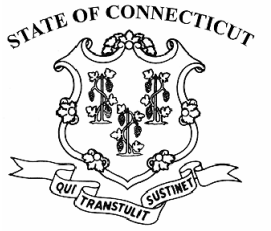

Substitute House Bill No. 6678

Public Act No. 09-232

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES.

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

Section 1. Subsection (b) of section 19a-91 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(b) (1) No licensed embalmer or funeral director shall remove a dead human body from the place of death to another location for preparation until the body has been temporarily wrapped. If the body is to be transported by common carrier, the licensed embalmer or funeral director having charge of the body shall have the body washed or embalmed unless it is contrary to the religious beliefs or customs of the deceased person, as determined by the person who assumes custody of the body for purposes of burial, and then enclosed in a casket and outside box or, in lieu of such double container, by being wrapped.

(2) Any deceased person who is to be entombed in a crypt or mausoleum shall be in a casket that is placed in a zinc-lined or an acrylonitrile butadiene styrene (ABS) sheet plastic container or, if permitted by the cemetery where the disposition of the body is to be

made, a nonoxiding metal or ABS plastic sheeting tray.

Sec. 2. Subsection (b) of section 19a-517 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(b) The department may take action under section 19a-17 for any of the following reasons: (1) The license holder has employed or knowingly cooperated in fraud or material deception in order to obtain his license or has engaged in fraud or material deception in the course of professional services or activities; (2) the license holder is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process, or is suffering from the abuse or excessive use of drugs, including alcohol, narcotics or chemicals; (3) illegal incompetent or negligent conduct in his practice; (4) violation of any provision of state or federal law governing the license holder's practices within a nursing home; or **[**(4)**]** (5) violation of any provision of this chapter or any regulation adopted hereunder. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is being investigated. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 3. Subsection (a) of section 20-11a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) No person shall participate in an intern or resident physician program or United States medical officer candidate training program until such person has received a permit issued by the Department of Public Health. The permit shall be issued solely for purposes of participation in graduate education as an intern, resident or medical

officer candidate in a hospital or hospital-based program. No person shall receive a permit until a statement has been filed with the department on the applicant's behalf by the hospital administrator certifying that the applicant is to be appointed an intern, resident or medical officer candidate in the hospital or hospital-based program and that the applicant has received the degree of doctor of medicine, osteopathic medicine or its equivalent and, if educated outside the United States or Canada (1) has successfully completed all components of a "fifth pathway program" conducted by an American medical school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, (2) received certification from the Educational Commission for Foreign Medical Graduates, (3) has successfully completed the examination for licensure prescribed by the department pursuant to section 20-10, or (4) holds a current valid license in another state or territory. Upon termination from an internship or medical residency program, a person's privileges under this subsection shall cease, such person's permit shall be automatically revoked and, if such person acts in violation of this chapter, such person shall be subject to disciplinary action pursuant to section 19a-17.

Sec. 4. Subdivision (2) of subsection (a) of section 20-126*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

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

Sec. 5. Subsections (a) and (b) of section 19a-436 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) No person shall permit, maintain, promote, conduct, advertise, act as entrepreneur, undertake, organize, manage or sell or give tickets to an actual or reasonably anticipated assembly of **[**three**]** two thousand or more people which continues or can reasonably be expected to continue for **[**eighteen**]** twelve or more consecutive hours, whether on public or private property, unless a license to hold the assembly has first been issued by the chief of police of the municipality in which the assembly is to gather or, if there is none, the first selectman. A license to hold an assembly issued to one person shall permit any person to engage in any lawful activity in connection with the holding of the licensed assembly.

(b) A separate license shall be required for each day and each location in which **[**three**]** two thousand or more people assemble or can reasonably be anticipated to assemble. The fee for each license shall be one hundred dollars.

Sec. 6. Section 19a-438 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) Application for a license to hold an actual or anticipated assembly of **[**three**]** two thousand or more persons shall be made in writing to the governing body of the municipality at least **[**thirty**]** fifteen days in advance of such assembly and shall be accompanied by the bond required by subparagraph (L) of subdivision (2) of section 19a-437 and the license fee required by subsection (b) of section 19a-436, as amended by this act.

(b) The application shall contain a statement made upon oath or affirmation that the statements contained therein are true and correct to the best knowledge of the applicant and shall be signed and sworn to or affirmed by the individual making application in the case of an individual, by all officers in the case of a corporation, by all partners in the case of a partnership or by all officers of an unincorporated

association, society or group or, if there are no officers, by all members of such association, society or group.

(c) The application shall contain and disclose: (1) The name, age, residence and mailing address of all persons required to sign the application by subsection (b) of this section and, in the case of a corporation, a certified copy of the articles of incorporation together with the name, age, residence and mailing address of each person holding ten per cent or more of the stock of such corporation; (2) the address and legal description of all property upon which the assembly is to be held, together with the name, residence and mailing address of the record owner or owners of all such property; (3) proof of ownership of all property upon which the assembly is to be held or a statement made upon oath or affirmation by the record owner or owners of all such property that the applicant has permission to use such property for an assembly of **[**three**]** two thousand or more persons; (4) the nature or purpose of the assembly; (5) the total number of days or hours during which the assembly is to last; (6) the maximum number of persons which the applicant shall permit to assemble at any time, not to exceed the maximum number which can reasonably assemble at the location of the assembly, in consideration of the nature of the assembly or the maximum number of persons allowed to sleep within the boundaries of the location of the assembly by the zoning ordinances of the municipality if the assembly is to continue overnight; (7) the maximum number of tickets to be sold, if any; (8) the plans of the applicant to limit the maximum number of people permitted to assemble; (9) the plans for supplying potable water including the source, amount available and location of outlets; (10) the plans for providing toilet and lavatory facilities, including the source, number, location and type, and the means of disposing of waste deposited; (11) the plans for holding, collecting and disposing of solid waste material; (12) the plans to provide for medical facilities, including the location and construction of a medical structure, the names and addresses and

hours of availability of physicians and nurses, and provisions for emergency ambulance service; (13) the plans, if any, to illuminate the location of the assembly, including the source and amount of power and the location of lamps; (14) the plans for parking vehicles, including size and location of lots, points of highway access and interior roads, including routes between highway access and parking lots; (15) the plans for telephone service, including the source, number and location of telephones; (16) the plans for camping facilities, if any, including facilities available and their location; (17) the plans for security, including the number of guards, their deployment, and their names, addresses, credentials and hours of availability; (18) the plans for fire protection, including the number, type and location of all protective devices including alarms and extinguishers, and the number of emergency fire personnel available to operate the equipment; (19) the plans for sound control and sound amplification, if any, including the number, location and power of amplifiers and speakers; (20) the plans for food concessions and concessioners who will be allowed to operate on the grounds including the names and addresses of all concessioners and their license or permit numbers.

Sec. 7. Section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

[The Connecticut Tumor Registry shall include in its information center an occupational history of each newly diagnosed and reported cancer patient in the state, beginning January 1, 1981. Instructions for generating and including such an occupational history shall be provided by the Department of Public Health to each tumor registrar by October 1, 1980.**]**

(a) As used in this section:

(1) "Clinical laboratory" means any facility or other area used for microbiological, serological, chemical, hematological,

immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances;

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

(3) "Health care provider" means any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370, 372, 373, 375 to 384a, inclusive, 388, 398 and 399 or is licensed or certified pursuant to chapter 368d; and

(4) "Reportable tumor" means tumors and conditions included in the Connecticut Tumor Registry reportable list maintained by the Department of Public Health, as amended from time to time, as deemed necessary by the department.

(b) The Department of Public Health shall maintain and operate the Connecticut Tumor Registry. Said registry shall include a report of every occurrence of a reportable tumor that is diagnosed or treated in the state. Such reports shall be made to the department by any hospital, clinical laboratory and health care provider in the state. Such reports shall include, but not be limited to, information obtained from records of any person licensed as a health care provider and may include a collection of actual tissue samples and such information as the department may prescribe. Follow-up data, demographic, diagnostic, treatment and other medical information shall also be included in the report in a form and manner as the department may

prescribe. The Commissioner of Public Health shall promulgate a list of required data items, which may be amended from time to time. Such reports shall include every occurrence of a reportable tumor that is diagnosed or treated during a calendar year. On or before July 1, 2010, and annually thereafter, such reports shall be submitted to the department in such manner as the department may prescribe.

(c) The Department of Public Health shall be provided such access to records of any health care provider, as the department deems necessary, to perform case finding or other quality improvement audits to ensure completeness of reporting and data accuracy consistent with the purposes of this section.

(d) The Department of Public Health may enter into a contract for the storage, holding and maintenance of the tissue samples under its control and management.

(e) The Department of Public Health may enter into reciprocal reporting agreements with the appropriate agencies of other states to exchange tumor reports.

(f) (1) Failure by a hospital, clinical laboratory or health care provider to comply with the reporting requirements prescribed in this section may result in the department electing to perform the registry services for such hospital, clinical laboratory or provider. In such case, the hospital, clinical laboratory or provider shall reimburse the department for actual expenses incurred in performing such services.

(2) Any hospital, clinical laboratory or health care provider that fails to comply with the provisions of this section shall be liable to a civil penalty not to exceed five hundred dollars for each failure to disclose a reportable tumor, as determined by the commissioner.

(3) A hospital, clinical laboratory or health care provider that fails to report cases of cancer as required in regulations adopted pursuant to

section 19a-73 by a date that is not later than nine months after the date of first contact with such hospital, clinical laboratory or health care provider for diagnosis or treatment shall be assessed a civil penalty not to exceed two hundred fifty dollars per business day, for each day thereafter that the report is not submitted and ordered to comply with the terms of this subsection by the Commissioner of Public Health.

(4) The reimbursements, expenses and civil penalties set forth in this section shall be assessed only after the Department of Public Health provides a written notice of deficiency and the provider is afforded the opportunity to respond to such notice. A provider shall have not more than fourteen business days after the date of receiving such notice to provide a written response to the department. Such written response shall include any information requested by the department.

(g) The Commissioner of Public Health may request that the Attorney General initiate an action to collect any civil penalties assessed pursuant to this section and obtain such orders as necessary to enforce any provision of this section.

Sec. 8. Section 7-65 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) The embalmer or funeral director licensed by the department, or licensed in a state having a reciprocal agreement on file with the department and complying with the terms of such agreement, who assumes custody of a dead body shall obtain a removal, transit and burial permit from the registrar of the town in which the death occurred or the town in which the embalmer or funeral director maintains a place of business not later than five calendar days after death, and prior to final disposition or removal of the body from the state. The embalmer or funeral director who assumes custody and control of the body and obtains a removal, transit and burial permit from the registrar of the town in which the embalmer or funeral

director maintains a place of business shall be obligated to file the death certificate, in accordance with the provisions of section 7-62b, in person, through an electronic registry system or by certified mail, return receipt requested. The removal, transit and burial permit shall specify the place of burial or other place of interment and state that the death certificate and any other certificate required by law have been returned and recorded.

