which such person agrees to become pregnant through assisted reproduction and which provides that each intended parent is a parent of a child conceived under the agreement. Unless the context otherwise requires, "surrogacy agreement" includes an agreement with a person acting as a gestational surrogate and an agreement with a person acting as a genetic surrogate;

(17) "Intended parent" means a person, married or unmarried, who manifests an intent to be legally bound as a parent of a child conceived by assisted reproduction;

(18) "Foundling" means (A) a child of unknown parentage, or (B) an infant voluntarily surrendered pursuant to the provisions of section 17a-58;

(19) "Certified homeless youth" means a person who is at least fifteen years of age but less than eighteen years of age, is not in the physical custody of a parent or legal guardian, who is a homeless child or youth, as defined in 42 USC 11434a, as amended from time to time, and who has been certified as homeless by (A) a school district homeless liaison, (B) the director of an emergency shelter program funded by the United States Department of Housing and Urban Development, or the director's designee, (C) the director of a runaway or homeless youth basic center or transitional living program funded by the United States Department of Health and Human Services, or the director's designee, or (D) the director of a program of a nonprofit organization or municipality that is contracted with the homeless youth program established pursuant to section 17a-62a; **[**and**]**

(20) "Certified homeless young adult" means a person who is at least eighteen years of age but less than twenty-five years of age who has been certified as homeless by (A) a school district homeless liaison, (B) the director of an emergency shelter program funded by the United States Department of Housing and Urban Development, or the director's designee, (C) the director of a runaway or homeless youth basic center or transitional living program funded by the United States Department of Health and Human Services, or the director's designee, or (D) the director of a program of a nonprofit organization or municipality that is contracted with the homeless youth program established pursuant to section 17a-62a;

(21) "Cremation" means the disposition of a body through incineration or alkaline hydrolysis; and

(22) "Crematory" means an establishment at which human remains are reduced to bone fragments through incineration or alkaline hydrolysis.

Sec. 11. Section 19a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any resident of this state, or any corporation formed under the law of this state, may erect, maintain and conduct a crematory in this state and provide the necessary appliances and facilities for the disposal by incineration of the bodies of the dead, in accordance with the provisions of this section. The location of such crematory shall be within the confines of an established cemetery containing not less than twenty acres, which cemetery shall have been in existence and operation for at least five years immediately preceding the time of the erection of such crematory, or shall be within the confines of a plot of land approved for the location of a crematory by the selectmen of any town, the mayor and council or board of aldermen of any city and the warden and burgesses of any borough; provided, in any town, city or borough having a zoning commission, such commission shall have the authority to grant such approval. On and after July 1, 2017, no new crematory shall be located within five hundred feet of any residential structure or land for residential purposes not owned by the owner of the crematory.

(b) Application for such approval shall be made in writing to the local authority specified in subsection (a) of this section and a hearing shall be held within the town, city or borough in which such location is situated within sixty-five days from the date of receipt of such application. Notice of such hearing shall be given to such applicant by mail, postage paid, to the address given on the application, and to the Commissioner of Public Health, and by publication twice in a

newspaper having a substantial circulation in the town, city or borough at intervals of not less than two days, the first being not more than fifteen days or less than ten days, and the second being not less than two days before such hearing. The local authority shall approve or deny such application within sixty-five days after such hearing, provided an extension of time not to exceed a further period of sixty-five days may be had with the consent of the applicant. The grounds for its action shall be stated in the records of the authority. Each applicant shall pay a fee of ten dollars, together with the costs of the publication of such notice and the reasonable expense of such hearing, to the treasurer of such town, city or borough.

(c) (1) No such crematory shall be erected until the plans therefor have been filed with and approved by the Department of Public Health; and no such crematory shall be used until it has been inspected and received a certificate of inspection by said department and a fee of one thousand two hundred fifty dollars is paid to the Department of Public Health for its inspection and approval.

(2) Each holder of an inspection certificate 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 three hundred fifteen dollars. If the department issues to such applicant such an inspection certificate, the same shall be valid until July first next following, unless revoked or suspended.

(3) Upon receipt of an application for a renewal of such certificate, the Department of Public Health shall make an inspection of each crematory.

(4) A crematory shall be open at all times for inspection by the Department of Public Health. The department may make inspections whenever it deems advisable.

(5) If, upon inspection by the Department of Public Health, it is found that such crematory is in such condition as to be detrimental to public health, the department shall give to the applicant or operator of the crematory notice and opportunity for hearing as provided in regulations adopted by the Commissioner of Public Health, in accordance with the provisions of chapter 54. The commissioner may, after such hearing, revoke, suspend or refuse to issue or renew any such certificate upon cause found at hearing. Any person aggrieved by the finding of or action taken by the Department of Public Health may appeal therefrom in accordance with the provisions of section 4-183.

(6) 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.

(d) A crematory that performs alkaline hydrolysis shall be located on the grounds of a funeral home licensed under chapter 385.

Sec. 12. Section 19a-322 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The managers of each crematory shall keep books of record, which shall be open at reasonable times for inspection, in which shall be entered the name, age, sex and residence of each person whose body is cremated, together with the authority for such cremation and the disposition of the ashes. The owner or superintendent shall complete the cremation permit required by section 19a-323, as amended by this act, retain a copy for record and immediately forward the original permit to the registrar of the town in which the death occurred. The registrar shall keep the cremation permit on file and record it with other vital statistics. When any body is removed from this state for the purpose of cremation, the person having the legal custody and control of such body shall cause a certificate to be procured from the person in charge of the crematory in which such body is **[**incinerated**]** cremated,

stating the facts called for in this section, and cause such certificate to be filed for record with the registrar of the town in which the death occurred. Each crematory shall retain on its premises, for not less than three years after final disposition of cremated remains, books of record, copies of cremation permits, cremation authorization documentation and documentation of receipt of cremated remains.

Sec. 13. Section 19a-323 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The body of any deceased person may be disposed of by **[**incineration or**]** cremation in this state or may be removed from the state for such purpose.

(b) If death occurred in this state, the death certificate required by law shall be filed with the registrar of vital statistics for the town in which such person died, if known, or, if not known, for the town in which the body was found. The Chief Medical Examiner, Deputy Chief Medical Examiner, associate medical examiner, an authorized assistant medical examiner or other authorized designee shall complete the cremation certificate, stating that such medical examiner or other authorized designee has made inquiry into the cause and manner of death and is of the opinion that no further examination or judicial inquiry is necessary. The cremation certificate shall be submitted to the registrar of vital statistics of the town in which such person died, if known, or, if not known, of the town in which the body was found, or with the registrar of vital statistics of the town in which the funeral director having charge of the body is located. Upon receipt of the cremation certificate, the registrar shall authorize such certificate, keep such certificate on permanent record, and issue a cremation permit, except that if the cremation certificate is submitted to the registrar of the town where the funeral director is located, such certificate shall be forwarded to the registrar of the town where the person died to be kept on permanent record. If a cremation permit must be obtained during the hours that the

office of the local registrar of the town where death occurred is closed, a subregistrar appointed to serve such town may authorize such cremation permit upon receipt and review of a properly completed cremation permit and cremation certificate. A subregistrar who is licensed as a funeral director or embalmer pursuant to chapter 385, or the employee or agent of such funeral director or embalmer shall not issue a cremation permit to himself or herself. A subregistrar shall forward the cremation certificate to the local registrar of the town where death occurred, not later than seven days after receiving such certificate. The estate of the deceased person, if any, shall pay the sum of one hundred fifty dollars for the issuance of the cremation certificate, provided the Office of the Chief Medical Examiner shall not assess any fees for costs that are associated with the cremation of a stillborn fetus or the body of a deceased person under the age of eighteen. Upon request of the Chief Medical Examiner, the Secretary of the Office of Policy and Management may waive payment of such cremation certificate fee. No cremation certificate shall be required for a permit to cremate the remains of bodies pursuant to section 19a-270a. When the cremation certificate is submitted to a town other than that where the person died, the registrar of vital statistics for such other town shall ascertain from the original removal, transit and burial permit that the certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Public Health Code and that the entry regarding the place of disposal is correct. Whenever the registrar finds that the place of disposal is incorrect, the registrar shall issue a corrected removal, transit and burial permit and, after inscribing and recording the original permit in the manner prescribed for sextons' reports under section 7-66, shall then immediately give written notice to the registrar for the town where the death occurred of the change in place of disposal stating the name and place of the crematory and the date of cremation. Such written notice shall be sufficient authorization to correct these items on the original certificate of death. The fee for a cremation permit shall be five dollars

and for the written notice one dollar. The Department of Public Health shall provide forms for cremation permits, which shall not be the same as for regular burial permits and shall include space to record information about the intended manner of disposition of the cremated remains, and such blanks and books as may be required by the registrars.

