



General Assembly

February Session, 2020

Raised Bill No. 5417

LCO No. 2272



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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

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

1 Section 1. Section 73 of public act 19-117 is repealed and the following
2 is substituted in lieu thereof (*Effective October 1, 2020*):

3 Notwithstanding any provision of title 19a or 25 of the general
4 statutes, [and not later than March 1, 2020,] a director of health of a town,
5 city or borough or of a district department of health appointed pursuant
6 to section 19a-200, as amended by this act, or 19a-242 of the general
7 statutes may issue a permit for a replacement public well if the
8 Department of Public Health has approved such replacement public
9 well pursuant to subsection (b) of section 25-33 of the general statutes,
10 as amended by this act. For purposes of this section, "replacement public
11 well" means a public well that (1) replaces an existing public well, [in a
12 town in southeastern Connecticut with a population between fifteen
13 thousand and fifteen thousand three hundred, as enumerated by the
14 2010 federal decennial census,] and (2) does not meet the sanitary radius

15 and minimum setback requirements as specified in the regulations of
16 Connecticut [State Agencies] state agencies.

17 Sec. 2. Subsection (b) of section 25-33 of the 2020 supplement to the
18 general statutes is repealed and the following is substituted in lieu
19 thereof (*Effective October 1, 2020*):

20 (b) No system of water supply owned or used by a water company
21 shall be constructed or expanded or a new additional source of water
22 supply utilized until the plans therefor have been submitted to and
23 reviewed and approved by the department, except that no such prior
24 review or approval is required for distribution water main installations
25 that are constructed in accordance with sound engineering standards
26 and all applicable laws and regulations. A plan for any proposed new
27 source of water supply submitted to the department pursuant to this
28 subsection shall include documentation that provides for: (1) A brief
29 description of potential effects that the proposed new source of water
30 supply may have on nearby water supply systems including public and
31 private wells; and (2) the water company's ownership or control of the
32 proposed new source of water supply's sanitary radius and minimum
33 setback requirements as specified in the regulations of Connecticut state
34 agencies and that such ownership or control shall continue to be
35 maintained as specified in such regulations. If the department
36 determines, based upon documentation provided, that the water
37 company does not own or control the proposed new source of water
38 supply's sanitary radius or minimum setback requirements as specified
39 in the regulations of Connecticut state agencies, the department shall
40 require the water company proposing a new source of water supply to
41 supply additional documentation to the department that adequately
42 demonstrates the alternative methods that will be utilized to assure the
43 proposed new source of water supply's long-term purity and adequacy.
44 In reviewing any plan for a proposed new source of water supply, the
45 department shall consider the issues specified in this subsection. The
46 Commissioner of Public Health may adopt regulations, in accordance
47 with the provisions of chapter 54, to carry out the provisions of this
48 subsection and subsection (c) of this section. For purposes of this

49 subsection and subsection (c) of this section, "distribution water main
50 installations" means installations, extensions, replacements or repairs of
51 public water supply system mains from which water is or will be
52 delivered to one or more service connections and which do not require
53 construction or expansion of pumping stations, storage facilities,
54 treatment facilities or sources of supply. Notwithstanding the
55 provisions of this subsection, the department may approve any location
56 of a replacement public well, if such replacement public well is (A)
57 necessary for the water company to maintain and provide to its
58 consumers a safe and adequate water supply, (B) located in an aquifer
59 of adequate water quality determined by historical water quality data
60 from the source of water supply it is replacing, and (C) in a more
61 protected location when compared to the source of water supply it is
62 replacing, as determined by the department. For purposes of this
63 subsection, "replacement public well" means a public well that (i)
64 replaces an existing public well, [in a town in southeastern Connecticut
65 with a population between fifteen thousand and fifteen thousand three
66 hundred, as enumerated by the 2010, federal decennial census,] and (ii)
67 does not meet the sanitary radius and minimum setback requirements
68 as specified in the regulations of Connecticut state agencies.

69 Sec. 3. Section 8-3i of the general statutes is repealed and the
70 following is substituted in lieu thereof (*Effective October 1, 2020*):

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

75 (b) When an application, petition, request or plan is filed with the
76 zoning commission, planning and zoning commission or zoning board
77 of appeals of any municipality concerning any project on any site that is
78 within the aquifer protection area delineated pursuant to section 22a-
79 354c or the watershed of a water company, the applicant or the person
80 making the filing shall provide written notice of the application,
81 petition, request or plan to the (1) water company, and [the

82 Commissioner of Public Health in a format prescribed by said
83 commissioner, provided such water company or said commissioner has
84 filed a map showing the boundaries of the watershed on the land
85 records of the municipality in which the application, petition, request or
86 plan is made and with the planning commission, zoning commission,
87 planning and zoning commission or zoning board of appeals of such
88 municipality or the aquifer protection area has been delineated in
89 accordance with section 22a-354c, as the case may be] (2) Department of
90 Public Health when the project exceeds five acres or is for a commercial
91 or industrial use, or both uses. Such notice shall be made to the water
92 company by certified mail, return receipt requested, and [shall be
93 mailed] to the department by electronic mail to the electronic mail
94 address designated on its Internet web site for receipt of such notice,
95 and not later than seven days after the date of the application. Such
96 water company and the Commissioner of Public Health may, through a
97 representative, appear and be heard at any hearing on any such
98 application, petition, request or plan.

99 (c) Notwithstanding the provisions of subsection (b) of this section,
100 when an agent of the zoning commission, planning and zoning
101 commission or zoning board of appeals is authorized to approve an
102 application, petition, request or plan concerning any site that is within
103 the aquifer protection area delineated pursuant to section 22a-354c or
104 the watershed of a water company without the approval of the zoning
105 commission, planning and zoning commission or zoning board of
106 appeals, and such agent determines that the proposed activity will not
107 adversely affect the public water supply, the applicant or person making
108 the filing shall not be required to notify the water company, [or] the
109 Commissioner of Public Health, or the commissioner's designee.

110 Sec. 4. Section 22a-42f of the general statutes is repealed and the
111 following is substituted in lieu thereof (*Effective October 1, 2020*):

112 When an application is filed to conduct or cause to be conducted a
113 regulated activity upon an inland wetland or watercourse, any portion
114 of which is within the watershed of a water company as defined in

115 section 25-32a, the applicant shall provide written notice of the
116 application to the (1) water company, and [the Commissioner of Public
117 Health in a format prescribed by said commissioner, provided such
118 water company or said commissioner has filed a map showing the
119 boundaries of the watershed on the land records of the municipality in
120 which the application is made and with the inland wetlands agency of
121 such municipality] (2) Department of Public Health when the project
122 exceeds five acres or is for a commercial or industrial use, or both uses.
123 Such notice shall be made to the water company by certified mail, return
124 receipt requested, and [shall be mailed] to the department by electronic
125 mail to the electronic mail address designated by the department on its
126 Internet web site for receipt of such notice, not later than seven days
127 after the date of the application. The water company and the
128 Commissioner of Public Health, through a representative, may appear
129 and be heard at any hearing on the application.

130 Sec. 5. Section 19a-111 of the general statutes is repealed and the
131 following is substituted in lieu thereof (*Effective October 1, 2020*):

132 Upon receipt of each report of confirmed venous blood lead level
133 equal to or greater than twenty micrograms per deciliter of blood, the
134 local director of health shall make or cause to be made an
135 epidemiological investigation of the source of the lead causing the
136 increased lead level or abnormal body burden and shall order action to
137 be taken by the appropriate person responsible for the condition that
138 brought about such lead poisoning as may be necessary to prevent
139 further exposure of persons to such poisoning. In the case of any
140 residential unit where such action will not result in removal of the
141 hazard within a reasonable time, the local director of health shall utilize
142 such community resources as are available to effect relocation of any
143 family occupying such unit. The local director of health may permit
144 occupancy in said residential unit during abatement if, in such director's
145 judgment, occupancy would not threaten the health and well-being of
146 the occupants. The local director of health shall, not later than thirty
147 days after the conclusion of such director's investigation, report to the
148 Commissioner of Public Health the result of such investigation and the

149 action taken to ensure against further lead poisoning from the same
150 source, including any measures taken to effect relocation of families,
151 using a web-based surveillance system provided by the commissioner.
152 Such report shall include information relevant to the identification and
153 location of the source of lead poisoning and such other information as
154 the commissioner may require pursuant to regulations adopted in
155 accordance with the provisions of chapter 54. The commissioner shall
156 maintain comprehensive records of all reports submitted pursuant to
157 this section and section 19a-110. Such records shall be geographically
158 indexed in order to determine the location of areas of relatively high
159 incidence of lead poisoning. The commissioner shall establish, in
160 conjunction with recognized professional medical groups, guidelines
161 consistent with the National Centers for Disease Control and Prevention
162 for assessment of the risk of lead poisoning, screening for lead poisoning
163 and treatment and follow-up care of individuals including children with
164 lead poisoning, women who are pregnant and women who are planning
165 pregnancy. Nothing in this section shall be construed to prohibit a local
166 building official from requiring abatement of sources of lead.

167 Sec. 6. Section 19a-37 of the 2020 supplement to the general statutes
168 is repealed and the following is substituted in lieu thereof (*Effective*
169 *October 1, 2020*):

170 (a) As used in this section:

171 (1) "Laboratory or firm" means an environmental laboratory
172 registered by the Department of Public Health pursuant to section 19a-
173 29a;

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

179 (3) "Public well" means a water supply well that supplies a public
180 water system;

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

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

188 (b) The Commissioner of Public Health may adopt regulations, [in the
189 Public Health Code] in accordance with the provisions of chapter 54, for
190 the preservation of the public health pertaining to (1) protection and
191 location of new water supply wells or springs for residential or
192 nonresidential construction or for public or semipublic use, and (2)
193 inspection for compliance with the provisions of municipal regulations
194 adopted pursuant to section 22a-354p.

195 (c) The Commissioner of Public Health shall adopt regulations, in
196 accordance with chapter 54, for the testing of water quality in private
197 [residential] wells and semipublic wells. Any laboratory or firm which
198 conducts a water quality test on a private well serving a residential
199 property or semipublic well shall, not later than thirty days after the
200 completion of such test, report the results of such test to (1) the public
201 health authority of the municipality where the property is located, and
202 (2) the Department of Public Health in a format specified by the
203 department, provided such report shall only be required if the party for
204 whom the laboratory or firm conducted such test informs the laboratory
205 or firm identified on the chain of custody documentation submitted
206 with the test samples that the test was conducted in connection with the
207 sale of such property. No regulation may require such a test to be
208 conducted as a consequence or a condition of the sale, exchange,
209 transfer, purchase or rental of the real property on which the private
210 residential well or semipublic well is located.

211 (d) Prior to the sale, exchange, purchase, transfer or rental of real
212 property on which a [residential] private or semipublic well is located,

213 the owner shall provide the buyer or tenant notice that educational
214 material concerning private well testing is available on the Department
215 of Public Health web site. Failure to provide such notice shall not
216 invalidate any sale, exchange, purchase, transfer or rental of real
217 property. If the seller or landlord provides such notice in writing, the
218 seller or landlord and any real estate licensee shall be deemed to have
219 fully satisfied any duty to notify the buyer or tenant that the subject real
220 property is located in an area for which there are reasonable grounds for
221 testing under subsection (g) or (j) of this section.