(b) **[**Such**]** A local registrar shall appoint not less than two suitable persons as subregistrars, who shall be authorized to issue **[**a**]** removal, transit and burial **[**permit**]** permits and cremation permits for any death that occurs in **[**the**]** such registrar's town, **[**based upon receipt of a completed death certificate as provided in section 7-62b,**]** during the hours in which the office of the registrar of vital records is closed. **[**All such certificates upon which a permit is issued shall be forwarded to the registrar not later than seven days after receiving such certificates.**]** The appointment of subregistrars shall be made in writing, with the approval of the selectmen of such town, and shall be made with reference to locality, to best accommodate the inhabitants of the town. Such subregistrars shall be sworn, and their term of office shall not extend beyond the term of office of the appointing registrar. The names of such subregistrars shall be reported to the Department of Public Health. The Chief Medical Examiner, Deputy Chief Medical Examiner and associate medical examiners shall be considered subregistrars of any town in which death occurs for the sole purpose of issuing removal, transit and burial permits.

(c) A subregistrar shall issue a removal, transit and burial permit upon receipt of a completed death certificate as provided in section 7-62b. A subregistrar shall forward any such certificate upon which a removal, transit and burial permit is issued to the registrar of the town where the death occurred, not later than seven days after receiving such certificate.

(d) The fee for such removal, transit and burial permit shall be paid to the town issuing the removal, transit and burial permit.

Sec. 9. Section 38a-1051 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Whereas the General Assembly finds that: (1) Equal enjoyment of the highest attainable standard of health is a human right and a priority of the state, (2) research and experience demonstrate that inhabitants of the state experience barriers to the equal enjoyment of good health based on race, ethnicity, gender, national origin and linguistic ability, and (3) addressing such barriers, and others that may arise in the future, requires: The collection, analysis and reporting of information, the identification of causes, and the development and implementation of policy solutions that address health disparities while improving the health of the public as a whole therefore, there is established a Commission on Health Equity with the mission of eliminating disparities in health status based on race, ethnicity, gender and linguistic ability, and improving the quality of health for all of the state's residents. Such commission shall consist of the following commissioners, or their designees, and public members: (A) The Commissioners of Public Health, Mental Health and Addiction Services, Developmental Services, Social Services, Correction, Children and Families, and Education; (B) the dean of The University of Connecticut Health Center, or his designee; (C) the director of The University of Connecticut Health Center and Center for Public Health and Health Policy, or their designees; (D) the dean of the Yale University Medical School, or his designee; (E) the dean of Public Health and the School of Epidemiology at Yale University, or his designee; (F) one member appointed by the president pro tempore of the Senate, who shall be a member of an affiliate of the National Urban League; (G) one member appointed by the speaker of the House of Representatives, who shall be a member of the National Association

for the Advancement of Colored People; (H) one member appointed by the majority leader of the House of Representatives, who shall be a member of the Black and Puerto Rican Caucus of the General Assembly; (I) one member appointed by the majority leader of the Senate with the advice of the Native American Heritage Advisory Council or the chairperson of the Indian Affairs Council, who shall be a representative of the Native American community; (J) one member appointed by the minority leader of the Senate, who shall be a representative of an advocacy group for Hispanics; (K) one member appointed by the minority leader of the House of Representatives, who shall be a representative of the state-wide Multicultural Health Network; (L) the chairperson of the African-American Affairs Commission, or his or her designee; (M) the chairperson of the Latino and Puerto Rican Affairs Commission, or his or her designee; (N) the chairperson of the Permanent Commission on the Status of Women, or his or her designee; (O) the chairperson of the Asian Pacific American Affairs Commission, or his or her designee; (P) the director of the Hispanic Health Council, or his or her designee; (Q) the chairperson of the Office of the Healthcare Advocate, or his or her designee; and (R) eight members of the public, representing communities facing disparities in health status based on race, ethnicity, gender and linguistic ability, who shall be appointed as follows: Two by the president pro tempore of the Senate, two by the speaker of the House of Representatives, two by the minority leader of the Senate, and two by the minority leader of the House of Representatives. Vacancies on the council shall be filled by the appointing authority.

(b) The commission shall elect a chairperson and a vice-chairperson from among its members. Any member absent from either: (1) Three consecutive meetings of the commission, or (2) fifty per cent of such meetings during any calendar year, shall be deemed to have resigned from the commission.

(c) Members of the commission shall serve without compensation, but within available appropriations, and shall be reimbursed for expenses necessarily incurred in the performance of their duties.

(d) The commission shall meet as often as necessary as determined by the chairperson or a majority of the commission, but not less than at least once per calendar quarter.

(e) The commission shall: (1) Review and comment on any proposed state legislation and regulations that would affect the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (2) review and comment on the Department of Public Health's health disparities performance measures, (3) advise and provide information to the Governor and the General Assembly on the state's policies concerning the health of populations in the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (4) work as a liaison between populations experiencing racial, ethnic, cultural or linguistic disparities in health status and state agencies in order to eliminate such health disparities, (5) evaluate policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state and have the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities, including but not limited to, the Departments of Public Health, Social Services, Children and Families, Developmental Services, Education, Mental Health and Addiction Services, Labor, Transportation, the Housing Finance Authority and the Office of Health Care Access for the purpose of advising on and directing the implementation of policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state, (6) prepare and submit to the Governor and General Assembly an annual report, in accordance with section 11-4a, that provides both

a retrospective and prospective view of health disparities and the state's efforts to ameliorate identifiable disparities among populations of the state experiencing racial, ethnic, cultural or linguistic disparities in health status, (7) explore other successful programs in other sectors and states, and pilot and provide grants for new creative programs that may diminish or contribute to the elimination of health disparities in the state and culturally appropriate health education demonstration projects, for which the commission may apply for, accept and expand public and private funding, (8) have the authority to collect and analyze government and other data regarding the health status of state inhabitants based on race, ethnicity, gender, national origin and linguistic ability, including access, services and outcomes in private and public health care institutions within the state, including, but not limited to, the data collected by the Connecticut Health Information Network, (9) have the authority to draft and recommend proposed legislation, regulations and other policies designed to address disparities in health status, and (10) have the authority to conduct hearings and interviews, and receive testimony, regarding matters pertinent to its mission.

(f) The commission may use such funds as may be available from federal, state or other sources, and may enter into contracts to carry out the provisions of this section.

(g) The commission may, within available appropriations and subject to the provisions of chapter 67, employ any necessary staff.

(h) The commission shall be within the Office of the Healthcare Advocate for administrative purposes only.

(i) The commission shall report to the Governor and the General Assembly on its findings not later than June 1, 2010.

(j) The commission shall make a determination as to whether the

duties of the commission are duplicated by any other state agency, office, bureau or commission and shall include information concerning any such duplication or performance of similar duties by any other state agency, office, bureau or commission in the report described in subsection (i) of this section.

Sec. 10. (NEW) (*Effective July 1, 2009*) (a) As used in this section:

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

(2) "Contact hour" means a minimum of fifty minutes of continuing education activity;

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

(4) "Licensee" means any person who receives a license from the department pursuant to chapter 384 of the general statutes; and

(5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the general statutes is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after July 1, 2011, a licensee applying for license renewal shall earn a minimum of twenty-four contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; and (2) reflect the professional needs of the licensee in order to meet the veterinary health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by national or state veterinary medical organizations, societies or associations, colleges or schools of veterinary medicine and other professional societies and organizations as appropriate to the educational needs of the licensee.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with such continuing education requirements for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the general statutes is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required

by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

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

Sec. 11. Section 20-202 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

After notice and opportunity for hearing as provided in the regulations established by the Commissioner of Public Health, said board may take any of the actions set forth in section 19a-17 for any of the following causes: (1) The presentation to the board of any diploma, license or certificate illegally or fraudulently obtained; (2) proof that the holder of such license or certificate has become unfit or incompetent or has been guilty of cruelty, unskillfulness or negligence towards animals and birds; (3) conviction of the violation of any of the provisions of this chapter by any court of criminal jurisdiction, provided no license or registration shall be revoked or suspended because of such conviction if an appeal to a higher court has been filed until such appeal has been determined by the higher court and the conviction sustained; (4) the violation of any of the provisions of this chapter or the refusal to comply with any of said provisions; (5) the publication or circulation of any statement of a character tending to deceive or mislead the public; (6) the supplying of drugs, biologics,

instruments or any substances or devices by which unqualified persons may practice veterinary medicine, surgery and dentistry, except that such drugs, biologics, instruments, substances or devices may be supplied to a farmer for his own animals or birds; (7) fraudulent issue or use of any health certificate, vaccination certificate, test chart or other blank form used in the practice of veterinary medicine relating to the dissemination of animal disease, transportation of diseased animals or the sale of inedible products of animal origin for human consumption; (8) knowingly having professional association with, or knowingly employing any person who is unlawfully practicing veterinary medicine; (9) failure to keep veterinary premises and equipment in a clean and sanitary condition; (10) physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process; **[**or**]** (11) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (12) failure to comply with the continuing education requirements prescribed in section 10 of this act. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of veterinary medicine, with the knowledge of his employer, shall be deemed a violation thereof by his employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 12. Subsection (b) of section 19a-323 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(b) If death occurred in this state, the death certificate required by law shall be filed with the registrar of vital statistics for the town in

which such person died, if known, or, if not known, for the town in which the body was found. The Chief Medical Examiner, Deputy Chief Medical Examiner, associate medical examiner, or an authorized assistant medical examiner shall complete the cremation certificate, stating that such medical examiner has made inquiry into the cause and manner of death and is of the opinion that no further examination or judicial inquiry is necessary. The cremation certificate shall be submitted to the registrar of vital statistics of the town in which such person died, if known, or, if not known, of the town in which the body was found, or with the registrar of vital statistics of the town in which the funeral director having charge of the body is located. Upon receipt of the cremation certificate, the registrar shall authorize **[**the cremation**]** such certificate, keep **[**it**]** such certificate on permanent record, and issue a cremation permit, except that if the cremation certificate is submitted to the registrar of the town where the funeral director is located, such certificate shall be forwarded to the registrar of the town where the person died to be kept on permanent record. If a cremation permit must be obtained during the hours that the office of the local registrar of the town where death occurred is closed, a subregistrar appointed to serve such town may authorize such cremation permit upon receipt and review of a properly completed cremation permit and cremation certificate. A subregistrar who is licensed as a funeral director or embalmer pursuant to chapter 385, or the employee or agent of such funeral director or embalmer shall not issue a cremation permit to himself or herself. A subregistrar shall forward the cremation certificate to the local registrar of the town where death occurred, not later than seven days after receiving such certificate. The estate of the deceased person, if any, shall pay the sum of forty dollars for the issuance of the cremation certificate or an amount equivalent to the compensation then being paid by the state to authorized assistant medical examiners, if greater, provided, the Office of the Chief Medical Examiner shall not assess any fees for costs that are associated with the cremation of a stillborn fetus. No cremation certificate shall be

required for a permit to cremate the remains of bodies pursuant to section 19a-270a. When the cremation certificate is submitted to a town other than that where the person died, the registrar of vital statistics for such other town shall ascertain from the original removal, transit and burial permit that the certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Public Health Code and that the entry regarding the place of disposal is correct. Whenever the registrar finds that the place of disposal is incorrect, the registrar shall issue a corrected removal, transit and burial permit and, after inscribing and recording the original permit in the manner prescribed for sextons' reports under section **[**7-72**]** 7-66, as amended by this act, shall then immediately give written notice to the registrar for the town where the death occurred of the change in place of disposal stating the name and place of the crematory and the date of cremation. Such written notice shall be sufficient authorization to correct these items on the original certificate of death. The fee for a cremation permit shall be three dollars and for the written notice one dollar. The Department of Public Health shall provide forms for cremation permits, which shall not be the same as for regular burial permits and shall include space to record information about the intended manner of disposition of the cremated remains, and such blanks and books as may be required by the registrars.