(c) If the body of a deceased person is brought into this state for cremation and is accompanied by a permit for final disposition issued by a legally constituted authority of the state from which the body was brought, indicating cremation for the body, such permit shall be sufficient authority to cremate the body and no additional cremation certificate or permit shall be required.

(d) No body shall be cremated until at least forty-eight hours after death, unless such death was the result of communicable disease, and no body shall be received by any crematory <u>that performs incineration</u> unless accompanied by the permit provided for in this section. <u>Alkaline hydrolysis shall not be performed without the permit provided for in this section.</u>

Sec. 14. Section 20-207 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in this chapter, unless the context otherwise requires, the following terms shall have the meanings specified:

(1) "Board" means the Connecticut Board of Examiners of Embalmers and Funeral Directors;

(2) "Person" means an individual or corporation, but not a partnership;

(3) "Funeral directing" means the business, practice or profession, as commonly practiced, of (A) directing or supervising funerals, or

providing funeral services; (B) handling or encasing or providing services for handling and encasing dead human bodies, otherwise than by embalming, for burial or disposal; (C) providing embalming services; (D) providing transportation, interment and disinterment of dead human bodies; (E) maintaining an establishment so located, constructed and equipped as to permit the decent and sanitary handling of dead human bodies, with suitable equipment in such establishment for such handling; (F) conducting an establishment from which funerals may be held; (G) engaging in consultations concerning arrangements for the disposition of human remains, including, but not limited to, arrangements for cremation; **[**or alkaline hydrolysis;**]** (H) casketing human remains; (I) making cemetery and cremation arrangements; and (J) preparing funeral service contracts, as defined in section 42-200;

(4) "Funeral director" means any person engaged or holding himself or herself out as engaged in funeral directing whether or not he or she uses in connection with his or her name or business the words "funeral director," "undertaker" or "mortician" or any other word or title intended to designate him or her as a funeral director or mortician or as one so engaged;

(5) "Funeral service business" means the business, practice or profession of funeral directing;

(6) "Licensed embalmer" means an embalmer holding a license as provided in this chapter;

(7) "Licensed funeral director" means a funeral director holding a license as provided in this chapter;

(8) "Registered apprentice embalmer" means a person registered with the Department of Public Health as an apprentice pursuant to the provisions of this chapter;

(9) "Registered apprentice funeral director" means a person

registered with the Department of Public Health as an apprentice pursuant to the provisions of this chapter;

(10) "Full-time employment" means regular and steady work during the normal working hours by any person at the establishment at which he is employed; **[**and**]**

(11) "Manager" means an individual who (A) is licensed as an embalmer or funeral director pursuant to this chapter and (B) has direct and personal responsibility for the daily operation and management of a funeral service business; and

(12) "Cremation" means the disposition of a body through incineration or alkaline hydrolysis.

Sec. 15. Section 19a-197a of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section, "emergency medical services personnel" means (1) any class of emergency medical technician certified pursuant to sections 20-206*ll* and 20-206mm, including, but not limited to, any advanced emergency medical technician, (2) any paramedic licensed pursuant to sections 20-206*ll* and 20-206mm, and (3) any emergency medical responder certified pursuant to sections 20-206*ll* and 20-206mm.

(b) Any emergency medical services personnel who has been trained, in accordance with national standards recognized by the Commissioner of Public Health, in the administration of epinephrine using automatic prefilled cartridge injectors, similar automatic injectable equipment or prefilled vial and syringe and who functions in accordance with written protocols and the standing orders of a licensed physician serving as an emergency **[**department**]** medical services medical director **[**may administer, on or before June 30, 2024, and**]** shall administer **[**, on and

after July 1, 2024,**]** epinephrine, if available, using such injectors, equipment or prefilled vial and syringe when the use of epinephrine is deemed necessary by the emergency medical services personnel for the treatment of a patient. All emergency medical services personnel shall receive such training **[**from an organization designated by the commissioner**]** in accordance with the national standards recognized by the commissioner, except an emergency medical responder, as defined in section 20-206jj, need only be trained to utilize means of administration of epinephrine that is within such responder's scope of practice, as determined in accordance with section 19a-179a.

(c) All licensed or certified ambulances shall be equipped with epinephrine in such injectors, equipment or prefilled vials and syringes to be administered as described in subsection (b) of this section and in accordance with written protocols and standing orders of a licensed physician serving as an emergency **[**department**]** medical services medical director.

Sec. 16. Section 19a-37 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

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

(2) "Domestic purposes" means drinking, bathing, washing of clothes and dishes, cooking and other common household chores;

(3) "First draw sample" means a one-liter sample of tap water that has been standing in plumbing pipes for not less than six hours that is collected without flushing the tap;

**[**(2)**]** (4) "Private well" means a water supply well that meets all of the

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

**[**(3)**]** (5) "Public well" means a water supply well that supplies a public water system;

**[**(4)**]** (6) "Semipublic well" means a water supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; and

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

(b) (1) The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, for the preservation of the public health pertaining to (A) protection and location of new water supply wells or springs for residential or nonresidential construction or for public or semipublic use, and (B) inspection for compliance with the provisions of municipal regulations adopted pursuant to section 22a-354p.

(2) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, for the testing of water quality in private wells and semipublic wells.

(3) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to clarify the criteria under which the commissioner may issue a well permit exception and to describe the terms and conditions that shall be imposed when a well is allowed at a premises that is connected to a public water supply system or whose boundary is located within two hundred feet of an approved

community water supply system, measured along a street, alley or easement. Such regulations shall (A) provide for notification of the permit to the public water supplier, (B) address the (i) quality of the water supplied from the well, (ii) means and extent to which the well shall not be interconnected with the public water supply, (iii) need for a physical separation and the installation of a reduced pressure device for backflow prevention, and (iv) inspection and testing requirements of any such reduced pressure device, and (C) identify the extent and frequency of water quality testing required for the well supply.

(c) (1) Any laboratory or firm which conducts a water quality test on a private well serving a residential property or semipublic well in the state shall, not later than thirty days after the completion of such test, report the results of such test to **[**(A)**]** the **[**public**]** local health authority of the municipality where the property is located **[**,**]** and **[**(B)**]** the Department of Public Health in a format specified by the department. Results submitted to the Department of Public Health or the local health authority pursuant to this subsection, information obtained from any Department of Public Health or local health authority investigation regarding those results and any Department of Public Health or local health authority study of morbidity and mortality regarding the results shall be confidential pursuant to section 19a-25, except the local health authority and the department may, if approved by the commissioner, disclose the results or information obtained from an investigation of the results to (A) the owner of the property on which the well is located, (B) a prospective buyer of such property who has signed a contract to purchase such property, (C) other persons or entities, when such disclosure is necessary to carry out a statutory or regulatory responsibility of the local health authority or department, or (D) an agent of a state agency.