222 (e) The Commissioner of Public Health shall adopt regulations, in
223 accordance with chapter 54, to clarify the criteria under which the
224 commissioner may issue a well permit exception and to describe the
225 terms and conditions that shall be imposed when a well is allowed at a
226 premises (1) that is connected to a public water supply system, or (2)
227 whose boundary is located within two hundred feet of an approved
228 community water supply system, measured along a street, alley or
229 easement. Such regulations shall (A) provide for notification of the
230 permit to the public water supplier, (B) address the quality of the water
231 supplied from the well, the means and extent to which the well shall not
232 be interconnected with the public water supply, the need for a physical
233 separation, and the installation of a reduced pressure device for
234 backflow prevention, the inspection and testing requirements of any
235 such reduced pressure device, and (C) identify the extent and frequency
236 of water quality testing required for the well supply.

237 (f) No regulation may require that a certificate of occupancy for a
238 dwelling unit on such residential property be withheld or revoked on
239 the basis of a water quality test performed on a private [residential] well
240 pursuant to this section, unless such test results indicate that any
241 maximum contaminant level applicable to public water supply systems
242 for any contaminant listed in [the public health code] the regulations of
243 Connecticut state agencies has been exceeded. No administrative
244 agency, health district or municipal health officer may withhold or
245 cause to be withheld such a certificate of occupancy except as provided
246 in this section.

247 (g) The local director of health may require a private [residential] well
248 or semipublic well to be tested for arsenic, radium, uranium, radon or
249 gross alpha emitters, when there are reasonable grounds to suspect that
250 such contaminants are present in the groundwater. For purposes of this
251 subsection, "reasonable grounds" means (1) the existence of a geological
252 area known to have naturally occurring arsenic, radium, uranium,
253 radon or gross alpha emitter deposits in the bedrock; or (2) the well is
254 located in an area in which it is known that arsenic, radium, uranium,
255 radon or gross alpha emitters are present in the groundwater.

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

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

276 (j) The local director of health may require private [residential] wells
277 and semipublic wells to be tested for pesticides, herbicides or organic
278 chemicals when there are reasonable grounds to suspect that any such
279 contaminants might be present in the groundwater. For purposes of this

280 subsection, "reasonable grounds" means (1) the presence of nitrate-
281 nitrogen in the groundwater at a concentration greater than ten
282 milligrams per liter, or (2) that the private [residential] well or
283 semipublic well is located on land, or in proximity to land, associated
284 with the past or present production, storage, use or disposal of organic
285 chemicals as identified in any public record.

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

294 Sec. 7. Section 19a-524 of the general statutes is repealed and the
295 following is substituted in lieu thereof (*Effective October 1, 2020*):

296 If, upon review, investigation or inspection pursuant to section 19a-
297 498, the Commissioner of Public Health determines that a nursing home
298 facility or residential care home has violated any provision of section
299 17a-411, 19a-491a to 19a-491c, inclusive, as amended by this act, 19a-
300 493a, 19a-521 to 19a-529, inclusive, 19a-531 to 19a-551, inclusive, or 19a-
301 553 to 19a-555, inclusive, or any provision of any regulation of
302 Connecticut state agencies relating to licensure, the Fire Safety Code or
303 the operation or maintenance of a nursing home facility or residential
304 care home, which violation has been classified in accordance with
305 section 19a-527, the commissioner may immediately issue or cause to be
306 issued a citation to the licensee of such nursing home facility or
307 residential care home. Governmental immunity shall not be a defense to
308 any citation issued or civil penalty imposed pursuant to this section or
309 sections 19-525 to 19a-528, inclusive. Each such citation shall be in
310 writing, provide notice of the nature and scope of the alleged violation
311 or violations, and include, but not be limited to, the citation and notice
312 of noncompliance issued in accordance with section 19a-496. Each

313 citation and notice of noncompliance issued under this section shall be
314 sent by certified mail or electronically to the licensee at the address or
315 electronic mail address of the nursing home facility or residential care
316 home in issue. A copy of such citation and notice of noncompliance shall
317 also be sent to the licensed administrator at the address of the nursing
318 home facility or residential care home.

319 Sec. 8. Subdivision (2) of subsection (c) of section 19a-491c of the 2020
320 supplement to the general statutes is repealed and the following is
321 substituted in lieu thereof (*Effective October 1, 2020*):

322 (2) No long-term care facility shall be required to comply with the
323 provisions of this subsection (1) if the individual provides evidence to
324 the long-term care facility that such individual submitted to a
325 background search conducted pursuant to subdivision (1) of this
326 subsection not more than three years immediately preceding the date
327 such individual applies for employment, seeks to enter into a contract
328 or begins volunteering with the long-term care facility and that the prior
329 background search confirmed that the individual did not have a
330 disqualifying offense, or (2) in the event of an emergency or significant
331 disruption to (A) Internet capabilities, (B) background search system
332 functionality, or (C) the state of long-term care facility workforce.

333 Sec. 9. Section 19a-179 of the general statutes is repealed and the
334 following is substituted in lieu thereof (*Effective October 1, 2020*):

335 (a) The commissioner shall adopt regulations, in accordance with
336 chapter 54, concerning (1) the methods and conditions for licensure and
337 certification of the operations, facilities and equipment enumerated in
338 section 19a-177, (2) complaint procedures for the public and any
339 emergency medical service organization, and (3) exemption of members
340 of the armed forces or the National Guard or veterans with appropriate
341 military training, including, but not limited to, members of the armed
342 forces or the National Guard or veterans with a designation by the
343 National Registry of Emergency Medical Technicians and veterans or
344 members of the United States Navy and Coast Guard, from training and

345 testing requirements for emergency medical technician licensure and
346 certification. Such regulations shall be in conformity with the policies
347 and standards established by the commissioner. Such regulations shall
348 require that, as an express condition of the purchase of any business
349 holding a primary service area, the purchaser shall agree to abide by any
350 performance standards to which the purchased business was obligated
351 pursuant to its agreement with the municipality.

352 [(b)] For the purposes of this [section] subsection, "veteran" means
353 any person who was discharged or released under conditions other than
354 dishonorable from active service in the armed forces and "armed forces"
355 has the same meaning as provided in section 27-103.

356 (b) The commissioner may waive any provisions of the regulations of
357 Connecticut state agencies affecting an emergency medical services
358 organization if the commissioner determines that such waiver would
359 not endanger the health, safety or welfare of any patient or resident of
360 the state. Upon granting a waiver under this subsection, the
361 commissioner may impose conditions that ensure the health, safety and
362 welfare of any patient or resident of the state. The commissioner may
363 revoke a waiver, provided the commissioner finds that the health, safety
364 or welfare of any patient or resident of the state has been jeopardized.
365 The commissioner may adopt regulations, in accordance with the
366 provisions of chapter 54, to establish procedures for an application for a
367 waiver under this subsection.

368 Sec. 10. Section 20-207 of the general statutes is repealed and the
369 following is substituted in lieu thereof (*Effective October 1, 2020*):

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

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

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

376 (3) "Funeral directing" means the business, practice or profession, as
377 commonly practiced, of (A) directing or supervising funerals, or
378 providing funeral services; (B) handling or encasing or providing
379 services for handling and encasing dead human bodies, otherwise than
380 by embalming, for burial or disposal; (C) providing embalming services;
381 (D) providing transportation, interment and disinterment of dead
382 human bodies; (E) maintaining an establishment so located, constructed
383 and equipped as to permit the decent and sanitary handling of dead
384 human bodies, with suitable equipment in such establishment for such
385 handling; (F) conducting an establishment from which funerals may be
386 held; (G) engaging in consultations concerning arrangements for the
387 disposition of human remains, including, but not limited to,
388 arrangements for cremation or alkaline hydrolysis; (H) casketing human
389 remains; (I) making cemetery and cremation arrangements; and (J)
390 preparing funeral service contracts, as defined in section 42-200;

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

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

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

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

403 (8) ["Student embalmer"] "Registered apprentice embalmer" means a
404 person [studying embalming and] registered with the Department of
405 Public Health as an apprentice pursuant to the provisions of this
406 chapter;

407 (9) ["Student funeral director"] "Registered apprentice funeral
408 director" means a person [studying the funeral service business and]
409 registered with the Department of Public Health as an apprentice
410 pursuant to the provisions of this chapter;

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

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

418 Sec. 11. Section 20-212 of the general statutes is repealed and the
419 following is substituted in lieu thereof (*Effective October 1, 2020*):

420 No person, except a licensed embalmer, shall inject any fluid or
421 substance into any dead human body, except that a registered [student]
422 apprentice embalmer may, even if not in the presence of a licensed
423 embalmer, make such injection or perform any other act under [his]
424 such licensed embalmer's instruction; and no person, firm or
425 corporation shall enter, engage in, carry on or manage for another the
426 business of caring for, preserving or disposing of dead human bodies
427 until each person, firm or corporation so engaged has obtained from the
428 Department of Public Health and holds a license as provided in this
429 chapter; nor shall any person be employed to remove a dead human
430 body, except a licensed embalmer, a registered [student] apprentice
431 embalmer, a licensed funeral director, or a person authorized in each
432 instance by the Chief Medical Examiner, Deputy Medical Examiner or
433 assistant medical examiner incidental to examining the body of a
434 deceased person, except that once a dead human body has been
435 prepared in accordance with the [Public Health Code] regulations of
436 Connecticut state agencies and the applicable provisions of the general
437 statutes, an embalmer or funeral director licensed in this state may
438 authorize an unlicensed employee to transport such body. Nothing in

439 this section shall be construed to prohibit any person licensed as an
440 embalmer or as a funeral director under the laws of another state from
441 bringing into or removing from this state a dead human body, provided
442 any and all other laws of this state relative to such body have been
443 complied with. Nothing in this chapter shall be construed to prohibit
444 any student who is enrolled in a program of education in mortuary
445 science approved by the board, with the consent of the Commissioner
446 of Public Health, from embalming up to ten bodies, incidental to such
447 student's course of study in such program, under the supervision of a
448 licensed embalmer.

449 Sec. 12. Subsections (a) and (b) of section 20-213 of the general statutes
450 are repealed and the following is substituted in lieu thereof (*Effective*
451 *October 1, 2020*):

452 (a) (1) After a [student] registered apprentice embalmer has (A)
453 completed a program of education in mortuary science approved by the
454 board with the consent of the Commissioner of Public Health, (B)
455 successfully completed an examination prescribed by the Department
456 of Public Health with the consent of the board, (C) completed one year
457 of practical training and experience of a grade and character satisfactory
458 to the commissioner in the state in full-time employment under the
459 personal supervision and instruction of an embalmer licensed under the
460 provisions of this chapter, and (D) embalmed fifty human bodies in not
461 more than two years under the supervision of a licensed embalmer or
462 embalmers, (2) the [student] registered apprentice embalmer shall (A)
463 submit to the department an application and fee of two hundred ten
464 dollars, (B) take a written examination on the Connecticut public health
465 laws and the regulations of Connecticut state agencies pertaining to the
466 activities of an embalmer, and (C) take an examination in practical
467 embalming that shall include an actual demonstration upon a cadaver.
468 When the [student] registered apprentice embalmer has satisfactorily
469 passed such examinations, said department shall issue to him or her a
470 license to practice embalming. At the expiration of such license, if the
471 holder thereof desires a renewal, said department shall grant it pursuant
472 to section 20-222a, except for cause.