Sec. 13. Subsection (g) of section 20-222 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

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

(1) All records relating to contracts for funeral services, prepaid funeral contracts or escrow accounts for a period of not less than

[three**]** six years after the death of the individual for whom funeral services were provided;

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

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

Sec. 14. Subsection (a) of section 19a-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, it finds that the applicant and facilities meet the requirements established under section 19a-495, provided a license shall be issued to or renewed for an institution, as defined in subsection (d), (e) or (f) of section 19a-490, only if such institution is not otherwise required to be licensed by the state. Upon receipt of an application for an initial license to establish, conduct, operate or maintain an institution, as defined in subsection (d), (e) or (f) of section 19a-490, and prior to the issuance of such license, the commissioner may issue a provisional license for a term not to exceed twelve months upon such terms and conditions as the commissioner may require. If an institution, as defined in subsections (b), (c), (d), (e) and (f) of section 19a-490, applies for license renewal and has been certified as a provider of services by the United States Department of Health and

Human **[**Resources**]** Services under Medicare or Medicaid programs within the immediately preceding twelve-month period, or if an institution, as defined in subsection (b) of section 19a-490, is currently certified, the commissioner or the commissioner's designee may waive the inspection and investigation of such facility required by this section and, in such event, any such facility shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, other than a provisional license or a nursing home license, unless sooner suspended or revoked, shall be renewable biennially after an unscheduled inspection is conducted by the department, and upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements, and in the case of an institution, as defined in subsection (d), (e) or (f) of section 19a-490, after inspection of such institution by the department unless such institution is also certified as a provider under the Medicare program and such inspection would result in more frequent reviews than are required under the Medicare program for home health agencies. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

Sec. 15. Section 4a-16 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

When any person supported or cared for by the state under a program of public assistance or in an institution maintained by the **[**Department of Public Health,**]** Department of Developmental Services or Department of Mental Health and Addiction Services, or when an

inmate of the Department of Correction, or when any child committed to the Commissioner of Social Services or Commissioner of Children and Families dies leaving only personal estate, including personal assets owing and due the estate after death, not exceeding twenty thousand dollars in value, the Commissioner of Administrative Services or the commissioner's authorized representative shall, upon filing with the probate court having jurisdiction of such estate a certificate that the total estate is under twenty thousand dollars and the claim of the state, together with the expense of last illness not exceeding three hundred seventy-five dollars and funeral and burial expenses in accordance with section 17b-84, equals or exceeds the amount of such estate, be issued a certificate by said court that the commissioner is the legal representative of such estate only for the following purpose. The commissioner shall have authority to claim such estate, the commissioner's receipt for the same to be a valid discharge of the liability of any person turning over the same, and to settle the same by payment of the expense of last illness not exceeding three hundred seventy-five dollars, expense of funeral and burial in accordance with section 17b-84 and the remainder as partial or full reimbursement of the claim of the state for care or assistance rendered to the decedent. The commissioner shall file with said probate court a statement of the settlement of such estate as herein provided.

Sec. 16. Subsection (b) of section 20-10b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect

the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, **[**and**]** (D) domestic violence, and (E) for registration periods beginning on and after October 1, 2010, cultural competency. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

Sec. 17. Subdivision (2) of section 20-66 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(2) "Physical therapy" means the evaluation and treatment of any person by the employment of the effective properties of physical measures, the performance of tests and measurements as an aid to evaluation of function and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating a physical or mental disability. "Physical therapy" includes the establishment and modification of physical therapy programs, treatment planning, instruction, wellness care, peer review, **[**and**]** consultative services and the use of low-level light laser therapy for the purpose of accelerating tissue repair, decreasing edema or minimizing or eliminating pain, but does not include surgery, the prescribing of drugs, the development of a medical diagnosis of disease, injury or illness, the use of cauterization

or the use of Roentgen rays or radium for diagnostic or therapeutic purposes. As used in this section, "low-level light laser therapy" means low-level light therapy having wave lengths that range from six hundred to one thousand nanometers.

Sec. 18. Section 7-66 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) The sexton of a cemetery shall specify on the removal, transit and burial permit the place of burial, by section, lot or grave, or other place of interment. If the removal, transit and burial permit is recorded in an electronic death registry system, the sexton shall enter the place of burial in such system not later than three days after the date of the burial. For any removal, transit and burial permit in a paper format, the sexton shall forward such completed and signed removal, transit and burial permit to the registrar of the town where the body is buried, and send a copy of such removal, transit and burial permit to the registrar of the town where death occurred. For any disinterment of a body, the sexton who is in charge of reinterring such body shall: (1) Complete a disinterment permit as required pursuant to section 7-67, as amended by this act, specifying the place of reinterment by section, lot or grave, or other place of interment; (2) return a completed disinterment permit to the registrar of the town where the body is buried; and (3) send a copy of such disinterment permit to the registrar of the town where the death occurred. Any removal, burial and transit permit and disinterment permit in a paper format shall be forwarded to the proper registrar by the first week of the month following interment or disinterment.

(b) **[**No additional burial or removal, transit and burial permit shall be required for**]** For a body that is placed temporarily in a receiving vault of any cemetery and subsequently buried in the same cemetery, no additional removal, burial and transit permit shall be required. In each case herein provided for, the sexton of such cemetery shall

endorse upon the removal, transit and burial permit the date when the body was placed in the temporary receiving vault, and the date when and the place where such body was subsequently buried. **[**The sexton shall also include a statement of the same in the monthly returns to the registrar of vital statistics. The sexton shall send a copy of the endorsed removal, transit and burial permit, or the permit for final disposition if the death occurred in another state, to the registrar of vital statistics who filed the death certificate for the body for which said removal, transit and burial permit was issued.**]** If such subsequent burial is to be in any cemetery other than the cemetery where the body was temporarily deposited or if the body is to be cremated, the sexton shall return the original burial permit to the **[**issuing**]** registrar of the town where death occurred, who shall thereupon issue **[**the**]** another removal, burial and transit, or cremation permit if necessary. **[**permits. Any person who violates any provision of this section shall be fined not more than five hundred dollars or imprisoned not more than five years.**]**

(c) Each sexton having charge of any burial place shall report all interments, disinterments and removals made by such sexton to the registrar of the town where the cemetery is located. If the death is recorded in an electronic death registry system, a sexton shall fulfill the requirements of this subsection by completing the removal, transit and burial permit in such registry system. For any removal, transit and burial permit in a paper format, the sexton shall forward to the registrar of the town where the cemetery is located a monthly list of all interments, disinterments and removals of bodies in temporary receiving vaults. Such list shall be due during the first week of the month following the month in which the sexton completed the interments, disinterments and removals of bodies in temporary receiving vaults.

(d) Any sexton who violates the provisions of subsections (a) and

(b) of this section shall be fined not more than five hundred dollars or imprisoned not more than five years. Any sexton who fails to make the appropriate filing of reports as required by subsection (c) of this section, by the end of the third week of a month to the registrar of the town where the cemetery is located, shall be subject to a fine of not more than one hundred dollars per day.

Sec. 19. Section 7-67 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) No person shall open any grave for the disinterment of the body of any person in any cemetery or burial place or disinter or remove any dead body from the town in which the death took place, without having procured a disinterment permit from the local registrar **[**a permit therefor**]** of vital statistics of the town where the body is buried or the local registrar of vital statistics where the death occurred, or an order from a Superior Court judge as provided in section 19a-413.

(b) An embalmer or funeral director licensed by the department or licensed by a state having a reciprocal agreement on file with the department, or an individual designated by an order issued by a judge of the Superior Court, pursuant to the provisions of section 19a-413, may apply for a disinterment permit. Such application shall be made to the registrar of vital statistics of the town where the body is buried or to the registrar of vital statistics of the town where the death occurred. The disinterment permit shall state the place where the body is presently interred and the place where the body will be reinterred.

(c) No permit for the disinterment of the body of any deceased person shall be issued in any case where the death was caused by a communicable disease, except by the permission and under the direction of the local director of health of the town where the body is interred.

Sec. 20. (*Effective from passage*) The Commissioner of Public Health, in concurrence with the Commissioners of Consumer Protection and Environmental Protection, may issue variances to the regulations of the Connecticut state agencies to an institution of higher education that is located in a city with a population of not less than one hundred thousand, but not more than one hundred fifty thousand and within a groundwater zone that is classified by the state as GB for the installation and study of standing column geothermal wells. Prior to issuing such variances, such institution of higher education shall submit such information and data as the Departments of Public Health, Environmental Protection and Consumer Protection deem necessary to ensure the protection of the public health and environment. Said commissioners may require certain minimum safeguards in excess of existing regulatory requirements for such wells. In the event that operation of any geothermal well system is deemed to be injurious to the public health or environment, the Commissioner of Public Health or the Commissioner of Environmental Protection may order such system be closed down and abandoned in accordance with the regulations of Connecticut state agencies. An institution of higher education granted such variances shall engage, at such institution's expense, an independent, third-party expert, approved by the Department of Public Health, to review any data submitted to said departments for purposes of assisting said departments in developing future regulations for geothermal wells.

Sec. 21. (NEW) (*Effective July 1, 2009*) A physician or other health care provider who provides health care services to a pregnant woman during the last trimester of her pregnancy, which health care services are directly related to her pregnancy, shall provide the woman with timely, relevant and appropriate information sufficient to allow her to make an informed and voluntary choice regarding options to bank or donate umbilical cord blood following the delivery of a newborn child.