(2) On and after October 1, 2022, the owner of each newly constructed private well or semipublic well shall test the water quality of such well.

Such test shall be performed by a laboratory and include, but need not be limited to, testing for coliform, nitrate, nitrite, sodium, chloride, iron, **[**lead,**]** manganese, hardness, turbidity, pH, sulfate, apparent color, odor, arsenic and uranium. If such a well is constructed for an existing structure, a first draw sample collected from the existing plumbing system shall also be tested for lead. The owner shall submit test results to the **[**Department of Public Health**]** local health authority where the well is located in a form and manner prescribed by the Commissioner of Public Health. Such local health authority shall determine whether the test results comply with the maximum contaminant levels, as prescribed by sections 19-13-B101 and 19-13-B102 of the regulations of Connecticut state agencies. A newly constructed private well or semipublic well shall not be used for domestic purposes until the local health authority determines that the test results comply with such maximum contaminant levels.

(d) Prior to the sale, exchange, purchase, transfer or rental of real property on which a private or semipublic well is located, the owner shall provide the buyer or tenant notice that educational material concerning private well testing is available on the Department of Public Health web site. If the prospective buyer or tenant has hired a real estate licensee to facilitate the property transaction, such real estate licensee, or, if the prospective buyer or tenant has not hired a real estate licensee, the owner, landlord or closing attorney shall provide to the buyer or tenant an electronic or hard copy of educational material prepared by the Department of Public Health that recommends testing for the contaminants listed in subsection (c) of this section and any other recommendation concerning well testing that the Department of Public Health deems necessary. Failure to provide such notice or educational material shall not invalidate any sale, exchange, purchase, transfer or rental of real property. If the seller or landlord provides such notice or educational material in writing, the seller or landlord and any real estate licensee shall be deemed to have fully satisfied any duty to notify the

buyer or tenant.

(e) **[**No regulation may require that a**]** A certificate of occupancy for a dwelling unit on **[**such**]** a residential property shall not be withheld or revoked on the basis of a water quality test performed on a private well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply systems for any contaminant listed in the regulations of Connecticut state agencies has been exceeded. No municipality, administrative agency **[**,**]** or local health **[**district or municipal health officer may**]** authority shall establish regulations or ordinances that withhold, **[**or**]** cause to be withheld or revoke such a certificate of occupancy on the basis of a water quality test performed on a well pursuant to this section, except as provided in this section.

(f) (1) The local director of health may require a private well or semipublic well to be tested for arsenic, radium, uranium, radon or gross alpha emitters, when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (A) the existence of a geological area known to have naturally occurring arsenic, radium, uranium, radon or gross alpha emitter deposits in the bedrock; or (B) the well is located in an area in which it is known that arsenic, radium, uranium, radon or gross alpha emitters are present in the groundwater.

(2) The local director of health may require a private well or semipublic well to be tested for pesticides, herbicides or organic chemicals when there are reasonable grounds to suspect that any such contaminants might be present in the groundwater. For purposes of this subsection, "reasonable grounds" means (A) the presence of nitrate-nitrogen in the groundwater at a concentration greater than ten milligrams per liter, or (B) that the private well or semipublic well is located on land, or in proximity to land, associated with the past or present production, storage, use or disposal of organic chemicals as

identified in any public record.

(g) Except as provided in subsection (h) of this section, the collection of samples for determining the water quality of private wells and semipublic wells may be made only by (1) employees of a laboratory or firm certified or approved by the Department of Public Health to test drinking water, if such employees have been trained in sample collection techniques, (2) certified water operators, (3) local health departments and state employees trained in sample collection techniques, or (4) individuals with training and experience that the Department of Public Health deems sufficient.

(h) Any owner of a residential construction, including, but not limited to, a homeowner, on which a private well is located or any general contractor of a new residential construction on which a private well is located may collect samples of well water for submission to a laboratory or firm for the purposes of testing water quality pursuant to this section, provided (1) such laboratory or firm has provided instructions to said owner or general contractor on how to collect such samples, and (2) such owner or general contractor is identified to the subsequent owner on a form to be prescribed by the Department of Public Health. No regulation may prohibit or impede such collection or analysis.

(i) Any water transported in bulk by any means to a premises currently supplied by a private well or semipublic well where the water is to be used for purposes of drinking or domestic use shall be provided by a bulk water hauler licensed pursuant to section 20-278h. No bulk water hauler shall deliver water without first notifying the owner of the premises of such delivery. Bulk water hauling to a premises currently supplied by a private well or semipublic well shall be permitted only as a temporary measure to alleviate a water supply shortage.

Sec. 17. Section 19a-332 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in subsection (c) of section 19a-14, as amended by this act, and sections 19a-332 to 19a-332e, inclusive, as amended by this act, 20-435 to 20-442, inclusive, as amended by this act, and 52-577a:

(1) "Asbestos" means the asbestiform varieties of actinolite, amosite, anthophyllite, chrysotile, crocidolite and tremolite;

(2) "Asbestos abatement" means the removal, encapsulation, enclosure, renovation, repair, demolition or other disturbance of asbestos-containing materials or suspect asbestos-containing materials, but does not include activities which are related to (A) the removal or repair of asbestos cement pipe and are performed by employees of a water company as defined in section 25-32a, or (B) the removal of nonfriable asbestos-containing material found exterior to a building or structure other than material defined as regulated asbestos-containing material in 40 CFR 61, the National Emission Standards for Hazardous Air Pollutants, as amended from time to time;

(3) "Asbestos abatement worker" means any employee of a licensed asbestos contractor who engages in asbestos abatement, has completed a training program approved by the department and has been issued a certificate by the department;

(4) "Asbestos abatement site supervisor" means any asbestos abatement worker employed by a licensed asbestos contractor who has been specifically trained as a supervisor in a training program approved by the department and who has been issued a certificate by the department;

(5) "Asbestos-containing material" means material composed of asbestos of any type and in an amount equal to or greater than one per cent by weight, either alone or mixed with other fibrous or nonfibrous material;

(6) "Asbestos contractor" means any person or entity engaged in

asbestos abatement whose employees actually perform the asbestos abatement work and who has been issued a license by the commissioner;

(7) "Asbestos consultant" means any person who engages in any activity directly involved with asbestos consultation services and who has been issued a certificate by the commissioner and a license by the department;

(8) "Asbestos consultation services" means the inspection or evaluation of a building for asbestos hazards, including, but not limited to, the development of asbestos abatement plans, site inspections, air monitoring and provisions of industrial hygiene services related to asbestos abatement;

(9) "Authorized agent" means an officer or employee duly designated by the commissioner;

(10) "Commissioner" means the Commissioner of Public Health; **[**and**]**

(11) "Department" means the Department of Public Health; and

(12) "Suspect asbestos-containing materials" means interior and exterior materials that have a reasonable likelihood of containing asbestos based on their appearance, composition and use.