473 (b) Examinations for registration as a [student] registered apprentice
474 embalmer and for an embalmer's license shall be administered to
475 applicants by the Department of Public Health, under the supervision
476 of the board, semiannually and at such other times as may be
477 determined by the department.

478 Sec. 13. Section 20-215 of the general statutes is repealed and the
479 following is substituted in lieu thereof (*Effective October 1, 2020*):

480 No licensed embalmer shall sign an affidavit attesting the
481 preparation or embalming of any body unless such body has been
482 prepared or embalmed by [him] such licensed embalmer, or by a
483 registered [student] apprentice embalmer under [his] such licensed
484 embalmer's personal supervision.

485 Sec. 14. Subsection (a) of section 20-217 of the general statutes is
486 repealed and the following is substituted in lieu thereof (*Effective October*
487 *1, 2020*):

488 (a) When a [student] registered apprentice funeral director has
489 completed a program of education approved by the board with the
490 consent of the Commissioner of Public Health, has successfully
491 completed an examination prescribed by the department with the
492 consent of the board and furnishes the department with satisfactory
493 proof that he or she has completed one year of practical training and
494 experience in full-time employment under the personal supervision of
495 a licensed embalmer or funeral director, and pays to the department a
496 fee of two hundred ten dollars, [he] the registered apprentice funeral
497 director shall be entitled to be examined upon the Connecticut state law
498 and regulations pertaining to his professional activities. If found to be
499 qualified by the Department of Public Health, [he] the registered
500 apprentice funeral director shall be licensed as a funeral director.
501 Renewal licenses shall be issued by the Department of Public Health
502 pursuant to section 20-222a, unless withheld for cause as herein
503 provided, upon a payment of a fee of two hundred thirty dollars.

504 Sec. 15. Section 20-224 of the general statutes is repealed and the

505 following is substituted in lieu thereof (*Effective October 1, 2020*):

506 (a) The provisions of sections 20-217, as amended by this act, 20-220
507 and 20-227 shall not prohibit the employment of assistants or of
508 [student] registered apprentice embalmers and [student] registered
509 apprentice funeral directors as provided in this chapter, provided a
510 licensed funeral service business may employ no more than two
511 [student] registered apprentice embalmers at any one time, and any
512 person, firm, corporation or other organization engaged in the business
513 of funeral directing may employ no more than one [student] registered
514 apprentice funeral director at any one time, without the approval of the
515 Board of Examiners of Embalmers and Funeral Directors.

516 (b) [Student embalmers and student funeral directors] A registered
517 apprentice embalmer and registered apprentice funeral director shall
518 register as apprentices with the Department of Public Health, in the
519 manner prescribed by the commissioner in regulations adopted
520 pursuant to section 20-211, for purposes of completing practical training
521 and experience pursuant to the provisions of this chapter.

522 Sec. 16. Section 20-226 of the general statutes is repealed and the
523 following is substituted in lieu thereof (*Effective October 1, 2020*):

524 The Department of Public Health shall, on or before the tenth day of
525 September in each year, or as soon thereafter as possible, forward to the
526 town clerk or registrar of vital statistics of each town four printed lists
527 duly verified, [one containing the] containing: (1) The names of all
528 licensed funeral directors, [one] (2) the names of all licensed embalmers,
529 [one] (3) the names of all [student] registered apprentice embalmers,
530 and [one] (4) the names of all [student] registered apprentice funeral
531 directors. [, and such] Such lists shall be kept on file in the office to which
532 they have been transmitted. The Department of Public Health shall issue
533 to each person granted a license or registration subsequent to the
534 making of such list a card stating that the holder thereof has received a
535 license or registration, as the case may be. The holders of such cards
536 shall have the same rights as those whose names appear in the lists on

537 file in the office of the town clerk.

538 Sec. 17. Subsections (a) and (b) of section 20-195dd of the 2020
539 supplement to the general statutes are repealed and the following is
540 substituted in lieu thereof (*Effective from passage*):

541 (a) Except as otherwise provided in subsections (c) and (d) of this
542 section, an applicant for a license as a professional counselor shall
543 submit evidence satisfactory to the commissioner of having: (1) (A)
544 Earned a graduate degree in clinical mental health counseling as part of
545 a program of higher learning accredited by the Council for
546 Accreditation of Counseling and Related Educational Programs, or a
547 successor organization, or (B) (i) completed at least sixty graduate
548 semester hours in counseling or a related mental health field at a
549 regionally accredited institution of higher education that included
550 coursework in each of the following areas: (I) Human growth and
551 development; (II) social and cultural foundations; (III) counseling
552 theories; (IV) counseling techniques; (V) group counseling; (VI) career
553 counseling; (VII) appraisals or tests and measurements to individuals
554 and groups; (VIII) research and evaluation; (IX) professional orientation
555 to mental health counseling; (X) addiction and substance abuse
556 counseling; (XI) trauma and crisis counseling; and (XII) diagnosis and
557 treatment of mental and emotional disorders, (ii) earned from a
558 regionally accredited institution of higher education a graduate degree
559 in counseling or a related mental health field, (iii) completed a one-
560 hundred-hour practicum in counseling taught by a faculty member
561 licensed or certified as a professional counselor or its equivalent in
562 another state, and (iv) completed a six-hundred-hour clinical mental
563 health counseling internship taught by a faculty member licensed or
564 certified as a professional counselor or its equivalent in another state; (2)
565 acquired three thousand hours of postgraduate experience under
566 professional supervision, including a minimum of one hundred hours
567 of direct professional supervision, in the practice of professional
568 counseling, performed over a period of not less than two years; and (3)
569 passed an examination prescribed by the commissioner. The provisions
570 of subparagraphs (B)(i)(X) to (B)(i)(XII), inclusive, (B)(iii) and (B)(iv) of

571 subdivision (1) of this subsection shall not apply to any applicant who,
572 on or before July 1, 2017, was a matriculating student in good standing
573 in a graduate degree program at a regionally accredited institution of
574 higher education in one of the fields required under subparagraph (B)
575 of subdivision (1) of this subsection.

576 (b) An applicant for a license as a professional counselor associate
577 shall submit to the Commissioner of Public Health evidence satisfactory
578 to the commissioner of having (1) earned a graduate degree in clinical
579 mental health counseling as part of a program of higher learning
580 accredited by the Council for Accreditation of Counseling and Related
581 Educational Programs, or a successor organization, or (2) (A) completed
582 at least sixty graduate semester hours in counseling or a related mental
583 health field at a regionally accredited institution of higher education
584 that included coursework in each of the following areas: Human growth
585 and development; social and cultural foundations; counseling theories;
586 counseling techniques; group counseling; career counseling; appraisals
587 or tests and measurements to individuals and groups; research and
588 evaluation; professional orientation to mental health counseling;
589 addiction and substance abuse counseling; trauma and crisis
590 counseling; and diagnosis and treatment of mental and emotional
591 disorders, (B) completed a one-hundred-hour practicum in counseling
592 taught by a faculty member licensed or certified as a professional
593 counselor or its equivalent in another state, (C) completed a six-
594 hundred-hour clinical mental health counseling internship taught by a
595 faculty member licensed or certified as a professional counselor or its
596 equivalent in another state, and (D) earned from a regionally accredited
597 institution of higher education a graduate degree in counseling or a
598 related mental health field. The provisions of subparagraphs (A) to (C),
599 inclusive, of subdivision (2) of this subsection shall not apply to any
600 applicant who, on or before July 1, 2021, earned a graduate degree from
601 a regionally accredited institution of higher education in counseling or
602 a related mental health field and has accumulated at least three
603 thousand hours of experience under professional supervision.

604 Sec. 18. Subsection (b) of section 20-195c of the 2020 supplement to

605 the general statutes is repealed and the following is substituted in lieu
606 thereof (*Effective October 1, 2020*):

607 (b) Each applicant for licensure as a marital and family therapist
608 associate shall present to the department (1) satisfactory evidence that
609 such applicant has completed a graduate degree program specializing
610 in marital and family therapy offered by a regionally accredited
611 institution of higher education or an accredited postgraduate clinical
612 training program accredited by the Commission on Accreditation for
613 Marriage and Family Therapy Education and offered by a regionally
614 accredited institution of higher education, [and] (2) satisfactory
615 evidence that such applicant has completed a practicum or internship
616 with emphasis in marital and family therapy, which was supervised by
617 the program granting the requisite degree or by a postgraduate clinical
618 training program accredited by the Commission on Accreditation for
619 Marriage and Family Therapy Education and offered by a regionally
620 accredited institution of higher education, in which the student received
621 a minimum of five hundred direct clinical hours, including one hundred
622 hours of clinical supervision, and (3) verification from a supervising
623 licensed marital and family therapist that the applicant is working
624 toward completing the postgraduate experience required for licensure
625 as a marital and family therapist under subdivision (3) of subsection (a)
626 of this section. The fee shall be one hundred twenty-five dollars for each
627 initial application.

628 Sec. 19. Section 20-266n of the general statutes is repealed and the
629 following is substituted in lieu thereof (*Effective October 1, 2020*):

630 As used in this section and sections 20-266o to 20-266s, inclusive, as
631 amended by this act, and subsection (c) of section 19a-14:

632 (1) "Commissioner" means the Commissioner of Public Health; [.]

633 (2) "Department" means the Department of Public Health; [.]

634 (3) "Tattooing" means marking or coloring, in an indelible manner,
635 the skin of any person by pricking in coloring matter or by producing

636 scars; [.]

637 (4) "Tattoo technician" means a person who is licensed under the
638 provisions of section 20-266o, [.] as amended by this act;

639 (5) "Student tattoo technician" means a person studying tattooing
640 who is registered with the department pursuant to section 20-266o, [.]
641 as amended by this act; and

642 (6) "Supervising tattoo technician" means a tattoo technician licensed
643 pursuant to this chapter for not less than five years who is responsible
644 for the personal supervision of a student tattoo technician's practical
645 training and experience in tattooing.

646 Sec. 20. Section 20-266o of the 2020 supplement to the general statutes
647 is repealed and the following is substituted in lieu thereof (*Effective*
648 *October 1, 2020*):

649 (a) [On and after July 1, 2014, no] No person shall engage in the
650 practice of tattooing unless the person is eighteen years of age or older
651 and has obtained a license or temporary permit from the Department of
652 Public Health pursuant to this section.

653 (b) [(1)] Each person seeking licensure as a tattoo technician [on or
654 before January 1, 2015, shall make application] shall apply to the
655 department, on a form prescribed by the department, and pay an
656 application fee of two hundred fifty dollars. [and] Each applicant shall
657 present to the department satisfactory evidence that the applicant: [(A)]
658 (1) Is eighteen years of age or older; [(B)] (2) has successfully completed,
659 within the three years preceding the date of application, a course on
660 prevention of disease transmission and blood-borne pathogens that
661 complies with the standards adopted by the federal Occupational Safety
662 and Health Administration, as described in 29 CFR 1910.1030 et seq., as
663 amended from time to time, and that requires the successful completion
664 of a proficiency examination as part of such course; [and (C)] (3) holds
665 current certification by the American Red Cross or the American Heart
666 Association in basic first aid or by an organization using guidelines for

667 first aid published by the American Heart Association and the American
668 Red Cross; (4) presents evidence that the applicant has completed the
669 requirements of a student tattoo technician in accordance with
670 subsections (g) and (h) of this section; and (5) signs a form prescribed by
671 the commissioner attesting that such person is in compliance with
672 infection prevention and control plan guidelines prescribed by the
673 commissioner. The infection prevention and control guidelines shall
674 include, but need not be limited to, the following: (A) Use of personal
675 protective equipment, including, but not limited to, disposable gloves,
676 as a barrier against infectious materials, (B) the practice of appropriate
677 hand hygiene, including the availability of a hand-washing sink in the
678 area where the practice of tattooing occurs, (C) the decontamination and
679 sterilization, with hospital-grade cleaner, of the area or materials used
680 in the practice of tattooing, including, but not limited to, chairs,
681 armrests, tables, countertops, trays, seats, furniture and reusable
682 instruments that may come into contact with skin or mucosal surfaces,
683 and (D) the appropriate use of disposable equipment and the disposal
684 of sharps used during the practice of tattooing.