Sec. 22. Subsection (a) of section 19a-45 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) The Department of Public Health may, by agreement, transmit copies of vital records required by sections 7-42, 7-45, 7-46, 7-47b, 7-48, 7-50, 7-57, 7-60, 7-62b, 7-62c, 7-64, 7-65, as amended by this act, **[**7-68**]** and 19a-41 to 19a-45, inclusive, to offices of vital statistics outside this state when such records relate to residents of those jurisdictions or persons born in those jurisdictions. The agreement shall require that the copies be used for statistical and administrative purposes only and the agreement shall further provide for the retention and disposition of such copies. Copies received by the department from offices of vital statistics in other states shall be handled in the same manner as prescribed in this section.

Sec. 23. Section 19a-270 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

The first selectman of any town, the mayor of any city, the administrative head of any state correctional institution or the superintendent or person in charge of any almshouse, asylum, hospital, morgue or other public institution which is supported, in whole or in part, at public expense, having in his or her possession or control the dead body of any person which, if not claimed as provided in this section, would have to be buried at public expense, or at the expense of any such institution, shall, immediately upon the death of such person, notify such person's relatives thereof, if known, and, if such relatives are not known, shall notify the person or persons bringing or committing such person to such institution. Such official shall, within twenty-four hours from the time such body came into his or her possession or control, give notice thereof to the Department of Public Health and shall deliver such body to The University of Connecticut, the Yale University School of Medicine or the University

of Bridgeport College of Chiropractic or its successor institution, as said department may direct and in accordance with an agreement to be made among said universities in such manner as is directed by said department and at the expense of the university receiving the body, if The University of Connecticut, Yale University, or the University of Bridgeport College of Chiropractic or its successor institution, at any time within one year, has given notice to any of such officials that such bodies would be needed for the purposes specified in section 19a-270b; provided any such body shall not have been claimed by a relative, either by blood or marriage, or a legal representative of such deceased person prior to delivery to any of said universities. The university receiving such body shall not embalm such body for a period of at least forty-eight hours after death, and any relative, either by blood or marriage, or a legal representative of such deceased person may claim such body during said period. If any such body is not disposed of in either manner specified in this section, it may be cremated or buried. When any person has in his or her possession or control the dead body of any person which would have to be buried at public expense or at the expense of any such institution, he or she shall, within forty-eight hours after such body has come into his or her possession or control, file, with the registrar of the town within which such death occurred, a certificate of death as provided in section 7-62b, unless such certificate has been filed by a funeral director. Before any such body is removed to any of said universities, the official or person contemplating such removal shall secure a removal, transit and burial permit which shall be delivered with the body to the official in charge of such university, who shall make return of such removal, transit and burial permit in the manner provided in section **[**7-72**]** 7-66, as amended by this act.

Sec. 24. Subsection (b) of section 19a-314a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(b) Each town, ecclesiastical society or cemetery association which owns, manages or controls a cemetery shall disclose to each consumer, in writing at the time of the sale of any item or service, any dispute resolution procedure of such town, ecclesiastical society or cemetery association. The written disclosure shall also indicate that the consumer may contact the Department of Public Health or local public health director if the consumer has any complaints which concern violations of sections 7-64 to **[**7-72**]** 7-71, inclusive, 19a-310 and 19a-311.

Sec. 25. Subdivision (23) of subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(23) Emergency medical technician, advanced emergency medical **[**technician-intermediate, medical response**]** technician, emergency medical responder and emergency medical services instructor.

Sec. 26. Subdivision (6) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, **[**life saving equipment**]** and operational procedure; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their

treatment capabilities and ancillary services.

Sec. 27. Section 19a-177 of the general statutes is amended by adding subdivision (13) as follows (*Effective January 1, 2010*):

(NEW) (13) The Commissioner of Public Health shall annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical services organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical services organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

Sec. 28. Subsection (a) of section 1 of public act 09-206 is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) The Commissioners of Social Services and Administrative Services and the Comptroller, in consultation with the Commissioner of Public Health**,** **[**and the Insurance Commissioner,**]** shall develop a plan to (1) implement and maintain a prescription drug purchasing program and procedures to aggregate or negotiate the purchase of pharmaceuticals for pharmaceutical programs benefiting state-administered general assistance, HUSKY Plan, Part B, Charter Oak Health Plan and ConnPACE recipients, inmates of the Department of Correction, and persons eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under section 5-259 of the general statutes, and (2) have the state join an existing multistate Medicaid pharmaceutical purchasing pool. Such plan shall determine the feasibility of subjecting some or all of the component programs set forth in subdivision (1) of this subsection to the preferred drug lists adopted pursuant to section 17b-274d of the general statutes.

Sec. 29. Subsection (b) of section 19a-178a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(b) The advisory board shall consist of forty-one members, including the Commissioner of Public Health and the **[**state**]** department's emergency medical services medical director, or their designees. The Governor shall appoint the following members: One person from each of the regional emergency medical services councils; one person from the Connecticut Association of Directors of Health; three persons from the Connecticut College of Emergency Physicians; one person from the Connecticut Committee on Trauma of the American College of Surgeons; one person from the Connecticut Medical Advisory Committee; one person from the Emergency Department Nurses Association; one person from the Connecticut Association of Emergency Medical Services Instructors; one person from the Connecticut Hospital Association; two persons representing commercial ambulance providers; one person from the Connecticut Firefighters Association; one person from the Connecticut Fire Chiefs Association; one person from the Connecticut Chiefs of Police Association; one person from the Connecticut State Police; and one person from the Connecticut Commission on Fire Prevention and Control. An additional eighteen members shall be appointed as follows: Three by the president pro tempore of the Senate; three by the majority leader of the Senate; four by the minority leader of the Senate; three by the speaker of the House of Representatives; two by the majority leader of the House of Representatives and three by the minority leader of the House of Representatives. The appointees shall include a person with experience in municipal ambulance services; a person with experience in for-profit ambulance services; three persons with experience in volunteer ambulance services; **[**an emergency medical technician**]** a paramedic; an emergency medical technician; an advanced emergency medical technician; **[**intermediate;**]** three

consumers and four persons from state-wide organizations with interests in emergency medical services as well as any other areas of expertise that may be deemed necessary for the proper functioning of the advisory board.

Sec. 30. Subsections (d) and (e) of section 19a-179 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(d) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection (c) of this section may, prior to the expiration of such temporary certificate, apply to the department for:

(1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical **[**control**]** oversight of a sponsor hospital on the date the applicant's paramedic license became void for nonrenewal; or

(2) Recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to this section.

(e) For purposes of subsection (d) of this section, **[**"medical control"**]** "medical oversight" means the active surveillance by physicians of

mobile intensive care sufficient for the assessment of overall practice levels, as defined by state-wide protocols, and "sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical **[**control**]** oversight, supervision and direction to an emergency medical service organization, as defined in section 19a-175, and its personnel and has been approved for such activity by the Office of Emergency Medical Services.

Sec. 31. Section 19a-179a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

Notwithstanding any provision of the general statutes or any regulation adopted pursuant to this chapter, the scope of practice of any person certified or licensed as an emergency medical **[**technician-basic**]** technician, advanced emergency medical **[**technician-intermediate or emergency medical technician-paramedic**]** technician or a paramedic under regulations adopted pursuant to section 19a-179, as amended by this act, may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are (1) approved by the Connecticut Emergency Medical Services Medical Advisory Committee established pursuant to section 19a-178a, as amended by this act, and the Commissioner of Public Health, and (2) administered at the medical **[**control**]** oversight and direction of a sponsor hospital, as defined in section 28-8b, as amended by this act.

Sec. 32. Section 19a-179b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

Any emergency medical technician or paramedic who is part of The Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Public Safety, shall be under the active surveillance,

medical **[**control**]** oversight and direction of the chief medical officer of such team or corps while engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps.

Sec. 33. Subsection (f) of section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(f) Each licensed or certified ambulance service shall secure and maintain medical **[**control**]** oversight, as defined in section 19a-179, as amended by this act, by a sponsor hospital, as defined in section 19a-179, as amended by this act, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service.

Sec. 34. Subsection (c) of section 28-8b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(c) For purposes of this section, "sponsor hospital" means a hospital that has agreed to maintain staff for the provision of medical **[**control**]** oversight, supervision and direction to an emergency medical service organization and its personnel and that has been approved for such activity by the Office of Emergency Medical Services.

Sec. 35. Subsection (b) of section 19a-194 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(b) The commissioner **[**may adopt regulations in accordance with the provisions of chapter 54**]** shall annually issue a list specifying the minimum equipment that a motorcycle must carry to operate as a rescue vehicle pursuant to this section. Such equipment shall include those items that would enable an emergency medical technician,

paramedic or other individual similarly trained to render to a person requiring emergency medical assistance the maximum benefit possible from the operation of such motorcycle rescue vehicle.

Sec. 36. Subsection (a) of section 19a-195a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(a) The Commissioner of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to provide that **[**any person who has completed six years of continuous service as an**]** emergency medical **[**services technician**]** technicians shall be recertified every three years. **[**rather than every two years.**]** For the purpose of maintaining an acceptable level of proficiency, each emergency medical services technician who is recertified for a three-year period shall complete **[**twenty-five**]** thirty hours of refresher training approved by the commissioner, **[**at intervals not to exceed thirty-six months**]** or meet such other requirements as may be prescribed by the commissioner.

Sec. 37. Subsection (a) of section 19a-195b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(a) Any person certified as an emergency medical technician, advanced emergency medical **[**technician-intermediate, medical response**]** technician, emergency medical responder or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 19a-179, as amended by this act, whose certification has expired may apply to the Department of Public Health for reinstatement of such certification as follows: (1) If such certification expired one year or less from the date of application for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 19a-

179, as amended by this act, as such recertification regulations may be from time to time amended; (2) if such certification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 19a-179, as amended by this act, as such training and examination regulations may be from time to time amended; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification specified in regulations adopted pursuant to section 19a-179, as amended by this act, as such initial certification regulations may be from time to time amended.

Sec. 38. Subsection (a) of section 19a-197a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2010*):

(a) As used in this section, "emergency medical technician" means (1) any class of emergency medical technician certified under regulations adopted pursuant to section 19a-179, as amended by this act, including, but not limited to, any advanced emergency medical **[**technician-intermediate**]** technician, and (2) any paramedic licensed pursuant to section 20-206*ll*.

Sec. 39. (NEW) (*Effective October 1, 2009*) The zoning regulations adopted under section 8-2 of the general statutes or any special act shall not authorize the location of a crematory within five hundred feet of any residential structure or land zoned for residential purposes not owned by the owner of the crematory. As used in this section, "crematory" means a building or structure containing one or more cremation chambers or retorts for the cremation of dead human bodies or large animals and "large animals" means all cattle, horses, sheep, goat, swine or similar species commonly kept as livestock.