Sec. 18. Subdivision (4) of subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(4) **[**Sanitarian**]** Environmental health specialist;

Sec. 19. Section 19a-35a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) Notwithstanding the provisions of chapter 439 and sections 22a-430, as amended by this act, and 22a-430b, the Commissioner of Public Health shall, within available appropriations, pursuant to section 19a-36, establish and define categories of discharge that constitute alternative on-site sewage treatment systems with capacities of five thousand gallons or less per day. After the establishment of such categories, said commissioner shall have jurisdiction, within available appropriations, to issue or deny permits and approvals for such systems and for all discharges of domestic sewage to the groundwaters of the state from such systems. Said commissioner shall, pursuant to section 19a-36, and within available appropriations, establish minimum requirements for alternative on-site sewage treatment systems under said commissioner's jurisdiction, including, but not limited to: (1) Requirements related to activities that may occur on the property; (2) changes that may occur to the property or to buildings on the property that may affect the installation or operation of such systems; and (3) procedures for the issuance of permits or approvals by said commissioner, a local director of health **[**,**]** or **[**a sanitarian**]** an environmental health specialist licensed pursuant to chapter 395. A permit or approval granted by said commissioner, such local director of health or such **[**sanitarian**]** environmental health specialist for an alternative on-site sewage treatment system pursuant to this section shall: (A) Not be inconsistent with the requirements of the federal Water Pollution Control Act, 33 USC 1251 et seq., the federal Safe Drinking Water Act, 42 USC 300f et seq., and the standards of water quality adopted pursuant to section 22a-426, as such laws and standards may be amended from time to time, (B) not be construed or deemed to be an approval for any other purpose, including, but not limited to, any planning and zoning or municipal inland wetlands and watercourses requirement, and (C) be in lieu of a permit issued under section 22a-430, as amended by this act, or 22a-430b. For purposes of this section, "alternative on-site sewage treatment system" means a sewage treatment system serving one or more buildings on a single parcel of

property that utilizes a method of treatment other than a subsurface sewage disposal system and that involves a discharge of domestic sewage to the groundwaters of the state.

(b) In establishing and defining categories of discharge that constitute alternative on-site sewage treatment systems pursuant to subsection (a) of this section, and in establishing minimum requirements for such systems pursuant to section 19a-36, said commissioner shall consider all relevant factors, including, but not limited to: (1) The impact that such systems or discharges may have individually or cumulatively on public health and the environment, (2) the impact that such systems and discharges may have individually or cumulatively on land use patterns, and (3) recommendations regarding responsible growth made to said commissioner by the Secretary of the Office of Policy and Management through the Office of Responsible Growth established by Executive Order No. 15 of Governor M. Jodi Rell.

(c) The Commissioner of Energy and Environmental Protection shall retain jurisdiction over any alternative on-site sewage treatment system not under the jurisdiction of the Commissioner of Public Health. The provisions of title 22a shall apply to any such system not under the jurisdiction of the Commissioner of Public Health. The provisions of this section shall not affect any permit issued by the Commissioner of Energy and Environmental Protection prior to July 1, 2007, and the provisions of title 22a shall continue to apply to any such permit until such permit expires.

(d) A permit or approval denied by the Commissioner of Public Health, a local director of health or **[**a sanitarian**]** an environmental health specialist pursuant to subsection (a) of this section shall be subject to an appeal in the manner provided in section 19a-229.

Sec. 20. Subdivision (14) of section 19a-36g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1,*

*2024*):

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

Sec. 21. Subsections (l) and (m) of section 19a-200 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(l) On and after July 1, 1988, each city, town and borough shall provide for the services of **[**a sanitarian**]** an environmental health specialist 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**]** environmental health specialist.

(m) As used in this chapter, "authorized agent" means **[**a sanitarian**]** an environmental health specialist 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 general statutes and regulations of Connecticut state agencies.

Sec. 22. Subsection (a) of section 19a-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) Town, city and borough directors of health or their authorized agents shall, within their respective jurisdictions, examine all nuisances and sources of filth injurious to the public health, cause such nuisances to be abated or remediated and cause to be removed all filth which in their judgment may endanger the health of the inhabitants. Any owner or occupant of any property who maintains such property, whether real or personal, or any part thereof, in a manner which violates the provisions of the Public Health Code enacted pursuant to the authority

of sections 19a-36 and 19a-37, as amended by this act, shall be deemed to be maintaining a nuisance or source of filth injurious to the public health. Any local director of health or **[**his**]** a local director of health's authorized agent or **[**a sanitarian**]** an environmental health specialist authorized by such director may enter all places within **[**his**]** such director's jurisdiction where there is just cause to suspect any nuisance or source of filth exists, and abate or remediate or cause to be abated or remediated such nuisance and remove or cause to be removed such filth.

Sec. 23. Subsections (c) and (d) of section 19a-242 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(c) On and after July 1, 1988, each district health department shall provide for the services of **[**a sanitarian**]** an environmental health specialist 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**]** environmental health specialist.

(d) As used in this chapter, "authorized agent" means **[**a sanitarian**]** an environmental health specialist 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 general statutes and regulations of Connecticut state agencies.

Sec. 24. Subdivision (2) of section 20-358 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(2) **[**"Sanitarian"**]** "Environmental health specialist" means a person trained in environmental health who is qualified to carry out educational and investigational duties in the fields of environmental health such as investigation of air, water, sewage, foodstuffs, housing and refuse by observing, sampling, testing and reporting and who is

licensed pursuant to section 20-361, as amended by this act; and

Sec. 25. Section 20-360 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

Applications for licensure shall be on forms prescribed by the commissioner. The licensure fee for **[**a sanitarian**]** an environmental health specialist shall be eighty dollars for initial licensure. Each license shall be renewed annually in accordance with the provisions of section 19a-88, as amended by this act. The fee for license renewal shall be forty dollars.

Sec. 26. Subsection (a) of section 20-361 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) Except as provided in section 20-365, as amended by this act, no person shall be licensed as **[**a sanitarian**]** an environmental health specialist who does not prove to the satisfaction of the commissioner that such person holds a degree from an accredited college or university following four years of study and has two years of full-time experience, or the equivalent, in the field of environmental health acceptable to the commissioner. An applicant who successfully completes a special training course in environmental health approved by the commissioner may substitute such course for six months of such required experience in the field of environmental health. The applicant shall also be required to pass a written or oral examination in the science of environmental health as determined by the commissioner. An applicant for licensure shall not be required to be licensed while completing the work experience requirements of this section, provided, on and after January 1, 1998, such experience shall be completed under the supervision of **[**a sanitarian**]** an environmental health specialist licensed pursuant to this chapter or licensed, certified or registered in the jurisdiction in which such experience was completed.

Sec. 27. Section 20-362 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) No person shall engage in, practice **[**,**]** or offer to perform the work of **[**a sanitarian**]** an environmental health specialist, as defined in section 20-358, as amended by this act, unless **[**he**]** such person is licensed pursuant to section 20-361, as amended by this act.

(b) No person shall use the title of licensed **[**sanitarian**]** environmental health specialist unless **[**he**]** such person is the holder of a current license issued by the commissioner under the provisions of this chapter. A holder of a current license may append to his or her name the letters **[**"R.S."**]** "R.E.H.S.". Any certificate granted by the commissioner prior to October 1, 1995, shall be deemed a valid license permitting continuance of practice subject to the provisions of chapter 395.

Sec. 28. Section 20-365 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) The commissioner may, upon receipt of an application and the payment of a fee of forty dollars, issue a license to any person who holds a license or certificate of registration issued to **[**him**]** such person by proper authority of any state, territory or possession of the United States, provided the requirements for the license, registration or certification of **[**sanitarians**]** environmental health specialists under which such license or certificate of registration was issued shall not conflict with the provisions of this chapter and shall be of a standard equal to or higher than that specified in section 20-361, as amended by this act.

(b) Nothing in section 19a-200, as amended by this act, subsection (a) of section 19a-206, as amended by this act, or sections 19a-207, 19a-242, as amended by this act, 20-358, as amended by this act, or 20-360 to 20-365, inclusive, as amended by this act, shall prevent any of the following

persons from engaging in the performance of their duties: (1) Any person certified by the Department of Public Health as a food or sewage inspector in accordance with regulations adopted pursuant to section 19a-36, (2) any person employed by a local health department performing the duties of a lead inspector who complies with training standards established pursuant to section 20-479, (3) a director of health acting pursuant to section 19a-200, as amended by this act, or section 19a-244, (4) any employee of a water utility or federal or state agency performing **[**his**]** such employee's duties in accordance with applicable statutes and regulations, (5) any person employed by a local health department working under the direct supervision of a licensed **[**sanitarian**]** environmental health specialist, (6) any person licensed or certified by the Department of Public Health in a specific program performing certain duties that are included within the duties of **[**a sanitarian**]** an environmental health specialist, or (7) a student enrolled in an accredited academic program leading to a degree in environmental health or completing a special training course in environmental health approved by the commissioner, provided such student is clearly identified by a title **[**which**]** that indicates such student's status as a student.