685 [(2) Each person seeking licensure as a tattoo technician after January
686 1, 2015, shall, in addition to satisfying the requirements of subdivision
687 (1) of this subsection, provide documentation to the department, in the
688 form and manner required by the commissioner, of having (A)
689 completed not less than two thousand hours of practical training and
690 experience under the personal supervision and instruction of a tattoo
691 technician, or (B) practiced tattooing continuously in this state for a
692 period of not less than five years prior to January 1, 2015.]

693 (c) Licenses issued under this section shall be subject to renewal once
694 every two years. A license to practice tattooing shall be renewed in
695 accordance with the provisions of section 19a-88 for a fee of two
696 hundred dollars. A licensee applying for license renewal shall, as a
697 condition of license renewal, (1) successfully complete a course on
698 prevention of disease transmission and blood-borne pathogens that
699 complies with the standards adopted by the federal Occupational Safety
700 and Health Administration, as described in 29 CFR 1910.1030 et seq., as

701 amended from time to time, and that requires the successful completion
702 of a proficiency examination as part of such course, (2) hold current
703 certification by the American Red Cross or the American Heart
704 Association in basic first aid, and (3) sign a form prescribed by the
705 commissioner attesting that such person is in compliance with infection
706 prevention and control plan guidelines prescribed by the commissioner.
707 Each licensee applying for license renewal shall sign a statement
708 attesting that the licensee has successfully completed [such] the
709 education course required by subdivision (1) of this subsection within
710 the six months preceding the expiration of the license on a form
711 prescribed by the [Commissioner of Public Health] commissioner. Each
712 licensee shall retain certificates of completion that demonstrate
713 compliance with the requirement for a minimum of four years after the
714 year in which the course was completed and shall submit such
715 certificates to the department for inspection not later than forty-five
716 days after a request by the department for such certificates.

717 (d) The provisions of this section shall not apply to a physician, an
718 advanced practice registered nurse rendering service in collaboration
719 with a physician, a registered nurse executing the medical regimen
720 under the direction of a licensed physician, dentist or advanced practice
721 registered nurse, or a physician assistant rendering service under the
722 supervision, control and responsibility of a physician.

723 (e) No person shall use the title "tattoo technician", "tattoo artist",
724 "tattooist" or other similar titles unless the person holds a license issued
725 in accordance with this section.

726 (f) Notwithstanding the provisions of subsection (a) of this section, a
727 person may practice tattooing if such person has obtained a license or
728 temporary permit pursuant to this subsection or practices tattooing
729 temporarily in the state as an instructor or participant in an event, trade
730 show or product demonstration in accordance with the provisions of
731 subdivision (3) of this subsection.

732 (1) The department may grant licensure to any person who is licensed

733 at the time of application as a tattoo technician, or as a person entitled
734 to perform similar services under a different designation, in another
735 state of the United States, the District of Columbia or a commonwealth
736 or territory subject to the laws of the United States and who submits
737 evidence satisfactory to the department of (A) a current license in good
738 standing to practice tattooing from such other state, commonwealth or
739 territory, (B) documentation of licensed practice in such state,
740 commonwealth or territory for a period of at least two years
741 immediately preceding application, (C) successful completion of a
742 course on prevention of disease transmission and blood-borne
743 pathogens that complies with the standards adopted by the federal
744 Occupational Safety and Health Administration, as described in 29 CFR
745 1910.1030 et seq., as amended from time to time, [and] (D) current
746 certification by the American Red Cross or the American Heart
747 Association in basic first aid, and (E) attestation on a form prescribed by
748 the commissioner that such person is in compliance with the infection
749 prevention and control plan guidelines prescribed by the commissioner
750 pursuant to subsection (b) of this section. Pending approval of the
751 application for licensure, the commissioner may issue a temporary
752 permit to such applicant upon receipt of a completed application form,
753 accompanied by the fee for licensure, a copy of a current license from
754 such other state, commonwealth or territory and a notarized affidavit
755 attesting that the license is valid and belongs to the person requesting
756 notarization. Such temporary permit shall be valid for a period not to
757 exceed one hundred twenty calendar days and shall not be renewable.

758 (2) The commissioner may issue a temporary permit to an applicant
759 previously licensed in Connecticut whose license has become void
760 pursuant to section 19a-88. Such applicant for a temporary permit shall
761 submit to the department a completed application form accompanied
762 by a fee of one hundred dollars, a copy of a current license in good
763 standing from another state and a notarized affidavit attesting that such
764 license is valid and belongs to the person requesting notarization. A
765 temporary permit for an applicant previously licensed in Connecticut
766 whose license has become void pursuant to section 19a-88 shall be valid

767 for a period not to exceed one hundred twenty calendar days and shall
768 not be renewable.

769 (3) A person who: (A) Provides instruction on tattooing techniques;
770 or (B) participates in the demonstration of a tattooing-related product or
771 offers tattooing as part of a professional course, seminar, workshop,
772 trade show or other event, may practice tattooing for such purpose,
773 provided such person described in subparagraphs (A) and (B) of this
774 subdivision (i) is licensed or certified in the state, territory or possession
775 of the United States or foreign country that is the primary place where
776 such person practices tattooing if such state, territory, possession or
777 foreign country requires licensure or certification for tattooing, (ii) has
778 successfully completed a course on prevention of disease transmission
779 and blood-borne pathogens that complies with the standards adopted
780 by the federal Occupational Safety and Health Administration, as
781 described in 29 CFR 1910.1030 et seq., as amended from time to time,
782 within the preceding three years, (iii) practices tattooing under the
783 direct supervision of a tattoo technician, (iv) does not receive
784 compensation for tattooing, other than for providing instruction or
785 tattooing services to persons in attendance at the course, seminar,
786 workshop, trade show or event, and (v) provides instruction,
787 demonstrates tattooing techniques or offers tattooing only for persons
788 enrolled in the course, seminar or workshop or attending the trade show
789 or event at which the person provides instruction, demonstrates a
790 product or offers tattooing. Any person or organization that holds or
791 produces a course, seminar, workshop, trade show or other event at
792 which a person who is not a tattoo technician licensed in the state
793 provides tattooing instruction, participates in the demonstration of a
794 tattooing-related product or offers tattooing to persons in attendance at
795 the trade show or event shall ensure compliance with the provisions of
796 this section.

797 (g) Notwithstanding the provisions of subsection (a) of this section, a
798 student tattoo technician may practice tattooing under the personal
799 supervision of a tattoo technician for a period not to exceed two years.
800 A student tattoo technician shall (1) successfully complete a course on

801 prevention of disease transmission and blood-borne pathogens that
802 complies with the standards adopted by the federal Occupational Safety
803 and Health Administration, as described in 29 CFR 1910.1030, et seq., as
804 amended from time to time, and that requires the successful completion
805 of a proficiency examination as part of such course, (2) hold certification
806 by the American Red Cross or American Heart Association in basic first
807 aid, (3) obtain a notarized statement signed by a supervising tattoo
808 technician documenting that such student is under the supervision of a
809 supervising tattoo technician in accordance with subsection (h) of this
810 section, and (4) register with the department for purposes of completing
811 the practical training and experience required to obtain a license
812 pursuant to this section [. An application for registration shall be
813 submitted to the department] on a form prescribed by the
814 commissioner. [and shall be accompanied by documentation that the
815 applicant (1) has successfully completed a course on prevention of
816 disease transmission and blood-borne pathogens that complies with the
817 standards adopted by the federal Occupational Safety and Health
818 Administration, as described in 29 CFR 1910.1030 et seq., as amended
819 from time to time, and that requires the successful completion of a
820 proficiency examination as part of such course, and (2) holds current
821 certification by the American Red Cross or the American Heart
822 Association in basic first aid. Such application shall include a notarized
823 statement signed by a tattoo technician providing that such licensee
824 acknowledges having responsibility for personally supervising the
825 applicant's practical training and experience in tattooing.]

826 (h) A supervising tattoo technician may supervise not more than two
827 student tattoo technicians and shall maintain records, for a period of not
828 less than three years, of completing the minimum training requirements
829 for each student tattoo technician. A supervising tattoo technician shall
830 adopt a curriculum for a student tattoo technician that consists of not
831 less than two thousand hours of practical training and experience under
832 the personal supervision and instruction of a supervising tattoo
833 technician, and includes the following minimum training requirements:
834 (1) Discussion of transmission, control and symptoms of the diseases

835 caused by blood-borne pathogens; (2) discussion of tasks involved in the
836 practice of tattooing and the risks of exposure to blood-borne pathogens
837 to the client and the tattoo technician during the performance of each
838 task; (3) discussion of the types and uses of personal protective
839 equipment, including an explanation of the limitations of the
840 equipment; (4) discussion of the types of tasks, proper task technique
841 and sequence of tasks before and after donning and removing personal
842 protective equipment to avoid contamination; (5) discussion of the
843 importance of hand hygiene and a demonstration of proper hand
844 hygiene techniques; (6) discussion of the options, use and storage of
845 disinfectants and antiseptics; (7) provision of information on the signage
846 required for biohazard materials and the importance of properly
847 labeling chemicals and supplies; (8) provision of information on the
848 hepatitis B vaccine, including the safety and accessibility of the vaccine;
849 (9) discussion of what constitutes a blood-borne pathogen exposure
850 incident, including (A) examples of incidences and the actions to take in
851 preventing or minimizing further exposure to the pathogen, (B) risks of
852 infection following an exposure incident, and (C) procedures to follow
853 after an exposure incident, including follow-up medical treatment; and
854 (10) provision of opportunities for interactive questions and answers
855 between the supervising tattoo technician and the student tattoo
856 technician. The supervising tattoo technician shall provide, in writing,
857 documentation to the student tattoo technician upon successful
858 completion of the requirements of this subsection.

859 [(h)] (i) No license or temporary permit shall be issued under this
860 section to any applicant against whom professional disciplinary action
861 is pending or who is the subject of an unresolved complaint in any state
862 or jurisdiction.

863 [(i)] (j) The Commissioner of Public Health may, in accordance with
864 chapter 54, adopt such regulations as are necessary to implement the
865 provisions of sections 20-2660 to 20-266s, inclusive, as amended by this
866 act.