Sec. 40. Subsection (a) of section 19a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) Any resident of this state, or any corporation formed under the law of this state, may erect, maintain and conduct a crematory in this state and provide the necessary appliances and facilities for the disposal by incineration of the bodies of the dead, in accordance with the provisions of this section. The location of such crematory shall be within the confines of an established cemetery containing not less than twenty acres, which cemetery shall have been in existence and operation for at least five years immediately preceding the time of the erection of such crematory, or shall be within the confines of a plot of land approved for the location of a crematory by the selectmen of any town, the mayor and council or board of aldermen of any city and the warden and burgesses of any borough; provided, in any town, city or borough having a zoning commission, such commission shall have the authority to grant such approval. **[**On and after October 1, 1998, no crematory which is not operating on October 1, 1998, shall be located within five hundred feet of any residential structure or land used for residential purposes not owned by the owner of the crematory.**]** This section shall not apply to any resident of this state or any corporation formed under the law of this state that was issued an air quality permit by the Department of Environmental Protection prior to October 1, 1998.

Sec. 41. (NEW) (*Effective from passage*) Notwithstanding any provision of the general statutes or the regulations of Connecticut state agencies, a swine gestation and farrowing barn maintained on property which has been in continuous use as a farm for not less than fifty years may continue to be maintained provided such barn is no closer than two hundred feet from any inhabited house located upon the property other than that of the proprietor of such barn.

Sec. 42. Subsection (b) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;

(4) Informal arrangements among neighbors or relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents are on the premises for retail

shopping, in accordance with section 19a-77a, provided that the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center;

(7) Drop-in programs administered by a nationally chartered boys' and girls' club; **[**or**]**

(8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution; or

(9) Administered by Solar Youth, Inc., a New Haven-based nonprofit youth development and environmental education organization, provided Solar Youth, Inc. informs the parents and legal guardians of any children enrolled in its programs that such programs are not licensed by the Department of Public Health to provide child day care services.

Sec. 43. Subdivision (1) of subsection (a) of section 1 of public act 09-76 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(1) "Infectious disease" includes (A) infectious pulmonary tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human immunodeficiency virus (HIV), including acquired immunodeficiency syndrome (AIDS), (F) diphtheria, (G) **[**pandemic flu**]** novel influenza A virus infections with pandemic potential, as defined by the National Centers for Disease Control and Prevention, (H) methicillin-resistant staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J) meningococcal disease, (K) plague, and (L) rabies.

Sec. 44. Subsection (a) of section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) Each applicant for licensure as a marital and family therapist shall present to the department satisfactory evidence that such applicant has: (1) Completed a graduate degree program specializing in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the United States Department of Education; (2) completed a supervised practicum or internship with emphasis in marital and family therapy supervised by the program granting the requisite degree or by an accredited postgraduate clinical training program, approved by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education in which the student received a minimum of five hundred direct clinical hours that included one hundred hours of clinical supervision; (3) completed a minimum of twelve months of relevant postgraduate experience, including at least (A) one thousand hours of direct client contact offering marital and family therapy services subsequent to being awarded a master's degree or doctorate or subsequent to the training year specified in subdivision (2) of this subsection, and (B) one hundred hours of postgraduate clinical supervision provided by a licensed marital and family therapist**¿ [**who is not directly compensated by such applicant for providing such supervision;**]** and (4) passed an examination prescribed by the department. The fee shall be two hundred fifty dollars for each initial application.

Sec. 45. Subdivision (2) of subsection (a) of section 20-236 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(2) Any person who (A) holds a license at the time of application to practice the occupation of barbering in any other state, the District of Columbia or in a commonwealth or territory of the United States, (B)

has completed not less than fifteen hundred hours of formal education and training in barbering, and (C) was issued such license on the basis of successful completion of an examination, shall be eligible for licensing in this state and entitled to a license without examination upon payment of a fee of fifty dollars. Applicants who trained in another state, district, commonwealth or territory which required less than fifteen hundred hours of formal education and training, may substitute no more than five hundred hours of licensed work experience in such other state, district, commonwealth or territory toward meeting the training requirement. **[**If the examination was taken in a language other than English, the applicant shall demonstrate successful completion of an English proficiency examination as prescribed by the department.**]**

Sec. 46. Section 20-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

Any person who holds a license at the time of application as a registered hairdresser and cosmetician, or as a person entitled to perform similar services under different designations in any other state, in the District of Columbia, or in a commonwealth or territory of the United States, and who (1) has completed not less than fifteen hundred hours of formal education and training in hairdressing and cosmetology, and (2) was issued such license on the basis of successful completion of an examination shall be eligible for licensing in this state and entitled to a license without examination upon payment of a fee of fifty dollars. Applicants who trained in another state, district, commonwealth or territory which required less than fifteen hundred hours of formal education and training may substitute no more than five hundred hours of licensed work experience in such other state, district, commonwealth or territory toward meeting the training requirement. **[**If the examination was taken in a language other than English, the applicant shall demonstrate successful completion of an

English proficiency examination as prescribed by the department.**]** No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the board annually of the number of applications it receives for licensure without examination under this section.

Sec. 47. Subsection (b) of section 25-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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

Sec. 48. Section 25-32 of the general statutes is amended by adding subsection (p) as follows (*Effective from passage*):

(NEW) (p) The commissioner may grant a permit for the lease of class I land associated with a groundwater source for use for public drinking water purposes to another water company that serves one thousand or more persons or two hundred fifty or more customers and maintains an approved water supply plan pursuant to section 25-32d, provided a water company acquiring such interest in the property demonstrates that such lease will improve conditions for the existing public drinking water system and will not have a significant adverse impact upon the present and future purity and adequacy of the public drinking water supply. Any water company requesting a permit under this subsection may be required to convey an easement that provides for the protection of the public water supply source and shall submit such easement and any provisions of the lease that pertain to the protection of the public water supply to the commissioner for approval.

Sec. 49. Subsection (a) of section 20-74bb of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person shall operate a medical x-ray system unless such person has obtained a license as a radiographer from the department pursuant to this section. Operation of a medical x-ray system shall include energizing the beam, positioning the patient, and positioning or moving any equipment in relation to the patient. Each person seeking licensure as a radiographer shall make application on forms prescribed by the department, pay an application fee of one hundred dollars and present to the department satisfactory evidence that such person (1) has completed a course of study in radiologic technology in a program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or its successor organization, or a course of study deemed equivalent to such accredited program by the American Registry of Radiologic

Technologists, and (2) has passed an examination prescribed by the department and administered by the American Registry of Radiologic Technologists.

Sec. 50. Subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a physician licensed pursuant to chapter 370, a chiropractor licensed pursuant to chapter 372, a natureopath licensed pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant to chapter 379 or a veterinarian licensed pursuant to chapter 384.

(2) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a dental hygienist licensed pursuant to chapter 379a, provided such dental hygienist is engaged in the taking of dental x-rays under the general supervision of a dentist licensed pursuant to chapter 379.

(3) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of: (A) A dental assistant as defined in section 20-112a, provided such dental assistant is engaged in the taking of dental x-rays under the supervision and control of a dentist licensed pursuant to chapter 379 and can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board, or (B) a dental assistant student, intern or

trainee pursuing practical training in the taking of dental x-rays provided such activities constitute part of a supervised course or training program and such person is designated by a title which clearly indicates such person's status as a student, intern or trainee.

(4) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a Nuclear Medicine Technologist certified by the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists, provided such individual is engaged in the operation of a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370.

(5) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a podiatric medical assistant, provided such podiatric assistant is engaged in taking of podiatric x-rays under the supervision and control of a podiatrist licensed pursuant to chapter 375 and can demonstrate successful completion of the podiatric radiography exam as prescribed by the Connecticut Board of Podiatry Examiners.

(6) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a physician assistant, licensed and supervised pursuant to chapter 370, who is engaged in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or from positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures.

Sec. 51. (NEW) (*Effective from passage*) (a) On and after October 1, 2011, prior to engaging in the use of fluoroscopy for guidance of

diagnostic and therapeutic procedures, a physician assistant shall: (1) Successfully complete a course that includes forty hours of training on topics that include, but are not limited to, radiation physics, radiation biology, radiation safety and radiation management applicable to fluoroscopy, provided not less than ten hours of such training shall address radiation safety and not less than fifteen hours of such training shall address both radiation physics and radiation biology; and (2) pass an examination prescribed by the Commissioner of Public Health. Documentation that the physician assistant has met the requirements prescribed in this subsection shall be maintained at the employment site of the physician assistant and made available to the Department of Public Health upon request.

(b) Notwithstanding the provisions of sections 20-74bb and 20-74ee of the general statutes, as amended by this act, nothing shall prohibit a physician assistant from engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or from positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures prior to October 1, 2011, nor require the physician assistant to complete the course described in subsection (a) of this section, provided such physician assistant shall pass the examination prescribed by the commissioner on or before October 1, 2011. If a physician assistant does not pass the required examination on or before October 1, 2011, such physician assistant shall not engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or position and utilize a mini C-arm in conjunction with fluoroscopic procedures until such time as such physician assistant meets the requirements of subsection (a) of this section.

Sec. 52. Section 1 of special act 09-3 is amended to read as follows (*Effective from passage*):

Not later than January 1, 2010, the Commissioner of Social Services, in collaboration with the Commissioners of Education and Public

Health, shall develop **[**, and implement the use of,**]** a single form **[**for**]** that may be used by providers of preschool and child care services to report the following information necessary to receive state funding: (1) Daily attendance records for children enrolled in a preschool or licensed child day care program; (2) daily attendance records for staff; and (3) staff qualifications and work schedules. The Commissioner of Social Services may develop separate additional forms for each type of information listed. Any form developed pursuant to this section shall be designed to facilitate collection of the information required by this section by the Departments of Social Services, Education and Public Health.

Sec. 53. (NEW) (*Effective October 1, 2009*) As used in this section and sections 54 to 60, inclusive, of this act:

(1) "Audiologist" means an individual who engages in the practice of audiology under any title or description of service incorporating the words audiology, audiologist, audiological, hearing clinician, hearing therapy, hearing therapist, hearing conservationist, industrial audiologist, or any similar title or description of services.

(2) "Audiology assistant" means an unlicensed individual who provides specified services under the supervision of a licensed audiologist.

(3) "Audiometric testing" means the assessment of hearing sensitivity for pure tone air conduction stimuli.

(4) "Certification from a national professional organization" means certification issued by the American Board of Audiology or the Certificate of Clinical Competence in audiology issued by the American Speech-Language-Hearing Association, or any other comparable certificate, awarded by a comparable national organization, approved by the commissioner.