Sec. 29. Subsection (g) of section 22a-430 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(g) The commissioner shall, by regulation adopted prior to October 1, 1977, establish and define categories of discharges that constitute household and small commercial subsurface sewage disposal systems for which the commissioner shall delegate to the Commissioner of Public Health the authority to issue permits or approvals and to hold public hearings in accordance with this section, on and after said date. Not later than July 1, 2025, the commissioner shall amend such regulations to establish and define categories of discharges that

constitute small community sewerage systems and household and small commercial subsurface sewage disposal systems. The Commissioner of Public Health shall, pursuant to section 19a-36, establish minimum requirements for small community sewerage systems and household and small commercial subsurface sewage disposal systems and procedures for the issuance of such permits or approvals by the local director of health or **[**a sanitarian**]** an environmental health specialist registered pursuant to chapter 395. As used in this subsection, small community sewerage systems and household and small commercial disposal systems shall include those subsurface sewage disposal systems with a capacity of ten thousand gallons per day or less. Notwithstanding any provision of the general statutes (1) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2017, shall apply to household and small commercial subsurface sewage disposal systems with a capacity of seven thousand five hundred gallons per day or less, and (2) the regulations adopted by the commissioner pursuant to this subsection that are in effect as of July 1, 2025, shall apply to small community sewerage systems, household systems and small commercial subsurface sewerage disposal systems with a capacity of ten thousand gallons per day or less. Any permit denied by the Commissioner of Public Health, or a director of health or registered **[**sanitarian**]** environmental health specialist shall be subject to hearing and appeal in the manner provided in section 19a-229. Any permit granted by the Commissioner of Public Health, or a director of health or registered **[**sanitarian**]** environmental health specialist on or after October 1, 1977, shall be deemed equivalent to a permit issued under subsection (b) of this section.

Sec. 30. Section 20-435 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

On and after one year following the effective date of regulations adopted pursuant to section 20-440, no person shall provide services as

an asbestos contractor in this state without a license issued by the **[**commissioner**]** Commissioner of Public Health. Applications for such license shall be made to the **[**department**]** Department of Public Health on forms provided by it, shall be accompanied by a fee of six hundred twenty-five dollars and shall contain such information regarding the applicant's qualifications as the department may require in regulations adopted pursuant to section 20-440, including, but not limited to, demonstrating that all employees have passed a training course approved by the department and have been issued a certificate by the department. The department shall approve the technical, equipment and personnel resources of each applicant. No person shall be issued a license to act as an asbestos contractor unless he obtains such approval. The commissioner may issue a license under this section to any person who is licensed in another state under a law which provides standards which are equal to or higher than those of Connecticut and is not subject to any unresolved complaints or pending disciplinary actions. Licenses issued pursuant to this section shall be renewed annually in accordance with the provisions of section 19a-88, as amended by this act, upon payment of a fee of six hundred twenty-five dollars.

Sec. 31. Subsection (b) of section 19a-566 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Each birth center **[**shall be accredited by the Commission for the Accreditation of Birth Centers on or before the effective date of its licensure and maintain such accreditation during the time it is licensed**]** seeking initial licensure pursuant to the provisions of this section shall submit a complete application for accreditation to the Commission for the Accreditation of Birth Centers before the date on which the birth center submits an application for initial licensure to the Commissioner of Public Health. The commissioner shall issue an initial license to a birth center if the commissioner determines that such birth center

complies with the requirements established pursuant to the provisions of this section. Such initial license shall be valid for one year, except the commissioner may, in the commissioner's discretion, extend an initial licensure period for not more than one year while a birth center is completing accreditation. Each birth center shall be accredited by the Commission for the Accreditation of Birth Centers on or before the date on which the birth center renews its license and maintain such accreditation thereafter. After the conclusion of the initial licensure period, each birth center license shall be renewable biennially (1) after an unscheduled inspection of the birth center is conducted by the Department of Public Health, (2) upon the filing of a report regarding the birth center's operations by the birth center, in a form and manner prescribed by the commissioner, and approval of such report by the commissioner, and (3) if there is satisfactory evidence of continuing compliance with the provisions of this section, as determined by the commissioner. If a birth center is denied accreditation prior to the renewal of its license or loses its accreditation after renewal of its license, the birth center shall immediately notify the **[**Commissioner of Public Health**]** commissioner, in a form and manner prescribed by the commissioner, and cease providing birth center services to patients until authorized by the commissioner to reinstate such services. Failure of a birth center to cease the provision of services and provide notice to the commissioner pursuant to the provisions of this subsection shall be grounds for summary suspension of the birth center's license and the imposition of disciplinary action in accordance with the provisions of section 19a-494, as amended by this act.

Sec. 32. Subsection (a) of section 19a-494 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) The Commissioner of Public Health, after a hearing held in accordance with the provisions of chapter 54, may take any of the

following actions, singly or in combination, in any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under this chapter, the Public Health Code or licensing regulations:

(1) Revoke a license or certificate;

(2) Suspend a license or certificate;

(3) Censure a licensee or certificate holder;

(4) Issue a letter of reprimand to a licensee or certificate holder;

(5) Place a licensee or certificate holder on probationary status and require **[**him**]** such licensee or certificate holder to report regularly to the department on the matters which are the basis of the probation;

(6) Restrict the acquisition of other facilities for a period of time set by the commissioner;

(7) Issue an order compelling compliance with applicable statutes or regulations of the department; **[**or**]**

(8) Impose a directed plan of correction; or

(9) Assess a civil penalty not to exceed twenty-five thousand dollars, provided no such penalty shall be assessed for violations arising from the investigation of a complaint filed with the Department of Public Health before July 1, 2024, except for violations of regulatory requirements relating to abuse or neglect of patients, as such terms are defined in 42 CFR 483.5.

Sec. 33. Subsection (a) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) Each board or commission established under chapters 369 to 376, inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the Department of Public Health with respect to professions under its jurisdiction that have no board or commission may take any of the following actions, singly or in combination, based on conduct that occurred prior or subsequent to the issuance of a permit or a license upon finding the existence of good cause:

(1) Revoke a practitioner's license or permit;

(2) Suspend a practitioner's license or permit;

(3) Censure a practitioner or permittee;

(4) Issue a letter of reprimand to a practitioner or permittee;

(5) Restrict or otherwise limit practice to those areas prescribed by the board, commission or department;

(6) Place a practitioner or permittee on probationary status and require the practitioner or permittee to:

(A) Report regularly to such board, commission or department upon the matters which are the basis of probation;

(B) Limit practice to those areas prescribed by such board, commission or department; and

(C) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation;

(7) Assess a civil penalty of up to **[**twenty-five**]** ten thousand dollars;

(8) In those cases involving persons or entities licensed or certified pursuant to sections 20-341d, 20-435, as amended by this act, 20-436, 20-

437, 20-438, 20-475 and 20-476, require that restitution be made to an injured property owner; or

(9) Summarily take any action specified in this subsection against a practitioner's license or permit upon receipt of proof that such practitioner has been:

(A) Found guilty or convicted as a result of an act which constitutes a felony under (i) the laws of this state, (ii) federal law, or (iii) the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state, except for a practitioner who is a social worker under chapter 383b, an art therapist under chapter 383g, a dietitian-nutritionist under chapter 384b, an embalmer or funeral director under chapter 385, a barber under chapter 386, a hairdresser, cosmetician, esthetician, eyelash technician or nail technician under chapter 387; or

(B) Subject to disciplinary action similar to that specified in this subsection by a duly authorized professional agency of any state, the federal government, the District of Columbia, a United States possession or territory or a foreign jurisdiction. The applicable board or commission, or the department shall promptly notify the practitioner or permittee that his license or permit has been summarily acted upon pursuant to this subsection and shall institute formal proceedings for revocation within ninety days after such notification.