867 Sec. 21. Subdivision (12) of subsection (a) of section 19a-14 of the 2020

868 supplement to the general statutes is repealed and the following is
869 substituted in lieu thereof (*Effective October 1, 2020*):

870 (12) With respect to any complaint filed with the department on or
871 after October 1, 2010, alleging incompetence, negligence, fraud or deceit
872 by a person subject to regulation or licensing by any board or
873 commission described in subdivision (1) to [(5), inclusive, (7),] (8),
874 inclusive, (12) to (14), inclusive, or (16) of subsection (b) of this section:

875 (A) Upon request of the person who filed the complaint, provide such
876 person with information on the status of the complaint;

877 (B) Upon request of the person who filed the complaint, provide such
878 person with an opportunity to review, at the department, records
879 compiled as of the date of the request pursuant to any investigation of
880 the complaint, including, but not limited to, the respondent's written
881 response to the complaint, except that such person shall not be entitled
882 to copy such records and the department (i) shall not disclose (I)
883 information concerning a health care professional's referral to,
884 participation in or completion of an assistance program in accordance
885 with sections 19a-12a, as amended by this act, and 19a-12b, that is
886 confidential pursuant to section 19a-12a, as amended by this act, (II)
887 information not related to such person's specific complaint, including,
888 but not limited to, information concerning patients other than such
889 person, or (III) personnel or medical records and similar files the
890 disclosure of which would constitute an invasion of personal privacy
891 pursuant to section 1-210, except for such records or similar files solely
892 related to such person; (ii) shall not be required to disclose any other
893 information that is otherwise confidential pursuant to federal law or
894 state statute, except for information solely related to such person; and
895 (iii) may require up to ten business days written notice prior to
896 providing such opportunity for review;

897 (C) Prior to resolving the complaint with a consent order, provide the
898 person who filed the complaint with not less than ten business days to
899 submit a written statement as to whether such person objects to

900 resolving the complaint with a consent order;

901 (D) If a hearing is held with respect to such complaint after a finding
902 of probable cause, provide the person who filed the complaint with a
903 copy of the notice of hearing issued pursuant to section 4-177, which
904 shall include information concerning the opportunity to present oral or
905 written statements pursuant to subsection (b) of section 4-177c; and

906 (E) Notify the person who filed the complaint of the final disposition
907 of such complaint not later than seven business days after such final
908 disposition;

909 Sec. 22. Section 20-204a of the general statutes is repealed and the
910 following is substituted in lieu thereof (*Effective October 1, 2020*):

911 (a) The department shall investigate each allegation of any act or
912 omission by a veterinarian specified in section 20-202. The investigation
913 shall be conducted in accordance with the provisions of section 19a-14,
914 as amended by this act, to determine if probable cause exists to issue a
915 statement of charges and to institute proceedings against the
916 veterinarian. Such investigation shall be concluded not later than twelve
917 months from the date the allegation is submitted to the department.

918 (b) Except as provided in subsections (c) and (d) of this section, the
919 investigation shall be confidential and not subject to disclosure under
920 section 1-210 and no person may disclose knowledge of the
921 investigation to a third party unless the veterinarian requests that the
922 investigation be open. [The owner of any animal that is the subject of
923 such an investigation shall not be deemed a third party to such an
924 investigation for purposes of disclosure under this section]
925 Notwithstanding the provisions of this subsection, the department shall
926 provide information to the person who filed the complaint pursuant to
927 subdivision (12) of subsection (a) of section 19a-14, as amended by this
928 act.

929 (c) If the department makes a finding of no probable cause to take
930 action under section 20-202 or fails to make a finding within the twelve-

931 month period required by subsection [(b)] (a) of this section, the
932 allegation submitted pursuant to subsection (a) of this section and the
933 entire record of the investigation may remain confidential and no
934 person shall disclose knowledge of such investigation to a third party
935 unless the veterinarian requests that it be open. Notwithstanding the
936 provisions of this subsection, the department shall provide information
937 to the person who filed the complaint pursuant to subdivision (12) of
938 subsection (a) of section 19a-14, as amended by this act.

939 (d) If the department makes a finding that there is probable cause to
940 take action under section 20-202, the allegation submitted pursuant to
941 subsection (a) of this section and the entire record of such investigation
942 shall be deemed a public record, in accordance with section 1-210.

943 Sec. 23. Subsections (b) and (c) of section 7-62b of the general statutes
944 are repealed and the following is substituted in lieu thereof (*Effective*
945 *January 1, 2021*):

946 (b) The funeral director or embalmer licensed by the department, or
947 the funeral director or embalmer licensed in another state and
948 complying with the terms of a reciprocal agreement on file with the
949 department, in charge of the burial of the deceased person shall
950 complete the death certificate using the electronic death registry system
951 or, if such system is unavailable, on a form provided by the department.
952 [Said] Such certificate shall be filed by a licensed embalmer or such
953 embalmer's designee or a funeral director or such director's designee, in
954 accordance with the provisions of this section, except when inquiry is
955 required by the Chief Medical Examiner's Office, in which case [the
956 death] such certificate shall be filed in accordance with section 19a-409.
957 The Social Security number of the deceased person shall be recorded on
958 such certificate. Such licensed funeral director or licensed embalmer
959 shall obtain the personal data from the next of kin or the best qualified
960 person or source available and shall obtain a medical certification from
961 the person responsible therefor, in accordance with the provisions of
962 this section. Only a licensed embalmer may assume charge of the burial
963 of a deceased person who had a communicable disease, as designated

964 in the [Public Health Code] regulations of Connecticut state agencies, at
965 the time of death and such licensed embalmer shall file an affidavit, on
966 a form provided by the department, signed and sworn to by such
967 licensed embalmer stating that the body has been disinfected in
968 accordance with the [Public Health Code] regulations of Connecticut
969 state agencies.

970 (c) The medical certification portion of the death certificate shall be
971 completed, signed and returned to the licensed funeral director or
972 licensed embalmer no later than twenty-four hours after death by the
973 physician or advanced practice registered nurse in charge of the
974 patient's care for the illness or condition which resulted in death, or
975 upon the death of an infant delivered by a nurse-midwife, by such
976 nurse-midwife, as provided in section 20-86b. In the absence of such
977 physician or advanced practice registered nurse, or with the physician's
978 or advanced practice registered nurse's approval, the medical
979 certification may be completed and signed by an associate physician, an
980 advanced practice registered nurse, a physician assistant as provided in
981 subsection (d) of section 20-12d, a registered nurse as provided in
982 section 20-101a, the chief medical officer of the institution in which
983 death occurred, or by the pathologist who performed an autopsy upon
984 the decedent. The physician, advanced practice registered nurse,
985 physician assistant, registered nurse, nurse-midwife, chief medical
986 officer or pathologist shall use the electronic death registry system to
987 certify to the facts of the decedent's death or, if such system is
988 unavailable, on a form prescribed by the department. No physician,
989 advanced practice registered nurse, physician assistant, registered
990 nurse, nurse-midwife, chief medical officer or pathologist shall sign and
991 return the medical certification unless such physician, advanced
992 practice registered nurse, physician assistant, registered nurse, nurse-
993 midwife, chief medical officer or pathologist has personally viewed and
994 examined the body of the person to whom the medical certification
995 relates and is satisfied that at the time of the examination such person
996 was in fact dead, except in the event a medical certification is completed
997 by a physician, advanced practice registered nurse, physician assistant,

998 registered nurse, nurse-midwife, chief medical officer or pathologist
999 other than the one who made the determination and pronouncement of
1000 death, an additional viewing and examination of the body shall not be
1001 required. If a physician, advanced practice registered nurse, physician
1002 assistant, registered nurse, nurse-midwife, chief medical officer or
1003 pathologist refuses or otherwise fails to complete, sign and return the
1004 medical portion of the death certificate to the licensed funeral director
1005 or licensed embalmer within twenty-four hours after death, such
1006 licensed funeral director or embalmer may notify the Commissioner of
1007 Public Health of such refusal. The commissioner may, upon receipt of
1008 notification and investigation, assess a civil penalty against such
1009 physician, advanced practice registered nurse, physician assistant,
1010 registered nurse, chief medical officer or pathologist not to exceed two
1011 hundred fifty dollars. The medical certification shall state the cause of
1012 death, defined so that such death may be classified under the
1013 international list of causes of death, the duration of disease if known and
1014 such additional information as the Department of Public Health
1015 requires. The department shall give due consideration to national
1016 uniformity in vital statistics in prescribing the form and content of such
1017 information.

1018 Sec. 24. Section 19a-200 of the general statutes is repealed and the
1019 following is substituted in lieu thereof (*Effective July 1, 2020*):

1020 (a) As used in this chapter, "authorized agent" means a sanitarian
1021 licensed under chapter 395 and any individual certified for a specific
1022 program of environmental health by the Commissioner of Public Health
1023 in accordance with the general statutes and regulations of Connecticut
1024 state agencies.

1025 [(a)] (b) The mayor of each city, the chief executive officer of each
1026 town and the warden of each borough shall, unless the charter of such
1027 city, town or borough otherwise provides, nominate some person who
1028 possesses the qualifications specified in subsection (b) of this section to
1029 be director of health for such city, town or borough. [, which] Such
1030 nomination shall be approved by the commissioner and, upon such

1031 approval, confirmed or rejected by the board of selectmen, if there be
1032 such a board, otherwise by the legislative body of such city or town or
1033 by the burgesses of such borough within thirty days thereafter.

1034 (c) Notwithstanding the charter provisions of any city, town or
1035 borough with respect to the qualifications of the director of health, on
1036 and after October 1, 2010, any person nominated to be a director of
1037 health shall (1) be a licensed physician and hold a degree in public health
1038 from an accredited school, college, university or institution, or (2) hold
1039 a graduate degree in public health from an accredited institution of
1040 higher education. The educational requirements of this section shall not
1041 apply to any director of health nominated or otherwise appointed as
1042 director of health prior to October 1, 2010.

1043 (d) In cities, towns or boroughs with a population of forty thousand
1044 or more for five consecutive years, according to the estimated
1045 population figures authorized pursuant to subsection (b) of section
1046 8-159a, such director of health shall serve in a full-time capacity, except
1047 where a town has designated such director as the chief medical advisor
1048 for its public schools under section 10-205. [, and shall not]

1049 (e) No director shall, during such director's term of office, have any
1050 financial interest in or engage in any employment, transaction or
1051 professional activity that is in substantial conflict with the proper
1052 discharge of the duties required of directors of health by the general
1053 statutes or the regulations of Connecticut state agencies or specified by
1054 the appointing authority of the city, town or borough in its written
1055 agreement with such director. The town, city or borough shall submit a
1056 written agreement with such director to the Commissioner of Public
1057 Health upon the appointment or reappointment of such director.

1058 (f) Such director of health shall have and exercise within the limits of
1059 the city, town or borough for which such director is appointed all
1060 powers necessary for enforcing the general statutes, provisions of the
1061 regulations of Connecticut state agencies relating to the preservation
1062 and improvement of the public health and preventing the spread of

1063 diseases therein.

1064 (g) In case of the absence or inability to act of a city, town or borough
1065 director of health or if a vacancy exists in the office of such director, the
1066 appointing authority of such city, town or borough may, with the
1067 approval of the Commissioner of Public Health, designate in writing a
1068 suitable person to serve as acting director of health during the period of
1069 such absence or inability or vacancy, provided the commissioner may
1070 appoint such acting director if the city, town or borough fails to do so.
1071 The person so designated, when sworn, shall have all the powers and
1072 be subject to all the duties of such director. In case of vacancy in the
1073 office of such director, if such vacancy exists for [thirty] sixty days, said
1074 commissioner may appoint a director of health for such city, town or
1075 borough. Said commissioner, may, for cause, remove an officer the
1076 commissioner or any predecessor in said office has appointed, and the
1077 common council of such city, town or the burgesses of such borough
1078 may, respectively, for cause, remove a director whose nomination has
1079 been confirmed by [them] such common council, provided such
1080 removal shall be approved by said commissioner; and, [within] not later
1081 than two days [thereafter] after the date of such approval, notice in
1082 writing of such action shall be given by the clerk of such city, town or
1083 borough, as the case may be, to said commissioner, who shall, [within]
1084 not later than ten days after receipt, file with the clerk from whom the
1085 notice was received, approval or disapproval.