(5) "Commissioner" means the Commissioner of Public Health.

(6) "Contact hour" means a minimum of fifty minutes of continuing education activity.

(7) "Department" means the Department of Public Health.

(8) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the general statutes is current and valid.

(9) "Screening" means the use of test procedures, including pure tone frequency testing, for the purpose of identifying those individuals whose hearing may be at risk. Screening does not include diagnostic testing and does not employ threshold-seeking techniques.

(10) "The practice of audiology" means the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation and counseling and the determination and use of appropriate amplification related to hearing and disorders of hearing, including fitting or selling of hearing aids, for the purpose of modifying communicative disorders involving speech, language, auditory function or other aberrant behavior leading to hearing loss.

Sec. 54. (NEW) (*Effective October 1, 2009*) No person shall engage in or offer to engage in the practice of audiology or represent himself as an audiologist in this state unless such person is licensed or exempted under the provisions of sections 53 to 59, inclusive, of this act.

Sec. 55. (NEW) (*Effective October 1, 2009*) (a) Except as provided in subsection (c) of this section, no person shall be licensed pursuant to this section until such person has successfully passed a written examination prescribed by the commissioner. Application for licensure shall be on forms prescribed by the department and shall be accompanied by satisfactory proof that the applicant: (1) If graduated

on or after January 1, 2007, possesses a doctorate degree in audiology from a program accredited, at the time of the applicant's graduation, by the educational standards board of the American Speech Language-Hearing Association or its successor organization, the Accreditation Commission for Audiology Education, or other accreditation organization recognized by the United States Department of Education to accredit audiology education programs, (2) if graduated prior to January 1, 2007, possesses a master's or doctorate degree in audiology from a program accredited, at the time of the applicant's graduation, by the educational standards board of the American Speech Language-Hearing Association, the Accreditation Commission for Audiology Education, or other accreditation organization recognized by the United States Department of Education to accredit audiology education programs, or (3) (A) has completed an integrated educational program which, at the time of the applicant's completion, satisfied the educational requirements of the American Speech Language-Hearing Association for the award of a certificate of clinical competence; and (B) has satisfactorily completed a minimum of thirty-six weeks, including at least one thousand eighty hours of full-time or a minimum of forty-eight weeks, including at least one thousand four hundred forty hours of part-time professional employment in audiology under the supervision of a licensed audiologist. Such employment shall follow the completion of the educational requirements and shall consist of at least six sessions of supervision per month providing a total of at least four hours of supervision per month, at least two sessions of which shall provide a total of at least two hours of direct on-site observation of audiology services provided by the applicant. For purposes of this section, "full-time employment" means a minimum of thirty hours a week and "part-time employment" means a minimum of fifteen hours a week. Persons engaged in such employment under the direct supervision of a person holding a valid hearing instrument specialist's license or a license as an audiologist, who is authorized to fit and sell hearing aids pursuant to section 20-

398 of the general statutes, as amended by this act, shall not be required to obtain a temporary permit pursuant to section 20-400 of the general statutes, as amended by this act.

(b) The postgraduate supervised employment requirements of subsection (a) of this section shall be waived for persons who have been awarded a doctoral degree in audiology from an accredited program on or after January 1, 2007.

(c) The commissioner may waive the written examination required in subsection (a) of this section for any person who: (1) Is licensed as an audiologist in another state or territory of the United States and such state has licensing requirements at least equivalent to the requirements in this state; or (2) holds a certificate in audiology from a national professional organization, approved by the commissioner.

Sec. 56. (NEW) (*Effective October 1, 2009*) (a) The fee for an initial license as an audiologist shall be one hundred dollars. Licenses shall be renewed in accordance with section 19a-88 of the general statutes upon payment of a fee of one hundred dollars.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2011, each licensed audiologist shall earn a minimum of twenty contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall be in an area of the licensee's practice and shall reflect the professional needs of the licensee in order to meet the audiology health care needs of the public. Qualifying continuing education shall consist of courses, workshops, conferences, professional journals, and activities offered on-line or in-person, that are accepted or approved by national or state audiology organizations, associations or societies for continuing education, as well as other related professional societies and organizations as appropriate to the educational needs of the licensee. Audiology related graduate level

coursework offered by an accredited college or university is also acceptable. One credit hour for each hour of attendance shall be recognized. Audited courses shall have hours of attendance documented.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section in a format prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with such continuing education requirements for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the general statutes is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within

which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

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

Sec. 57. (NEW) (*Effective October 1, 2009*) Nothing in sections 53 to 59, inclusive, of this act shall be construed as prohibiting:

(1) Consulting with or disseminating research findings and scientific information to accredited academic institutions or governmental agencies or offering lectures to the public for a fee, monetary or otherwise;

(2) The activities and services of a graduate student or audiology intern in audiology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his or her supervised course of study and that such person is designated as "Audiology Intern", "Audiology Trainee", or other such title clearly indicating the

training status appropriate to his or her level of training;

(3) (A) A person from another state offering audiology services in this state, provided such services are performed for no more than five days in any calendar year and provided such person meets the qualifications and requirements for licensing in this state; or (B) a person from another state who is licensed or certified as an audiologist by a similar authority of another state, or territory of the United States, or of a foreign country or province whose standards are equivalent to or higher than, the requirements of sections 53 to 59, inclusive, of this act and regulations adopted under this section, or a person who meets such qualifications and requirements and resides in a state or territory of the United States, or a foreign country or province, which does not grant certification or license to audiologists, from offering audiology services in this state for a total of not more than thirty days in any calendar year;

(4) The activities and services of a person who meets the requirements of subsection (a) of section 55 of this act, while such person is engaged in full or part-time employment in fulfillment of the professional employment requirement of said subsection;

(5) Nurses and other personnel from engaging in screening and audiometric testing, under the supervision of a licensed physician, surgeon or audiologist, for the purpose of identifying those persons whose sensitivity of hearing is below the standard acceptable level;

(6) The activity and services of hearing aid dealers;

(7) Any person possessing a valid certificate issued by the Council for Accreditation in Occupational Hearing Conservation, or another organization recognized by the commissioner, as a certified industrial audiometric technician or occupational hearing conservationist from an organization recognized by the commissioner, if such service is

performed in cooperation with either an audiologist licensed under sections 53 to 59, inclusive, of this act or a licensed physician.

(8) Audiometric tests administered pursuant to the United States Occupational Safety Act of 1970, by employees of the state or by a person engaged in a business in which such tests are reasonably required, and the persons administering such tests do not perform any other functions for which a license is required under sections 53 to 59, inclusive, of this act; or

(9) A person licensed or registered by this state in another profession from practicing the profession for which he or she is licensed or registered.

Sec. 58. (NEW) (*Effective October 1, 2009*) (a) The commissioner may refuse to issue a license or may suspend or revoke the license of any licensee or take any of the actions set forth in section 19a-17 of the general statutes in circumstances which have endangered or are likely to endanger the health, welfare, or safety of the public. Such circumstances include, but are not limited to, the following:

(1) Obtaining a license by means of fraud or material misrepresentation or engaging in fraud or material deception in the course of professional services or activities;

(2) Violation of professional conduct guidelines or code of ethics as established by regulations adopted by the department;

(3) Violation of any provision of sections 53 to 59, inclusive, of this act or regulations of Connecticut state agencies;

(4) Physical or mental illness or emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process;

(5) Abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or

(6) Illegal, incompetent or negligent conduct in the practice of audiology.

(b) The commissioner may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the Superior Court for the judicial district of Hartford-New Britain to enforce such order or any action taken pursuant to section 19a-17 of the general statutes.

Sec. 59. (NEW) (*Effective October 1, 2009*) (a) An audiology assistant shall work under the direct, on-site supervision of a licensed audiologist. An audiologist supervising an audiology assistant shall assume responsibility for all services provided by the assistant.

(b) An audiology assistant may not engage in any of the following activities:

(1) Interpreting obtained observations or data into diagnostic statements of clinical management or procedures;

(2) Determining case selection;

(3) Transmitting clinical information including data or impressions relative to client performance, behavior or progress, whether verbally or in writing, to anyone other than the audiologist;

(4) Independently composing clinical reports except for progress notes to be held in the patient's file;

(5) Referring a patient to other agencies; or

(6) Using any title, either verbally or in writing, other than that

determined by the audiologist or any title implying that the individual is licensed as an audiologist.

Sec. 60. (NEW) (*Effective October 1, 2009*) Any person who violates any of the provisions of sections 53 to 59, inclusive, of this act or the regulations adopted under sections 53 to 59, inclusive, of this act, shall be fined not more than five hundred dollars or imprisoned not more than five years, or be both fined and imprisoned. For purposes of this section, each instance of patient contact or consultation, which is in violation of any provision of sections 53 to 59, inclusive, of this act, shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 61. Section 20-408 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

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

(1) "The practice of speech and language pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language or feeding and swallowing or other upper aerodigestive functions for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals, and includes screening individuals for hearing loss or middle ear pathology using otoacoustic emissions screening, screening tympanometry or conventional pure-tone air conduction methods, including otoscopic inspection.

(2) "Licensed speech and language pathologist" means a person licensed under this chapter to practice speech and language pathology. "Speech and language pathologist" includes an individual who

engages in the practice of speech and language pathology under any title or description of service incorporating the words speech pathologist, speech pathology, speech therapist, speech therapy, speech correction, speech correctionist, speech clinician, language pathologist, language pathology, aphasiologist, aphasia therapist, voice therapy, voice therapist, voice pathologist, phoniatrist, communication disorder specialist, communication specialist or any similar titles or description of services.

[(3) "The practice of audiology" means the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation and counseling and the determination and use of appropriate amplification related to hearing and disorders of hearing, including the fitting or selling of hearing aids, for the purpose of modifying communicative disorders involving speech, language, auditory function or other aberrant behavior related to hearing loss.

(4) "Licensed audiologist" means a person licensed under this chapter to practice audiology.**]**

[(5)**]** (3) "Commissioner" means the Commissioner of Public Health.

[(6)**]** (4) "Department" means the Department of Public Health.

Sec. 62. Section 20-410 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

No person shall engage in or offer to engage in the practice of speech and language pathology **[**or audiology**]** or represent himself as a speech and language pathologist **[**or audiologist**]** in this state unless such person is licensed or exempted under the provisions of this chapter.