Sec. 34. Section 19a-14d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) An occupational or professional license, permit, certification or registration issued by the Department of Public Health pursuant to chapter 368v, 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378, 378a, 379, 379a, 380, 381, 381a, 381b, 382a, 382b, 382c, 383, 383a, 383b, 383c, 383d, 383e, 383f, 383g, 383h, 384, 384a, 384b, 384c, 384d, 385, 386,

387, 387a, 388, 388a, 393a, 395, 397a, 398, 399, 400a, 400c or 474 shall be issued, in the occupation or profession applied for and at a practice level determined by the department, to a person, including, but not limited to, an active duty member of the armed forces of the United States or such person's spouse, if:

(1) The person holds a valid license, permit, certification or registration in at least one other jurisdiction in the United States in the occupation or profession applied for;

(2) The person has practiced under such license, permit, certification or registration for not less than four years;

(3) The person is in good standing in all jurisdictions in the United States in which he or she holds a license, permit, certification or registration and has not had a license, permit, certification or registration revoked or discipline imposed by any jurisdiction in the United States, does not have a complaint, allegation or investigation related to unprofessional conduct pending in any jurisdiction, and has not voluntarily surrendered a license, permit, certification or registration while under investigation for unprofessional conduct in any jurisdiction;

(4) The person satisfies any background check or character and fitness check required of other applicants for the license, permit, certification or registration; and

(5) The person pays all fees required of other applicants for the license, permit, certification or registration.

(b) In addition to the requirements set forth in subsection (a) of this section, the **[**Department of Public Health**]** department may require a person applying for a license, permit, certification or registration under this section to take and pass all, or a portion of, any examination required of other persons applying for such license, permit, certification

or registration.

(c) Any person issued a license, permit, certification or registration pursuant to this section shall be subject to the laws of this state and the jurisdiction of the **[**Department of Public Health**]** department.

(d) Notwithstanding the provisions of this section and pursuant to section 19a-14, as amended by this act, the Commissioner of Public Health may deny an occupational or professional license, permit, certification or registration if he or she finds such denial is in the best interest of the state.

(e) Not later than July 1, 2024, the commissioner shall publish, in a form and manner prescribed by the commissioner, an application for each occupational or professional license, permit, certification and registration issued by the department that collects the applicant information necessary for the department to recognize a covered license, as defined in 50 USC 4025a, as amended from time to time. The department shall not charge a fee to any covered license holder that submits such an application to the department. After determining that an applicant is eligible for license recognition pursuant to 50 USC 4025a, as amended from time to time, the department shall issue to the applicant a specially designated license, permit, certification, registration or similar credential for the occupation or profession for which the covered licensed is considered valid that shall (1) be recorded by the department in the department's registry of the occupational or professional license, permit, certification, registration or other similar credential relevant to the scope of practice and discipline, (2) be subject to the provisions of section 19a-17, as amended by this act, and (3) expire when the covered license holder's residency in the state is no longer required by military orders for military service, except when the covered license holder has submitted a complete application to the department for an appropriate license, registration or permit to practice the occupation and profession of the covered license in which case said

expiration will occur upon the final determination of said application by the department.

Sec. 35. Subsection (g) of section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(g) As used in this section, the term "license" shall be deemed to include the following authorizations relative to the practice of any profession listed in subsection (a) of this section: (1) Licensure by the Department of Public Health; (2) certification by the Department of Public Health; **[**and**]** (3) certification by a national certification body; and (4) a covered license, as defined in 50 USC 4025a, as amended from time to time, that is considered valid by the Department of Public Health.

Sec. 36. Section 11 of public act 23-48 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Secretary of the Office of Policy and Management, in consultation with the Commissioners of Consumer Protection and Public Health, shall develop a plan to transfer the responsibility for registration and oversight of homemaker-companion agencies, as defined in section 20-670 of the general statutes from the Department of Consumer Protection to the Department of Public Health. Such plan shall (1) provide a timeline for the proposed transition, and (2) include recommendations on appropriate training standards that (A) exemplify best practices for providing homemaker and companion services, as defined in section 20-670 of the general statutes, (B) provide instruction and specialized training benchmarks for the care of clients with Alzheimer's disease, dementia and other related conditions, and (C) ensure a high quality of care for homemaker-companion agency clients and may evaluate and make recommendations on the appropriate use of the term "care" in describing the services provided by homemaker-companion agencies and any limitations on the use of such term to

ensure consumer clarity. Not later than **[**August**]** December 1, 2024, the secretary shall report, in accordance with section 11-4a of the general statutes, on such plan to the joint standing committees of the General Assembly having cognizance of matters relating to aging, general law and public health.

Sec. 37. Section 19a-6s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section, "clinical medical assistant" means a person who (1) (A) is certified by the American Association of Medical Assistants, the National Healthcareer Association, the National Center for Competency Testing, **[**or**]** the American Medical Technologists or the American Medical Certification Association, and (B) has graduated from a postsecondary medical assisting program (i) that is accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools or another accrediting organization recognized by the United States Department of Education, or (ii) offered by an institution of higher education accredited by an accrediting organization recognized by the United States Department of Education and that includes a total of seven hundred twenty hours, including one hundred sixty hours of clinical practice skills, including, but not limited to, administering injections, or (2) has completed relevant medical assistant training provided by any branch of the armed forces of the United States.

(b) A clinical medical assistant may administer a vaccine under the supervision, control and responsibility of a physician licensed pursuant to chapter 370, a physician assistant licensed pursuant to chapter 370 or an advanced practice registered nurse licensed pursuant to chapter 378 to any person in any setting other than a hospital setting. Prior to administering a vaccine, a clinical medical assistant shall complete not less than twenty-four hours of classroom training and not less than eight hours of training in a clinical setting regarding the administration of

vaccines. Nothing in this section shall be construed to permit an employer of a physician, a physician assistant or an advanced practice registered nurse to require the physician, physician assistant or advanced practice registered nurse to oversee a clinical medical assistant in the administration of a vaccine without the consent of the physician, physician assistant or advanced practice registered nurse.

(c) On or before January first annually, the Commissioner of Public Health shall obtain from the American Association of Medical Assistants, the National Healthcareer Association, the National Center for Competency Testing, **[**and**]** the American Medical Technologists and the American Medical Certification Association a listing of all state residents maintained on said organizations' registries of certified medical assistants. The commissioner shall make such listings available for public inspection.

Sec. 38. Subsection (a) of section 20-195c of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(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 offered by 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 and offered by a regionally accredited institution of higher education; (3) completed **[**twelve**]** twenty-four months of relevant postgraduate experience, including (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 two hundred dollars for each initial application.