1086 (h) Each such director of health shall hold office for the term of four
1087 years from the date of appointment and until a successor is nominated
1088 and confirmed in accordance with subsection (b) of this section.

1089 (i) Each director of health shall, annually, at the end of the fiscal year
1090 of the city, town or borough, file with the Department of Public Health
1091 a report of the doings as such director for the year preceding.

1092 [(b) On and after July 1, 1988, each] (j) Each city, town and borough
1093 shall provide for the services of a sanitarian licensed under chapter 395
1094 to work under the direction of the local director of health. Where

1095 practical, the local director of health may act as the sanitarian.

1096 [(c) As used in this chapter, "authorized agent" means a sanitarian
1097 licensed under chapter 395 and any individual certified for a specific
1098 program of environmental health by the Commissioner of Public Health
1099 in accordance with the general statutes and regulations of Connecticut
1100 state agencies.]

1101 Sec. 25. Section 19a-202a of the general statutes is repealed and the
1102 following is substituted in lieu thereof (*Effective July 1, 2020*):

1103 (a) Any municipality may designate itself as having a part-time
1104 health department if: (1) The municipality has not had a full-time health
1105 department or been in a full-time health district prior to January 1, 1998;
1106 (2) the municipality has the equivalent of at least one full-time
1107 employee, as determined by the Commissioner of Public Health,]; who
1108 performs public health functions required by the general statutes and
1109 regulations of Connecticut state agencies; and (3) the municipality
1110 annually submits a public health program plan and budget to the
1111 commissioner,]; and (4) the commissioner approves the program plan
1112 and budget.]

1113 (b) The Commissioner of Public Health [shall] may adopt regulations,
1114 in accordance with the provisions of chapter 54, for the development
1115 and approval of the program plan and budget required by subdivision
1116 (3) of subsection (a) of this section.

1117 Sec. 26. Section 19a-244 of the general statutes is repealed and the
1118 following is substituted in lieu thereof (*Effective July 1, 2020*):

1119 On and after October 1, 2010, any person nominated to be the director
1120 of health shall (1) be a licensed physician and hold a degree in public
1121 health from an accredited school, college, university or institution, or (2)
1122 hold a graduate degree in public health from an accredited school,
1123 college or institution. The educational requirements of this section shall
1124 not apply to any director of health nominated or otherwise appointed
1125 as director of health prior to October 1, 2010. The board may specify in

1126 a written agreement with such director the term of office, which shall
1127 not exceed three years, salary and duties required of and responsibilities
1128 assigned to such director in addition to those required by the general
1129 statutes or the [Public Health Code] regulations of Connecticut state
1130 agencies, if any. Such director shall be removed during the term of such
1131 written agreement only for cause after a public hearing by the board on
1132 charges preferred, of which reasonable notice shall have been given. No
1133 director shall, during such director's term of office, have any financial
1134 interest in or engage in any employment, transaction or professional
1135 activity that is in substantial conflict with the proper discharge of the
1136 duties required of directors of health by the general statutes or the
1137 [Public Health Code] regulations of Connecticut state agencies or
1138 specified by the board in its written agreement with such director. The
1139 board shall submit its written agreement with such director to the
1140 Commissioner of Public Health upon the appointment or
1141 reappointment of such director. Such director shall serve in a full-time
1142 capacity and act as secretary and treasurer of the board, without the
1143 right to vote. Such director shall give to the district a bond with a surety
1144 company authorized to transact business in the state, for the faithful
1145 performance of such director's duties as treasurer, in such sum and
1146 upon such conditions as the board requires. Such director shall be the
1147 executive officer of the district department of health. Full-time
1148 employees of a city, town or borough health department at the time such
1149 city, town or borough votes to form or join a district department of
1150 health shall become employees of such district department of health.
1151 Such employees may retain their rights and benefits in the pension
1152 system of the town, city or borough by which they were employed and
1153 shall continue to retain their active participating membership therein
1154 until retired. Such employees shall pay into such pension system the
1155 contributions required of them for their class and membership. Any
1156 additional employees to be hired by the district or any vacancies to be
1157 filled shall be filled in accordance with the rules and regulations of the
1158 merit system of the state of Connecticut and the employees who are
1159 employees of cities, towns or boroughs which have adopted a local civil
1160 service or merit system shall be included in their comparable grade with

1161 fully attained seniority in the state merit system. Such employees shall
1162 perform such duties as are prescribed by the director of health. In the
1163 event of the withdrawal of a town, city or borough from the district
1164 department, or in the event of a dissolution of any district department,
1165 the employees thereof, originally employed therein, shall automatically
1166 become employees of the appropriate town, city or borough's board of
1167 health. Each director of health shall, annually, at the end of the fiscal
1168 year of the district, file with the Department of Public Health a report of
1169 the doings of such director for the year preceding.

1170 Sec. 27. Subdivision (3) of subsection (a) of section 19a-12a of the
1171 general statutes is repealed and the following is substituted in lieu
1172 thereof (*Effective July 1, 2020*):

1173 (3) "Health care professionals" includes any person licensed or who
1174 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,
1175 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383, 383a, 383b, 383c,
1176 384, 384a, 384b, 384c, 384d, 385, 398 or 399;

1177 Sec. 28. Section 19a-12d of the general statutes is repealed and the
1178 following is substituted in lieu thereof (*Effective July 1, 2020*):

1179 On or before the last day of January, April, July and October in each
1180 year, the Commissioner of Public Health shall certify the amount of
1181 revenue received as a result of any fee increase in the amount of five
1182 dollars that took effect (1) October 1, 2015, pursuant to sections 19a-88,
1183 19a-515, 20-65k, 20-74bb, 20-74h, 20-74s, 20-149, 20-162o, 20-162bb, 20-
1184 191a, 20-195c, as amended by this act, 20-195o, 20-195cc, 20-201, 20-206b,
1185 20-206n, 20-206r, 20-206bb, 20-206ll, 20-222a, 20-275, 20-395d, 20-398 and
1186 20-412, and (2) October 1, 2020, pursuant to section 20-185k, as amended
1187 by this act, and transfer such amount to the professional assistance
1188 program account established in section 19a-12c.

1189 Sec. 29. Subdivision (1) of subsection (a) of section 19a-12e of the
1190 general statutes is repealed and the following is substituted in lieu
1191 thereof (*Effective October 1, 2020*):

1192 (1) "Health care professional" means any individual licensed or who
1193 holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378,
1194 inclusive, 379 to 381b, inclusive, 382a, 383 to 385, inclusive, 388 or 397a
1195 to 399, inclusive;

1196 Sec. 30. Subsection (b) of section 20-185k of the general statutes is
1197 repealed and the following is substituted in lieu thereof (*Effective October*
1198 *1, 2020, and applicable to the renewal of a license that expires on or after that*
1199 *date*):

1200 (b) A license issued under this section may be renewed annually. The
1201 license shall be renewed in accordance with the provisions of section
1202 19a-88, for a fee of one hundred [seventy-five] eighty dollars. Each
1203 behavior analyst applying for license renewal shall furnish evidence
1204 satisfactory to the commissioner of having current certification with the
1205 Behavior Analyst Certification Board.

1206 Sec. 31. Subsection (a) of section 17a-412 of the general statutes is
1207 repealed and the following is substituted in lieu thereof (*Effective October*
1208 *1, 2020*):

1209 (a) Any physician or surgeon licensed under the provisions of chapter
1210 370, any resident physician or intern in any hospital in this state,
1211 whether or not so licensed, [and] any registered nurse, licensed practical
1212 nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist,
1213 social worker, clergyman, police officer, pharmacist, physical therapist,
1214 long-term care facility administrator, nurse's aide or orderly in a long-
1215 term care facility, any person paid for caring for a patient in a long-term
1216 care facility, any staff person employed by a long-term care facility,
1217 [and] any person who is a sexual assault counselor or a domestic
1218 violence counselor as defined in section 52-146k, and any behavior
1219 analyst licensed under the provisions of chapter 382a, who has
1220 reasonable cause to suspect or believe that a resident in a long-term care
1221 facility has been abused, neglected, exploited or abandoned, or is in a
1222 condition that is the result of such abuse, neglect, exploitation or
1223 abandonment, shall, not later than seventy-two hours after such
1224 suspicion or belief arose, report such information or cause a report to be

1225 made in any reasonable manner to the Commissioner of Social Services
1226 pursuant to chapter 319dd. Any person required to report under the
1227 provision of this section who fails to make such report within the
1228 prescribed time period shall be fined not more than five hundred
1229 dollars, except that, if such person intentionally fails to make such report
1230 within the prescribed time period, such person shall be guilty of a class
1231 C misdemeanor for the first offense and a class A misdemeanor for any
1232 subsequent offense.

1233 Sec. 32. Subsection (a) of section 17b-451 of the general statutes is
1234 repealed and the following is substituted in lieu thereof (*Effective October*
1235 *1, 2020*):

1236 (a) A mandatory reporter [, as defined in this section,] who has
1237 reasonable cause to suspect or believe that any elderly person has been
1238 abused, neglected, exploited or abandoned, or is in a condition that is
1239 the result of such abuse, neglect, exploitation or abandonment, or is in
1240 need of protective services, shall, not later than seventy-two hours after
1241 such suspicion or belief arose, report such information or cause a report
1242 to be made in any reasonable manner to the Commissioner of Social
1243 Services or to the person or persons designated by the commissioner to
1244 receive such reports. The term "mandatory reporter" means (1) any
1245 physician or surgeon licensed under the provisions of chapter 370, (2)
1246 any resident physician or intern in any hospital in this state, whether or
1247 not so licensed, (3) any registered nurse, (4) any nursing home
1248 administrator, nurse's aide or orderly in a nursing home facility or
1249 residential care home, (5) any person paid for caring for a resident in a
1250 nursing home facility or residential care home, (6) any staff person
1251 employed by a nursing home facility or residential care home, (7) any
1252 residents' advocate, other than a representative of the Office of the Long-
1253 Term Care Ombudsman, as established under section 17a-405,
1254 including the State Ombudsman, (8) any licensed practical nurse,
1255 medical examiner, dentist, optometrist, chiropractor, podiatrist,
1256 behavior analyst, social worker, clergyman, police officer, pharmacist,
1257 psychologist or physical therapist, (9) any person paid for caring for an
1258 elderly person by any institution, organization, agency or facility,

1259 including without limitation, any employee of a community-based
1260 services provider, senior center, home care agency, homemaker and
1261 companion agency, adult day care center, village-model community
1262 and congregate housing facility, and (10) any person licensed or
1263 certified as an emergency medical services provider pursuant to chapter
1264 368d or chapter 384d, including any such emergency medical services
1265 provider who is a member of a municipal fire department. Any
1266 mandatory reporter who fails to make such report within the prescribed
1267 time period shall be fined not more than five hundred dollars, except
1268 that, if such person intentionally fails to make such report within the
1269 prescribed time period, such person shall be guilty of a class C
1270 misdemeanor for the first offense and a class A misdemeanor for any
1271 subsequent offense. Any institution, organization, agency or facility
1272 employing individuals to care for persons sixty years of age or older
1273 shall provide mandatory training on detecting potential abuse, neglect,
1274 exploitation and abandonment of such persons and inform such
1275 employees of their obligations under this section. For purposes of this
1276 subsection, "person paid for caring for an elderly person by any
1277 institution, organization, agency or facility" includes an employee of a
1278 community-based services provider, senior center, home health care
1279 agency, homemaker and companion agency, adult day care center,
1280 village-model community and congregate housing facility.