Sec. 63. Section 20-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) Except as provided in subsection (b) of this section no person shall be licensed under this chapter until such person has successfully passed a written examination, the subject and scope of which shall be determined by the commissioner. Application for such examination shall be on forms prescribed and furnished by the department and accompanied by satisfactory proof that the applicant: (1) Is of good professional character; (2) possesses a master's or doctorate degree in speech and language pathology **[**or audiology**]** from a program accredited, at the time of the applicant's graduation, by the educational standards board of the American Speech-Language Hearing Association or such successor organization as may be approved by the department, or has completed an integrated educational program which, at the time of the applicant's completion, satisfied the educational requirements of said organization for the award of a certificate of clinical competence; (3) has **[**had**]** satisfactorily completed a minimum of thirty-six weeks**[**,**]** **[**and**]** including not less than one thousand eighty hours of full-time, or a minimum of forty-eight weeks**[**,**]** **[**and**]** including not less than one thousand four hundred forty hours of part-time professional employment in speech and language pathology **[**or audiology**]** under the supervision of a licensed or certified speech and language pathologist. **[**or audiologist.**]** Such employment shall follow the completion of the educational requirements of subdivision (2) of this subsection and shall consist of at least six sessions of supervision per month providing a total of at least four hours of supervision per month, at least two sessions of which shall provide a total of at least two hours of direct on-site observation of speech and language pathology services provided by the applicant. **[**Persons engaged in such employment under the direct supervision of a person holding a valid hearing instrument specialist's license or as an audiologist under this chapter who is authorized to fit and sell hearing aids pursuant to section 20-398 shall not be required to obtain a temporary permit pursuant to section 20-400.**]** "Full-time employment" means a minimum of thirty hours a week and "part-time

employment" means a minimum of fifteen hours a week. **[**The postgraduate supervised employment requirements of subdivision (3) of this subsection shall be waived for persons who meet the January 1, 2007, Standards for the Certificate of Clinical Competence in Audiology of the American Speech-Language Hearing Association, or its successor organization.**]**

(b) The commissioner may waive the written examination for any person who (1) is licensed as a speech and language pathologist **[**or audiologist**]** in another state or territory of the United States and such state or territory has licensing requirements at least equivalent to the requirements in this state; or (2) holds a certificate from a national professional organization, approved by the commissioner, in speech and language pathology. **[**or audiology.**]**

Sec. 64. Section 20-412 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

The fee for an initial license as provided for in section 20-411, as amended by this act, as a speech and language pathologist **[**or audiologist**]** shall be one hundred dollars. **[**and for a combined license as a speech and language pathologist and audiologist shall be one hundred eighty dollars.**]** Licenses shall expire in accordance with section 19a-88 and shall become invalid unless renewed. Renewal may be effected upon payment of a fee of one hundred dollars and in accordance with section 19a-88.

Sec. 65. Section 20-413 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

Nothing in this chapter shall be construed as prohibiting:

(1) Consulting with or disseminating research findings and scientific information to accredited academic institutions or governmental agencies or offering lectures to the public for a fee, monetary or

otherwise;

(2) The activities and services of a graduate student or speech and language pathology intern in speech and language pathology pursuing a course of study leading to a graduate degree in speech and language pathology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Speech and Language Pathology Intern", "Speech and Language Pathology Trainee", or other such title clearly indicating the training status appropriate to his level of training;

[(3) The activities and services of a graduate student or audiology intern in audiology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Audiology Intern", "Audiology Trainee", or other such title clearly indicating the training status appropriate to his level of training;**]**

[(4)**]** (3) (A) A person from another state offering speech and language pathology **[**or audiology**]** services in this state, provided such services are performed for no more than five days in any calendar year and provided such person meets the qualifications and requirements for licensing in this state; or (B) a person from another state who is licensed or certified as a speech and language pathologist **[**or audiologist**]** by a similar authority of another state, or territory of the United States, or of a foreign country or province whose standards are equivalent to or higher than, at the date of his certification or licensure, the requirements of this chapter and regulations adopted hereunder, or a person who meets such qualifications and requirements and resides in a state or territory of the United States, or a foreign country or province which does not grant certification or license to speech and

language pathologists, **[**or audiologists,**]** from offering speech and language pathology **[**or audiology**]** services in this state for a total of not more than thirty days in any calendar year;

[(5)**]** (4) The activities and services of a person who meets the requirements of subdivisions (1) and (2) of subsection (a) of section 20-411, as amended by this act, while such person is engaged in full or part-time employment in fulfillment of the professional employment requirement of subdivision (3) of said subsection (a);

[(6) Nurses and other personnel from engaging in screening and audiometric testing, under the supervision of a licensed physician, surgeon or audiologist, for the purpose of identifying those persons whose sensitivity of hearing is below the standard acceptable level;

(7) The activity and services of hearing instrument specialists;**]**

[(8)**]** (5) The use of supervised support personnel to assist licensed speech and language pathologists with tasks that are (A) designed by the licensed speech and language pathologists being assisted, (B) routine, and (C) related to maintenance of assistive and prosthetic devices, recording and charting or implementation of evaluation or intervention plans. For purposes of this subdivision, "supervised" means (i) not more than three support personnel are assisting one licensed speech and language pathologist, (ii) in-person communication between the licensed speech and language pathologist and support personnel is available at all times, and (iii) the licensed speech and language pathologist provides the support personnel with regularly scheduled direct observation, guidance, direction and conferencing for not less than thirty per cent of client contact time for the support personnel's first ninety workdays and for not less than twenty per cent of client contact time thereafter.

Sec. 66. Section 20-416 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) Proceedings under this chapter and any appeals from the decisions or orders of the commissioner shall be in accordance with the provisions of chapter 54 and the regulations adopted by the Commissioner of Public Health.

(b) The department **[**shall**]** may adopt regulations in accordance with chapter 54 for the administration of this chapter and for the conduct of the practice of speech and language pathology. **[**and audiology.**]**

Sec. 67. (NEW) (*Effective October 1, 2009*) (a) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2011, each speech and language pathologist licensed under chapter 399 of the general statutes shall earn a minimum of twenty contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall be in an area of the licensee's practice and shall reflect the professional needs of the licensee in order to meet the speech and language pathology needs of the public.

(b) Qualifying continuing education activities include, but are not limited to, workshops or courses, including on-line courses and journal studies with content accepted by the American-Speech-Language Hearing Association or such successor organization as may be approved by the department, offered by national and state speech-language-hearing associations, other regional speech-language groups, or other related professional societies and organizations as appropriate to the educational needs of the licensee, state and local education agencies, hospitals or other health care institutions, and accredited colleges and universities. One credit hour for each hour of attendance shall be recognized. Audited courses shall have hours of attendance documented.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements of subsection (b) of this section in a format prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with such continuing education requirements for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the general statutes is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department, prior to the expiration of the registration period, an application for waiver on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other

documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

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

Sec. 68. (NEW) (*Effective October 1, 2009*) (a) As used in this section:

(1) "Direct supervision" means a radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure;

(2) "Personal supervision" means a radiologist must be in attendance in the room during the performance of the procedure;

(3) "Radiologist assistant" means a radiologic technologist who is licensed pursuant to chapter 376c of the general statutes, and who: (A) Has graduated from a radiologist assistant education program recognized by the American Registry of Radiologic Technologists; (B) has passed the radiologist assistant examination offered by the American Registry of Radiologic Technologists; (C) maintains a current license in good standing as a radiologic technologist in Connecticut; (D) holds current certification in advanced cardiac life support; (E) maintains current certification with the American Registry

of Radiologic Technologists as a radiographer; (F) maintains current certification with the American Registry of Radiologic Technologists as a radiologist assistant; and (G) maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars;

(4) "Supervising radiologist" means a physician who is licensed pursuant to chapter 370 of the general statutes and who is board certified in radiology, who assumes responsibility for the supervision of services rendered by a radiologist assistant; and

(5) "Supervision" means the exercise by the supervising radiologist of oversight, control and direction of the services of a radiologist assistant. Supervision includes, but is not limited to: (A) Continuous availability of direct communication between the supervising radiologist and the radiologist assistant; (B) active and continuing overview of the radiologist assistant's activities to ensure that the supervising radiologist's directions are being implemented and to support the radiologist assistant in the performance of his or her services; (C) personal review by the supervising radiologist of the radiologist assistant's practice at least weekly or more frequently as necessary to ensure quality patient care; (D) review of the charts and records of the radiologist assistant on a regular basis, as necessary, to ensure quality patient care; and (E) delineation of a predetermined plan for emergency situations.

(b) Nothing in chapter 370 of the general statutes shall be construed to prohibit a radiologist assistant from performing radiologic procedures under the direct supervision and direction of a physician who is licensed pursuant to chapter 370 of the general statutes and who is board certified in radiology. A radiologist assistant may perform radiologic procedures delegated by a supervising radiologist

provided: (1) The supervising radiologist is satisfied as to the ability and competency of the radiologist assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; (3) the supervising radiologist shall assume full control and responsibility for all procedures performed by the radiologist assistant; and (4) such procedures shall be performed under the oversight, control and direction of the supervising radiologist. Delegated procedures shall be implemented in accordance with written protocols established by the supervising radiologist. In addition to those procedures that the supervising radiologist deems appropriate to be performed under personal supervision, the following procedures, including contrast media administration and needle or catheter placement, must be performed under personal supervision: (A) Lumbar puncture under fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical myelogram, (D) nontunneled venous central line placement, venous catheter placement for dialysis, breast needle localization, and (E) ductogram.

(c) A radiologist assistant shall not: (1) Interpret images, (2) make diagnoses, (3) prescribe medications or therapies, or (4) administer anesthesia.

(d) Each radiologist assistant practicing in this state shall have a clearly identified supervising radiologist who maintains the final responsibility for the care of patients and the performance of the radiologist assistant. A licensed radiologist may function as a supervising radiologist for no more than two full-time radiologist assistants concurrently, or the part-time equivalent thereof. Any services provided by the radiologist assistant must be performed at either the physical location of the supervising radiologist's primary medical practice or within any health care facility where the supervising radiologist holds staff privileges.

(e) Nothing in this section shall be construed to apply to the

activities and services of a person who is enrolled in a radiologist assistant education program recognized by the American Registry of Radiologic Technologists provided such activities and services are incidental to the course of study.

Sec. 69. (NEW) (*Effective from passage*) (a) As used in this section, "abandoned cemetery" means a cemetery (1) in which no burial has occurred during the previous forty years and in which the lots or graves have not been maintained during the previous ten years except for maintenance rendered by the municipality in which such cemetery is located, (2) in which one burial has occurred in the past forty years, a permit was issued under section 7-65 of the general statutes, as amended by this act, after such burial, or (3) in which no lots have been sold in the previous forty years and in which most lots and graves have not been maintained during the previous ten years except for maintenance rendered by the municipality in which such cemetery is located.