Sec. 39. (NEW) (*Effective from passage*) (a) Upon the request of the Mashantucket Pequot Tribal Nation or the Mohegan Tribe of Indians of Connecticut, the Department of Public Health shall grant said requesting tribe access to the state's birth and death registries in the department's electronic vital records system. Such access shall allow said tribe to register in the state's electronic birth and death registries all births and deaths that occur on land held in trust by the United States for said tribe in lieu of a town or municipality registering such births and deaths. Any birth or death certificate issued by said tribe for registration in the state's electronic birth and death registries shall be recognized as valid in the state, provided such certificate meets the requirements for registering, indexing, maintaining, issuing, correcting and amending such certificate set forth in sections 7-36 to 7-78, inclusive, as amended by this act, 19a-40 to 19a-45, inclusive, 19a-322, as amended by this act, 19a-323, as amended by this act, and 46b-450 to 46b-480, inclusive, of the general statutes and in the regulations of Connecticut state agencies adopted pursuant to said sections. Any entity or official responsible for filing a birth or death certificate pursuant to the general statutes with a town or municipality shall cooperate and fulfill its filing obligations with a requesting tribe in the same manner that it would cooperate and fulfill its filing obligations with a town or municipality. Such entities and officials shall be subject to the same terms of enforcement for failure to cooperate or fulfill their filing obligations with a requesting tribe as they would for failure to cooperate or fulfill their

filing obligations with a town or municipality.

(b) If the department determines that a tribe granted access to such birth and death registries has failed to comply with any of the requirements of any provision of subsection (a) of this section or has submitted filings to the system that do not conform with such requirements, the department may give notice by certified mail, return receipt requested, to said tribe of the facts or conduct that contributed to such determination and the specific provisions of the general statutes or regulations of Connecticut state agencies that are alleged to have been violated. The department shall provide said tribe an opportunity to demonstrate compliance with such provisions and submit a plan of correction to achieve compliance with such provisions. If said tribe does not demonstrate compliance or fully implement a department approved plan of correction on or before thirty days after receiving notice from the department under this subsection, the department may terminate the tribe's access to the state's electronic birth and death registries in the department's electronic vital records system or remove any nonconforming filings from such registries.

(c) Nothing in this section shall be construed to (1) grant the department jurisdiction over a requesting tribe or its tribal office responsible for the issuance and maintenance of birth or death certificates, or (2) limit the department's authority to (A) grant or restrict a requesting tribe's access to the state's electronic birth and death registries consistent with the provisions of this section, or (B) remove any nonconforming filings from such registries.

Sec. 40. Subsection (b) of section 20-195n of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) An applicant for licensure as a master social worker shall: (1) (A) Hold a master's degree from a social work program (i) accredited by the

Council on Social Work Education, or (ii) that is in candidate status for accreditation by said council and offered by an institution of higher education in the state during or after the spring semester of 2024, and prior to the spring semester of 2028, or **[**,**]** (B) if educated outside the United States or its territories, have completed an educational program deemed equivalent by the council; and (2) pass the masters level examination of the Association of Social Work Boards or any other examination prescribed by the commissioner.

Sec. 41. Section 20-252 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) No person shall engage in the occupation of registered hairdresser and cosmetician without having obtained a license from the department. Persons desiring such licenses shall apply in writing on forms furnished by the department. No license shall be issued, except a renewal of a license, to a registered hairdresser and cosmetician unless the applicant has shown to the satisfaction of the department that the applicant has complied with the laws and the regulations administered or adopted by the department. No applicant shall be licensed as a registered hairdresser and cosmetician, except by renewal of a license, until the applicant has made written application to the department, setting forth by affidavit that the applicant has (1) (A) successfully completed the ninth grade, (B) completed a course of not less than fifteen hundred hours of study in a school approved in accordance with the provisions of this chapter or in a school teaching hairdressing and cosmetology under the supervision of the State Board of Education, or, if trained outside of Connecticut, in a school teaching hairdressing and cosmetology whose requirements are equivalent to those of a Connecticut school, and (C) passed a written examination satisfactory to the department, or (2) if the applicant is an apprentice, (A) successfully completed the eighth grade, (B) completed an apprenticeship approved by the Labor Department and conducted in

accordance with sections 31-22m to 31-22u, inclusive, and (C) passed a written examination satisfactory to the Department of Public Health. Examinations required for licensure under this chapter shall be prescribed by the department with the advice and assistance of the board. The department shall establish a passing score for examinations with the advice and assistance of the board which shall be the same as the passing score established in section 20-236.

(b) No person applying for licensure as a hairdresser and cosmetician under this chapter shall be required to submit to a state or national criminal history records check as a prerequisite to licensure.

(c) The commissioner shall notify each applicant who is approved to take a written examination required under subsection (a) of this section that such applicant may be eligible for testing accommodations pursuant to the federal Americans with Disabilities Act, 42 USC 12101 et seq., as amended from time to time, or other accommodations, as determined by the board, which may include the use of a dictionary while taking such examination and additional time within which to take such examination.

Sec. 42. Section 20-12i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) **[**On and after October 1, 2011, prior**]** Prior to engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures, a physician assistant or advanced practice registered nurse shall: (1) Successfully complete a course that includes forty hours of didactic instruction relevant to fluoroscopy which includes, but is not limited to, radiation biology and physics, exposure reduction, equipment operation, image evaluation, quality control and patient considerations; (2) successfully complete a minimum of forty hours of supervised clinical experience that includes a demonstration of patient dose reduction, occupational dose reduction, image recording and quality

control of fluoroscopy equipment; and (3) pass an examination prescribed by the Commissioner of Public Health. Documentation that the physician assistant or advanced practice registered nurse has met the requirements prescribed in this subsection shall be maintained at the employment site of the physician assistant or advanced practice registered nurse and made available to the Department of Public Health upon request.

(b) An advanced practice registered nurse shall only engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures in collaboration with a physician licensed pursuant to chapter 370 who is trained in radiation protection. An advanced practice registered nurse who engages in the use of fluoroscopy shall wear a radiation safety badge during the procedure. As used in this subsection, (1) "collaboration" means (A) a mutually agreed upon relationship between the advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse, and (B) the continuous availability of in-person communication between the advanced practice registered nurse and the physician, and (2) "radiation safety badge" means a badge typically worn on the front of a person's body that monitors the person's exposure to radiation and displays the level of such exposure.

**[**(b)**]** (c) Notwithstanding the provisions of this section or sections 20-74bb and 20-74ee, nothing shall prohibit a physician assistant who is engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures prior to October 1, 2011, from continuing to engage in such procedures, or require the physician assistant to complete the course or supervised clinical experience described in subsection (a) of this section, provided such physician assistant shall pass the examination prescribed by the commissioner on

or before September 1, 2012. If a physician assistant does not pass the required examination on or before September 1, 2012, such physician assistant shall not engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or position and utilize a mini C-arm in conjunction with fluoroscopic procedures until such time as such physician assistant meets the requirements of subsection (a) of this section.

Sec. 43. Subsection (d) of section 17a-673c of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The Commissioner of Mental Health and Addiction Services may request a disbursement of funds from the Opioid Settlement Fund established pursuant to section 17a-674c, in whole or in part, for the establishment and administration of the pilot program.

Sec. 44. Subsection (c) of section 17a-674h of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) Not later than January 1, 2024, the Department of Mental Health and Addiction Services, in collaboration with the Department of Public Health, shall use the Opioid Antagonist Bulk Purchase Fund for the provision of opioid antagonists to eligible entities and by emergency medical services personnel to certain members of the public. Emergency medical services personnel shall distribute an opioid antagonist kit containing a personal supply of opioid antagonists and the one-page fact sheet developed by the Connecticut Alcohol and Drug Policy Council pursuant to section 17a-667a regarding the risks of taking an opioid drug, symptoms of opioid use disorder and services available in the state for persons who experience symptoms of or are otherwise affected by opioid use disorder to a patient who (1) is treated by such personnel for an overdose of an opioid drug, (2) displays symptoms to

such personnel of opioid use disorder, or (3) is treated at a location where such personnel observes evidence of illicit use of an opioid drug, or to such patient's family member, caregiver or friend who is present at the location. Emergency medical services personnel shall refer the patient or such patient's family member, caregiver or friend to the written instructions regarding the administration of such opioid antagonist, as deemed appropriate by such personnel.