1281 Sec. 33. Section 19a-60 of the general statutes is repealed and the
1282 following is substituted in lieu thereof (*Effective July 1, 2020*):

1283 (a) There is established, within available appropriations, within the
1284 Department of Public Health, a Palliative Care Advisory Council. The
1285 advisory council shall: (1) Analyze the current state of palliative care in
1286 the state; and (2) advise the department on matters relating to the
1287 improvement of palliative care and the quality of life for persons with
1288 serious or chronic illnesses.

1289 (b) The advisory council shall consist of the following members:

1290 (1) Two appointed by the Governor, one of whom shall be a physician

1291 certified by the American Board of Hospice and Palliative Medicine and
1292 one of whom shall be a registered nurse or advanced practice registered
1293 nurse certified by the National Board for Certification of Hospice and
1294 Palliative Nurses;

1295 (2) Seven appointed by the Commissioner of Public Health, each of
1296 whom shall be a licensed health care provider, with each appointee
1297 having experience or expertise in the provision of one of the following:
1298 (A) Inpatient palliative care in a hospital; (B) inpatient palliative care in
1299 a nursing home facility; (C) palliative care in the patient's home or a
1300 community setting; (D) pediatric palliative care; (E) palliative care for
1301 young adults; (F) palliative care for adults or elderly persons; and (G)
1302 inpatient palliative care in a psychiatric facility;

1303 (3) One appointed by the speaker of the House of Representatives,
1304 who shall be a licensed social worker experienced in working with
1305 persons with serious or chronic illness and their family members;

1306 (4) One appointed by the president pro tempore of the Senate, who
1307 shall be a licensed pharmacist experienced in working with persons
1308 with serious or chronic illness;

1309 (5) One appointed by the minority leader of the House of
1310 Representatives, who shall be a spiritual counselor experienced in
1311 working with persons with serious or chronic illness and their family
1312 members; and

1313 (6) One appointed by the minority leader of the Senate, who shall be
1314 a representative of the American Cancer Society or a person experienced
1315 in advocating for persons with serious or chronic illness and their family
1316 members.

1317 (c) All appointments to the advisory council shall be made not later
1318 than December 31, 2013. Advisory council members shall serve three-
1319 year terms. Any vacancy shall be filled by the appointing authority.

1320 (d) Any appointment that is vacant for one year or more shall be filled

1321 by the Commissioner of Public Health. The commissioner shall notify
1322 the appointing authority of the commissioner's choice of member for
1323 appointment not less than thirty days before making such vacancy
1324 appointment.

1325 [(d)] (e) Members shall receive no compensation except for
1326 reimbursement for necessary expenses incurred in performing their
1327 duties.

1328 [(e)] (f) The members shall elect the chairperson of the advisory
1329 council from among the members of the advisory council. A majority of
1330 the advisory council members shall constitute a quorum. Any action
1331 taken by the advisory council shall require a majority vote of those
1332 present. The first meeting of the advisory council shall be held not later
1333 than December 31, 2013. The advisory council shall meet biannually and
1334 at other times upon the call of the chairperson, upon the request of the
1335 Commissioner of Public Health or upon the request of a majority of the
1336 advisory council members.

1337 [(f)] (g) Not later than January 1, [2015] 2021, and [annually]
1338 biennially thereafter, the advisory council shall submit a report on its
1339 findings and recommendations to the Commissioner of Public Health
1340 and the joint standing committee of the General Assembly having
1341 cognizance of matters relating to public health, in accordance with the
1342 provisions of section 11-4a.

1343 Sec. 34. Section 19a-6q of the 2020 supplement to the general statutes
1344 is repealed and the following is substituted in lieu thereof (*Effective from*
1345 *passage*):

1346 [(a)] The Commissioner of Public Health, in consultation with the
1347 executive director of the Office of Health Strategy, established under
1348 section 19a-754a, and local and regional health departments, shall,
1349 within available resources, develop a plan that is consistent with the
1350 Department of Public Health's Healthy Connecticut 2020 health
1351 improvement plan and the state healthcare innovation plan developed
1352 pursuant to the State Innovation Model Initiative by the Centers for

1353 Medicare and Medicaid Services Innovation Center. The commissioner
1354 shall develop and implement such plan to: (1) Reduce the incidence of
1355 tobacco use, high blood pressure, health care associated infections,
1356 asthma, unintended pregnancy and diabetes; (2) improve chronic
1357 disease care coordination in the state; and (3) reduce the incidence and
1358 effects of chronic disease and improve outcomes for conditions
1359 associated with chronic disease in the state.

1360 [(b) The commissioner shall, on or before January 15, 2015, and
1361 biennially thereafter, submit a report, in consultation with the executive
1362 director of the Office of Health Strategy, in accordance with the
1363 provisions of section 11-4a to the joint standing committee of the
1364 General Assembly having cognizance of matters relating to public
1365 health concerning chronic disease and implementation of the plan
1366 described in subsection (a) of this section. The commissioner shall post
1367 each report on the Department of Public Health's Internet web site not
1368 later than thirty days after submitting such report. Each report shall
1369 include, but need not be limited to: (1) A description of the chronic
1370 diseases that are most likely to cause a person's death or disability, the
1371 approximate number of persons affected by such chronic diseases and
1372 an assessment of the financial effects of each such disease on the state
1373 and on hospitals and health care facilities; (2) a description and
1374 assessment of programs and actions that have been implemented by the
1375 department and health care providers to improve chronic disease care
1376 coordination and prevent chronic disease; (3) the sources and amounts
1377 of funding received by the department to treat persons with multiple
1378 chronic diseases and to treat or reduce the most prevalent chronic
1379 diseases in the state; (4) a description of chronic disease care
1380 coordination between the department and health care providers, to
1381 prevent and treat chronic disease; and (5) recommendations concerning
1382 actions that health care providers and persons with chronic disease may
1383 take to reduce the incidence and effects of chronic disease.]

1384 Sec. 35. Subsection (b) of section 19a-493 of the 2020 supplement to
1385 the general statutes is repealed and the following is substituted in lieu
1386 thereof (*Effective July 1, 2020*):

1387 (b) (1) A nursing home license may be renewed biennially after (A)
1388 an unscheduled inspection conducted by the department, (B)
1389 submission of the information required by section 19a-491a, and (C)
1390 submission of evidence satisfactory to the department that the nursing
1391 home is in compliance with the provisions of this chapter, the [Public
1392 Health Code] regulations of Connecticut state agencies and licensing
1393 regulations.

1394 (2) Any change in the ownership of a facility or institution, as defined
1395 in section 19a-490, owned by an individual, partnership or association
1396 or the change in ownership or beneficial ownership of ten per cent or
1397 more of the stock of a corporation which owns, conducts, operates or
1398 maintains such facility or institution, shall be subject to prior approval
1399 of the department after a scheduled inspection of such facility or
1400 institution is conducted by the department, provided such approval
1401 shall be conditioned upon a showing by such facility or institution to the
1402 commissioner that it has complied with all requirements of this chapter,
1403 the regulations relating to licensure and all applicable requirements of
1404 the [Public Health Code] regulations of Connecticut state agencies. Any
1405 such change in ownership or beneficial ownership resulting in a transfer
1406 to a person related by blood or marriage to such an owner or beneficial
1407 owner shall not be subject to prior approval of the department unless:
1408 (A) Ownership or beneficial ownership of ten per cent or more of the
1409 stock of a corporation, limited liability corporation, partnership or
1410 association which owns, conducts, operates or maintains more than one
1411 facility or institution is transferred; (B) ownership or beneficial
1412 ownership is transferred in more than one facility or institution; or (C)
1413 the facility or institution is the subject of a pending complaint,
1414 investigation or licensure action. If the facility or institution is not in
1415 compliance, the commissioner may require the new owner to sign a
1416 consent order providing reasonable assurances that the violations shall
1417 be corrected within a specified period of time. Notice of any such
1418 proposed change of ownership shall be given to the department at least
1419 one hundred twenty days prior to the effective date of such proposed
1420 change. For the purposes of this subdivision, "a person related by blood

1421 or marriage" means a parent, spouse, child, brother, sister, aunt, uncle,
1422 niece or nephew. For the purposes of this subdivision, a change in the
1423 legal form of the ownership entity, including, but not limited to, changes
1424 from a corporation to a limited liability company, a partnership to a
1425 limited liability partnership, a sole proprietorship to a corporation and
1426 similar changes, shall not be considered a change of ownership if the
1427 beneficial ownership remains unchanged and the owner provides such
1428 information regarding the change to the department as may be required
1429 by the department in order to properly identify the current status of
1430 ownership and beneficial ownership of the facility or institution. For the
1431 purposes of this subdivision, a public offering of the stock of any
1432 corporation that owns, conducts, operates or maintains any such facility
1433 or institution shall not be considered a change in ownership or beneficial
1434 ownership of such facility or institution if the licensee and the officers
1435 and directors of such corporation remain unchanged, such public
1436 offering cannot result in an individual or entity owning ten per cent or
1437 more of the stock of such corporation, and the owner provides such
1438 information to the department as may be required by the department in
1439 order to properly identify the current status of ownership and beneficial
1440 ownership of the facility or institution.

1441 Sec. 36. (NEW) (*Effective October 1, 2020*) A health care facility licensed
1442 pursuant to chapter 368v of the general statutes shall have policies and
1443 procedures in place that reflect the National Centers for Disease Control
1444 and Prevention's recommendations for tuberculosis screening, testing,
1445 treatment and education for health care personnel. Any employee
1446 providing direct patient care in a facility licensed pursuant to chapter
1447 368v of the general statutes shall be required to receive tuberculosis
1448 screening and testing in compliance with the licensed health care
1449 facility's policies and procedures.

1450 Sec. 37. Subsection (c) of section 19a-343 of the general statutes is
1451 repealed and the following is substituted in lieu thereof (*Effective October*
1452 *1, 2020*):

1453 (c) Three or more arrests, the issuance of three or more arrest

1454 warrants indicating a pattern of criminal activity and not isolated
1455 incidents or the issuance of three or more citations for a violation of a
1456 municipal ordinance as described in subdivision (14) of this subsection,
1457 for the following offenses shall constitute the basis for bringing an action
1458 to abate a public nuisance:

1459 (1) Prostitution under section 53a-82, 53a-83, 53a-86, 53a-87, 53a-88 or
1460 53a-89.

1461 (2) Promoting an obscene performance or obscene material under
1462 section 53a-196 or 53a-196b, employing a minor in an obscene
1463 performance under section 53a-196a, importing child pornography
1464 under section 53a-196c, possessing child pornography in the first degree
1465 under section 53a-196d, possessing child pornography in the second
1466 degree under section 53a-196e or possessing child pornography in the
1467 third degree under section 53a-196f.

1468 (3) Transmission of gambling information under section 53-278b or
1469 53-278d or maintaining of a gambling premises under section 53-278e.

1470 (4) Offenses for the sale of controlled substances, possession of
1471 controlled substances with intent to sell, or maintaining a drug factory
1472 under section 21a-277, 21a-278 or 21a-278a or use of the property by
1473 persons possessing controlled substances under section 21a-279.
1474 Nothing in this section shall prevent the state from also proceeding
1475 against property under section 21a-259 or 54-36h.

1476 (5) Unauthorized sale of alcoholic liquor under section 30-74 or
1477 disposing of liquor without a permit under section 30-77, or sale or
1478 delivery of alcoholic liquor to any minor under subdivision (1) of
1479 subsection (b) of section 30-86 or the sale, delivery or giving of alcoholic
1480 liquor to a minor under subdivision (2) of subsection (b) of section 30-
1481 86.

1482 (6) Maintaining a motor vehicle chop shop under section 14-149a.

1483 (7) Inciting injury to persons or property under section 53a-179a.

1484 (8) Murder or manslaughter under section 53a-54a, 53a-54b, 53a-55,
1485 53a-56 or 53a-56a.

1486 (9) Assault under section 53a-59, 53a-59a, subdivision (1) of
1487 subsection (a) of section 53a-60 or section 53a-60a or 53a-61.

1488 (10) Sexual assault under section 53a-70 or 53a-70a.

1489 (11) Fire safety violations under section 29-291a, 29-291c, 29-292,
1490 subsection (b) of section 29-310, or section 29-315, 29-349 or 29-357.

1491 (12) Firearm offenses under section 29-35, 53-202aa, 53-203, 53a-211,
1492 53a-212, 53a-216, 53a-217 or 53a-217c.

1493 (13) Illegal manufacture, sale, possession or dispensing of a drug
1494 under subdivision (2) of section 21a-108.

1495 (14) Violation of a municipal ordinance resulting in the issuance of a
1496 citation for (A) excessive noise on nonresidential real property that
1497 significantly impacts the surrounding area, provided the municipality's
1498 excessive noise ordinance is based on an objective standard, (B) owning
1499 or leasing a dwelling unit that provides residence to an excessive
1500 number of unrelated persons resulting in dangerous or unsanitary
1501 conditions that significantly impact the safety of the surrounding area,
1502 or (C) impermissible operation of (i) a business that permits persons
1503 who are not licensed pursuant to section 20-206b to engage in the
1504 practice of massage therapy, or (ii) a massage parlor, as defined by the
1505 applicable municipal ordinance, that significantly impacts the safety of
1506 the surrounding area.

1507 Sec. 38. Section 19a-131g of the general statutes is repealed and the
1508 following is substituted in lieu thereof (*Effective from passage*):

1509 The Commissioner of Public Health shall establish a Public Health
1510 Preparedness Advisory Committee for purposes of advising the
1511 Department of Public Health on matters concerning emergency
1512 responses to a public health emergency. The advisory committee shall
1513 consist of the Commissioner of Public Health, or the commissioner's

1514 designee, the Commissioner of Emergency Services and Public
1515 Protection, or the commissioner's designee, the president pro tempore
1516 of the Senate, or the president's designee, the speaker of the House of
1517 Representatives, the majority and minority leaders of both houses of the
1518 General Assembly, or the leaders' designees, and the chairpersons and
1519 ranking members of the joint standing committees of the General
1520 Assembly having cognizance of matters relating to public health, public
1521 safety and the judiciary, or the chairpersons' and ranking members'
1522 designees, and representatives of town, city, borough and district
1523 directors of health, as appointed by the commissioner, and any other
1524 organization or persons that the commissioner deems relevant to the
1525 issues of public health preparedness. Upon the request of the
1526 commissioner, the Public Health Preparedness Advisory Committee
1527 may meet to review the plan for emergency responses to a public health
1528 emergency and other matters as deemed necessary by the
1529 commissioner.

1530 Sec. 39. Subsection (d) of section 19a-30 of the general statutes is
1531 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1532 *2020*):

1533 (d) A nonrefundable fee of two hundred dollars shall accompany
1534 each application for a license or for renewal thereof, except in the case
1535 of a clinical laboratory owned and operated by a municipality, the state,
1536 the United States or any agency of said municipality, state or United
1537 States. Each license shall be issued for a period of not less than twenty-
1538 four nor more than twenty-seven months from the deadline for
1539 applications established by the commissioner. Renewal applications
1540 shall be made (1) biennially within the twenty-fourth month of the
1541 current license; (2) before any change in ownership or change in director
1542 is made; and (3) prior to any major expansion or alteration in quarters.
1543 A licensed clinical laboratory shall report to the department, in a form
1544 and manner prescribed by the commissioner, the name and address of
1545 each blood collection facility owned and operated by the clinical
1546 laboratory prior to issuance of a license to the clinical laboratory, prior
1547 to issuance of a notice of renewal thereof to the clinical laboratory or

1548 whenever a blood collection facility owned and operated by the clinical
1549 laboratory opens or closes.

1550 Sec. 40. Subsection (b) of section 20-365 of the general statutes is
1551 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1552 *2020*):

1553 (b) Nothing in section 19a-200, as amended by this act, subsection (a)
1554 of section 19a-206, or sections 19a-207, 19a-242, 20-358 or 20-360 to 20-
1555 365, inclusive, shall prevent any of the following persons from engaging
1556 in the performance of their duties: (1) Any person certified by the
1557 Department of Public Health as a food or sewage inspector in
1558 accordance with regulations adopted pursuant to section 19a-36, (2) any
1559 person employed by a local health department performing the duties of
1560 a lead inspector who complies with training standards established
1561 pursuant to section 20-479, (3) a director of health acting pursuant to
1562 [subsection (a) of] section 19a-200, as amended by this act, or section
1563 19a-244, as amended by this act, (4) any employee of a water utility or
1564 federal or state agency performing his duties in accordance with
1565 applicable statutes and regulations, (5) any person employed by a local
1566 health department working under the direct supervision of a licensed
1567 sanitarian, (6) any person licensed or certified by the Department of
1568 Public Health in a specific program performing certain duties that are
1569 included within the duties of a sanitarian, or (7) a student enrolled in an
1570 accredited academic program leading to a degree in environmental
1571 health or completing a special training course in environmental health
1572 approved by the commissioner, provided such student is clearly
1573 identified by a title which indicates his or her status as a student.

1574 Sec. 41. Subsection (b) of section 20-195u of the general statutes is
1575 repealed and the following is substituted in lieu thereof (*Effective from*
1576 *passage*):

1577 (b) Continuing education required pursuant to this section shall be
1578 related to the practice of social work and shall include not less than one
1579 contact hour of training or education each registration period on the

1580 topic of cultural competency and, on and after January 1, 2016, not less
1581 than two contact hours of training or education during the first renewal
1582 period in which continuing education is required and not less than once
1583 every six years thereafter on the topic of mental health conditions
1584 common to veterans and family members of veterans, including (1)
1585 determining whether a patient is a veteran or family member of a
1586 veteran, (2) screening for conditions such as post-traumatic stress
1587 disorder, risk of suicide, depression and grief, and (3) suicide prevention
1588 training. Such continuing education shall consist of courses, workshops
1589 and conferences offered or approved by the Association of Social Work
1590 Boards, the National Association of Social Workers or a school or
1591 department of social work accredited by the Council on Social Work
1592 Education. A licensee's ability to engage in on-line and home study
1593 continuing education shall be limited to not more than [six] ten hours
1594 per registration period. Within the registration period, an initial
1595 presentation by a licensee of an original paper, essay or formal lecture
1596 in social work to a recognized group of fellow professionals may
1597 account for five hours of continuing education hours of the aggregate
1598 continuing education requirements prescribed in this section.

1599 Sec. 42. Section 20-265h of the 2020 supplement to the general statutes
1600 is repealed and the following is substituted in lieu thereof (*Effective from*
1601 *passage*):

1602 (a) On and after July 1, 2021, each spa or salon that employs
1603 hairdressers and cosmeticians, estheticians, eyelash technicians, [or] nail
1604 technicians or massage therapists shall be under the management of a
1605 hairdresser and cosmetician registered under this chapter, an esthetician
1606 licensed under section 20-265b or 20-265f, an eyelash technician licensed
1607 under section 20-265c or 20-265f, [or] a nail technician licensed under
1608 section 20-265d or 20-265f or a massage therapist licensed under chapter
1609 384a.

1610 (b) Any such spa or salon shall be in compliance with the provisions
1611 of title 34 if applicable, and any applicable state law concerning the
1612 maintenance of payroll records, the classification of employees and the

1613 provision of workers' compensation coverage.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2020</i>	PA 19-117, Sec. 73
Sec. 2	<i>October 1, 2020</i>	25-33(b)
Sec. 3	<i>October 1, 2020</i>	8-3i
Sec. 4	<i>October 1, 2020</i>	22a-42f
Sec. 5	<i>October 1, 2020</i>	19a-111
Sec. 6	<i>October 1, 2020</i>	19a-37
Sec. 7	<i>October 1, 2020</i>	19a-524
Sec. 8	<i>October 1, 2020</i>	19a-491c(c)(2)
Sec. 9	<i>October 1, 2020</i>	19a-179
Sec. 10	<i>October 1, 2020</i>	20-207
Sec. 11	<i>October 1, 2020</i>	20-212
Sec. 12	<i>October 1, 2020</i>	20-213(a) and (b)
Sec. 13	<i>October 1, 2020</i>	20-215
Sec. 14	<i>October 1, 2020</i>	20-217(a)
Sec. 15	<i>October 1, 2020</i>	20-224
Sec. 16	<i>October 1, 2020</i>	20-226
Sec. 17	<i>from passage</i>	20-195dd(a) and (b)
Sec. 18	<i>October 1, 2020</i>	20-195c(b)
Sec. 19	<i>October 1, 2020</i>	20-266n
Sec. 20	<i>October 1, 2020</i>	20-266o
Sec. 21	<i>October 1, 2020</i>	19a-14(a)(12)
Sec. 22	<i>October 1, 2020</i>	20-204a
Sec. 23	<i>January 1, 2021</i>	7-62b(b) and (c)
Sec. 24	<i>July 1, 2020</i>	19a-200
Sec. 25	<i>July 1, 2020</i>	19a-202a
Sec. 26	<i>July 1, 2020</i>	19a-244
Sec. 27	<i>July 1, 2020</i>	19a-12a(a)(3)
Sec. 28	<i>July 1, 2020</i>	19a-12d
Sec. 29	<i>October 1, 2020</i>	19a-12e(a)(1)
Sec. 30	<i>October 1, 2020, and applicable to the renewal of a license that expires on or after that date</i>	20-185k(b)
Sec. 31	<i>October 1, 2020</i>	17a-412(a)
Sec. 32	<i>October 1, 2020</i>	17b-451(a)
Sec. 33	<i>July 1, 2020</i>	19a-6o

Sec. 34	<i>from passage</i>	19a-6q
Sec. 35	<i>July 1, 2020</i>	19a-493(b)
Sec. 36	<i>October 1, 2020</i>	New section
Sec. 37	<i>October 1, 2020</i>	19a-343(c)
Sec. 38	<i>from passage</i>	19a-131g
Sec. 39	<i>July 1, 2020</i>	19a-30(d)
Sec. 40	<i>July 1, 2020</i>	20-365(b)
Sec. 41	<i>from passage</i>	20-195u(b)
Sec. 42	<i>from passage</i>	20-265h

Statement of Purpose:

To implement the Department of Public Health's recommendations regarding various revisions to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]