Sec. 45. Subdivision (5) of subsection (a) of section 19a-77 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) **[**"Year-round" program**]** "Year-round program" means a program open at least fifty weeks per year.

Sec. 46. Subsection (q) of section 19a-89e of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(q) The Commissioner of Public Health may order an audit of the nurse staffing assignments of each hospital to determine compliance with the nurse staffing assignments for each hospital unit set forth in the nurse staffing plan developed pursuant to subsections (d) and (e) of this section. Such audit may include an assessment of the hospital's compliance with the requirements of this section for the content of such plan, accuracy of reports submitted to the department and the membership of the hospital staffing committee. In determining whether to order an audit, the commissioner shall consider whether there has been consistent noncompliance by the hospital with the nurse staffing plan, fear of false reporting by the hospital **[**,**]** or any other health care quality safety concerns. The hospital that is subject to the audit shall pay the cost of the audit. The audit shall not affect the conduct by the hospital of peer review as defined in section 19a-17b.

Sec. 47. Subsection (a) of section 19a-133c of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section, "structural racism" means a system that structures opportunity and assigns value in a way that disproportionally and negatively impacts Black, Indigenous, Latino or Asian people or other people of color, and "state agency" has the same meaning as provided in section 1-79. The Commission on Racial Equity in Public Health, established under section 19a-133a, shall recommend best practices for state agencies to (1) evaluate structural racism within their own policies, practices **[**,**]** and operations, and (2) create and implement a plan, which includes the establishment of benchmarks for improvement, to ultimately eliminate any such structural racism within the agency.

Sec. 48. Subdivision (1) of subsection (k) of section 19a-508c of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(k) (1) If any transaction described in subsection (c) of section 19a-486i **[**,**]** results in the establishment of a hospital-based facility at which facility fees may be billed, the hospital or health system, that is the purchaser in such transaction shall, not later than thirty days after such transaction, provide written notice, by first class mail, of the transaction to each patient served within the three years preceding the date of the transaction by the health care facility that has been purchased as part of such transaction.

Sec. 49. Subdivision (21) of section 20-73e of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(21) "Rule" means a regulation, principle **[**,**]** or directive promulgated

by the commission that has the force of law; and

Sec. 50. Subparagraph (B) of subdivision (2) of subsection (b) of section 20-87a of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(B) An advanced practice registered nurse having been issued a license pursuant to subsection (d) of section 20-94a who collaborated, prior to the issuance of such license, with a physician licensed to practice medicine in another state may count the time of such collaboration toward the three-year requirement set forth in subparagraph (A) of this **[**subsection**]** subdivision, provided such collaboration otherwise satisfies the requirements set forth in said subparagraph.

Sec. 51. Subsection (d) of section 20-185aa of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Any health care facility that employs or retains a surgical technologist shall submit to the Department of Public Health, upon request of the department, documentation **[**demonstration**]** demonstrating that the surgical technologist is in compliance with the requirements set forth in this section.

Sec. 52. Subsection (b) of section 38a-479jjj of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) On and after January 1, 2024, a contract entered into between a pharmacy **[**benefit**]** benefits manager and a 340B covered entity shall not contain any of the following provisions:

(1) A reimbursement rate for a prescription drug that is less than the reimbursement rate paid to pharmacies that are not 340B covered entities;

(2) A fee or adjustment that is not imposed on providers or pharmacies that are not 340B covered entities;

(3) A fee or adjustment amount that exceeds the fee or adjustment amount imposed on providers or pharmacies that are not 340B covered entities;

(4) Any provision that prevents or interferes with a patient's choice to receive a prescription drug from a 340B covered entity, including the administration of the drug; and

(5) Any provision that excludes a 340B covered entity from pharmacy **[**benefit**]** benefits manager networks based on the 340B covered entity's participation in the federal 340B Drug Pricing Program.

Sec. 53. Subsection (d) of section 38a-518v of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for an in-home hospice **[**services**]** service, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for the same hospice services provided in a hospital.

Sec. 54. Subsection (c) of section 10-532 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(c) When developing the program, said commissioners and executive director **[**,**]** shall (1) consult with insurers that offer health benefit plans in the state, hospitals, local public health authorities, existing early childhood home visiting programs, community-based organizations

and social service providers; and (2) maximize the use of available federal funding.

Sec. 55. Subsection (g) of section 19a-59j of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(g) Notwithstanding any provision of the general statutes, the commissioner, or the commissioner's designee, may provide the infant mortality review committee, established pursuant to section 19a-59k, with information as is necessary, in the commissioner's discretion, for the committee to make recommendations regarding the prevention of infant deaths.

Sec. 56. Subdivision (3) of section 19a-111b of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

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

Sec. 57. Subsection (l) of section 19a-490 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(l) "Assisted living services agency" means an agency that provides chronic and stable individuals with services that include, but need not

be limited to, nursing services and assistance with activities of daily living and may have a dementia special care unit or program as defined in section 19a-562;

Sec. 58. Subdivisions (2) and (3) of subsection (b) of section 19a-181 of the 2024 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

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

(3) Each authorized emergency medical **[**service**]** services vehicle shall comply with all state and federal safety, design and equipment requirements.

Sec. 59. Subdivision (9) of subsection (c) of section 19a-493 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(9) The provisions of this subsection shall not apply in the event of a change of ownership or beneficial ownership of ten per cent or less of the ownership of a licensed outpatient surgical facility, as defined in section 19a-493b, resulting in a transfer to a physician licensed under chapter 370 if such facility provides information, in a form and manner prescribed by the commissioner, to update such facility's licensing information.

Sec. 60. Subdivision (2) of subsection (c) of section 19a-566 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(2) If a patient receiving birth center services no longer presents with a low-risk pregnancy, as defined in section 19a-490, as amended by this

act, or otherwise fails to meet the patient eligibility criteria described in subparagraph (A) of subdivision (1) of this subsection, the birth center providing such services shall ensure the patient's care is transferred to a licensed health care provider capable of providing the appropriate level of obstetrical care for the patient.

Sec. 61. (*Effective from passage*) The Commissioner of Public Health shall conduct a scope of practice review pursuant to sections 19a-16d to 19a-16f, inclusive, of the general statutes, to determine whether naturopathic physicians licensed pursuant to chapter 373 of the general statutes should be permitted to prescribe, dispense and administer prescription medication and, if so, whether the Department of Public Health should (1) establish educational and examination requirements or other qualifications to permit a naturopathic physician to prescribe, dispense and administer prescription medication, or (2) develop a naturopathic formulary of prescription medication that a naturopathic physician who meets such educational and examination requirements or other qualifications may use. Not later than January 1, 2025, the commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, the findings of such review and any recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 62. Subsection (g) of section 44 of public act 23-97 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) Not later than January 1, **[**2024**]** 2025, the task force shall submit a report on its findings and recommendations 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 of the general statutes. The task force shall terminate on the date that it submits such report or January 1, **[**2024**]** 2025, whichever is later.

Sec. 63. Subsection (a) of section 23 of public act 24-19 is repealed and

the following is substituted in lieu thereof (*Effective from passage*):

(a) Not later than September 1, **[**2025**]** 2024, the executive director of the Office of Health Strategy shall establish a working group to make recommendations to the office regarding the parameters of the regulations to be adopted by, and any policies and procedures to be implemented by, the office pursuant to subsection (f) of section 17b-59e of the general statutes, as amended by **[**this act**]** public act 24-19. Such recommendations shall include, but need not be limited to (1) privacy of protected health care information, (2) cybersecurity, (3) health care provider liability, (4) any contract required of health care providers to participate in the State-wide Health Information Exchange, and (5) any statutory changes that may be necessary to address any concerns raised by the working group.