(b) Any municipality may acquire an abandoned cemetery, including ownership of any occupied or unoccupied lots or grave sites in such cemetery. Such municipality may cause a survey of such cemetery to be completed in order to ascertain the extent of such cemetery. The municipality shall use due diligence in identifying any owners of the abandoned cemetery or any of the cemetery's occupied or unoccupied lots or grave sites and shall provide notice to such owners of the municipality's intention to acquire the abandoned cemetery. In the event that a municipality is unable to locate such an owner, the municipality shall publish notice of its intention to acquire the abandoned cemetery in a newspaper having a general circulation in such municipality. Such notice shall be published for a period of three consecutive weeks.

(c) The notice described in subsection (b) of this section shall give a basic description of the abandoned cemetery, by reference to the

municipality's tax maps, and shall set a date and place where objections to the acquisition of the cemetery by the municipality will be heard.

(d) Any owner who receives notice pursuant to subsection (b) of this section may reassert his or her right of ownership over the abandoned cemetery, occupied or unoccupied lot or grave site, as applicable, by sending written notice of his or her objection to the municipality not later than fourteen days after his or her receipt of notice pursuant to subsection (b) of this section. Any owner who reasserts his or her rights pursuant to this subsection shall promptly comply with all municipal ordinances concerning such abandoned cemetery, occupied or unoccupied lot or grave site.

(e) In the event that no objection is received by the municipality pursuant to subsection (d) of this section not later than fifteen days after the last date of publication of the notice described in subsections (b) and (c) of this section, title to such abandoned cemetery and any occupied or unoccupied lots or graves shall vest in such municipality. Whenever title vests in a municipality pursuant to this subsection, such municipality shall record a confirmation of such vesting, including a basic description of the cemetery, on the land records of the municipality in which such cemetery is located.

(f) If title to an abandoned cemetery vests with a municipality pursuant to subsection (e) of this section, such municipality shall maintain title to such cemetery, shall not transfer title to such cemetery, and shall maintain the characteristics of such cemetery and make no changes in the use of such cemetery land. The municipality may appoint a superintendent or sexton for such cemetery pursuant to section 19a-297 of the general statutes, and may appropriate funds as necessary for the care, maintenance and support of such cemetery.

Sec. 70. (NEW) (*Effective from passage*) (a) On or after September 21,

2009, Sunshine House, Inc. shall establish a pilot program creating a freestanding children's comfort care center that shall provide comfort care for children with limited life expectancy and their families. Such care may include, but need not be limited to: (1) Respite care for children and their families, such respite care being available to families intermittently during the course of their child's illness; (2) end-of-life care for children that includes whole child care in a child-centered, family-oriented, home-like setting for families who need a home-like option other than the family home; and (3) whole family care consisting of supportive care for the whole family including accommodation for parents, specialized support for siblings and others important to the child and bereavement support.

(b) On or before September 30, 2011, such pilot program shall comply with the provisions of sections 19a-638 and 19a-639 of the general statutes, as amended by this act.

(c) On or before September 30, 2014, such pilot program shall comply with the provisions of section 19a-491 of the general statutes.

(d) If Sunshine House, Inc. fails to comply with the provisions of subsections (b) and (c) of this section, the pilot program established pursuant to subsection (a) of this section shall terminate.

Sec. 71. Subsection (a) of section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person shall operate any ambulance service, rescue service or management service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof

satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. No license or certificate shall be issued to any volunteer, municipal or commercial ambulance service, rescue service or management service, as defined in subdivision (19) of section 19a-175, unless it meets the requirements of subsection (e) of section 14-100a. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of one hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder **[**in a municipality in which the applicant operates or proposes to operate**]** that operates in the service area identified in the application shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any

accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

Sec. 72. Section 20-7a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) Any practitioner of the healing arts who agrees with any clinical laboratory, either private or hospital, to make payments to such laboratory for individual tests or test series for patients shall disclose on the bills to patients or third party payors the name of such laboratory, the amount or amounts charged by such laboratory for individual tests or test series and the amount of his procurement or processing charge, if any, for each test or test series. Any person who violates the provisions of this section shall be fined not more than one hundred dollars.

(b) Each practitioner of the healing arts who recommends a test to aid in the diagnosis of a patient's physical condition shall, to the extent the practitioner is reasonably able, inform the patient of the approximate range of costs of such test.

(c) Each practitioner of the healing arts who (1) has an ownership or investment interest in an entity that provides diagnostic or therapeutic services, or (2) receives compensation or remuneration for referral of patients to an entity that provides diagnostic or therapeutic services shall disclose such interest to any patient prior to referring such patient to such entity for diagnostic or therapeutic services and provide reasonable referral alternatives. Such information shall be verbally disclosed to each patient or shall be posted in a conspicuous place visible to patients in the practitioner's office. The posted information shall list the therapeutic and diagnostic services in which the practitioner has an ownership or investment interest and therapeutic and diagnostic services from which the practitioner receives compensation or remuneration for referrals and state that alternate referrals will be made upon request. Therapeutic services include physical therapy, radiation therapy, intravenous therapy and rehabilitation services including physical therapy, occupational therapy or speech and language pathology, or any combination of such therapeutic services. This subsection shall not apply to in-office ancillary services. As used in this subsection, "ownership or investment interest" does not include ownership of investment securities that are purchased by the practitioner on terms available to the general public and are publicly traded; and "entity that provides diagnostic or therapeutic services" includes services provided by an entity that is within a hospital but is not owned by the hospital. Violation of this subsection constitutes conduct subject to disciplinary action under subdivision (6) of subsection (a) of section 19a-17.

(d) No person or entity, other than a physician licensed under

chapter 370, clinical laboratory, as defined in section 19a-30, or a referring clinical laboratory, shall directly or indirectly charge, bill or otherwise solicit payment for the provision of anatomic pathology services, unless such services were personally rendered by or under the direct supervision of such physician, clinical laboratory or referring laboratory in accordance with section 353 of the Public Health Service Act, (42 USC 263a). A clinical laboratory or referring laboratory may only solicit payment for anatomic pathology services from the patient, a hospital, the responsible insurer of a third party payor, or a governmental agency or such agency's public or private agent that is acting on behalf of the recipient of such services. Nothing in this subsection shall be construed to prohibit a clinical laboratory from billing a referring clinical laboratory when specimens are transferred between such laboratories for histologic or cytologic processing or consultation. No patient or other third party payor, as described in this subsection, shall be required to reimburse any provider for charges or claims submitted in violation of this section. For purposes of this subsection, (1) "referring clinical laboratory" means a clinical laboratory that refers a patient specimen for consultation or anatomic pathology services, excluding the laboratory of a physician's office or group practice that takes a patient specimen and does not perform the professional diagnostic component of the anatomic pathology services involved, and (2) "anatomic pathology services" means the gross and microscopic examination and histologic or cytologic processing of human specimens, including histopathology or surgical pathology, cytopathology, hematology, subcellular pathology or molecular pathology or blood banking service performed by a pathologist.

Sec. 73. Subsection (a) of section 46b-24 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) No persons may be joined in marriage in this state until both

have complied with the provisions of sections 46b-24, 46b-25 and 46b-29 to 46b-33, inclusive, and have been issued a license by the registrar for the town in which **[**(1)**]** the marriage is to be celebrated, **[**or (2) either person to be joined in marriage resides,**]** which license shall bear the certification of the registrar that the persons named therein have complied with the provisions of said sections.

Sec. 74. (*Effective from passage*) On or before July 1, 2009, the Department of Public Health shall submit, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, the state-wide health information technology plan developed pursuant to section 19a-25d of the general statutes, as amended by this act.

Sec. 75. (NEW) (*Effective from passage*) (a) On and after July 1, 2009, the Department of Public Health shall be the lead health information exchange organization for the state. The department shall seek private and federal funds, including funds made available pursuant to the federal American Recovery and Reinvestment Act of 2009, for the initial development of a state-wide health information exchange. Any private or federal funds received by the department may be used for the purpose of establishing health information technology pilot programs and the grant programs described in section 77 of this act.

(b) The department shall: (1) Facilitate the implementation and periodic revisions of the health information technology plan after the plan is initially submitted in accordance with the provisions of section 74 of this act, including the implementation of an integrated state-wide electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors and patients, and (2) develop standards and protocols for privacy in the sharing of electronic health information. Such standards and protocols shall be no less stringent

than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164. Such standards and protocols shall require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail.

Sec. 76. (NEW) (*Effective from passage*) (a) There is established a health information technology and exchange advisory committee. The committee shall consist of twelve members as follows: The Lieutenant Governor; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan, and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; two appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, and one of whom shall have expertise in public health; two appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, and one of whom who shall have expertise with federally qualified health centers; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall have background and experience as a pharmacist or other health care provider that utilizes electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Commissioners of Public Health, Social Services, Consumer Protection

and the Office of Health Care Access, the Chief Information Officer, the Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the committee.

(b) All initial appointments to the committee shall be made on or before October 1, 2009. The initial term for the committee members appointed by the Governor shall be for four years. The initial term for committee members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for committee members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the committee members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a committee member shall serve for a term of four years. No committee member, including initial committee member may serve for more than two terms. Any member of the committee may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

(c) The committee shall select a chairperson from its membership and the chairperson shall schedule the first meeting of the committee, which shall be held no later than November 1, 2009.

(d) Any member appointed to the committee who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(e) Notwithstanding any provision of the general statutes, it shall

not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any eligible institution, or for any other individual with a financial interest in an eligible institution, to serve as a member of the committee. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10 of the general statutes. Members may participate in the affairs of the committee with respect to the review or consideration of grant-in-aid applications, including the approval or disapproval of such applications, except that no member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by an eligible institution in which such member has a financial interest, or with whom such member engages in any business, employment, transaction or professional activity.

(f) The health information technology and exchange advisory committee shall advise the Commissioner of Public Health regarding implementation of the health information technology plan. The committee shall develop, in consultation with the Commissioner of Public Health, (1) appropriate protocols for health information exchange, and (2) electronic data standards to facilitate the development of a state-wide, integrated electronic health information system, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act, for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols, with such privacy standards consistent with the requirements of section 75 of this act, (B) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act, (C) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d of the general

statutes, as amended by this act, and (D) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act.

(g) The health information technology and exchange advisory committee shall examine and identify specific ways to improve and promote health information exchange in the state, including, but not limited to, identifying both public and private funding sources for health information technology. On and after November 1, 2009, the Commissioner of Public Health shall submit any proposed application for private or federal funds that are to be used for the development of health information exchange to the committee. Not later than twenty days after the date the committee receives such proposed application for private or federal funds, the committee shall advise the commissioner, in writing, of any comments or recommended changes, if any, that the committee believes should be made to such application. Such comments and recommended changes shall be taken into consideration by the commissioner in making any decisions regarding the grants. In addition, the committee shall advise the commissioner regarding the development and implementation of a health information technology grant program which may, within available funds, provide grants-in-aid to eligible institutions for the advancement of health information exchange and health information technology in this state. The commissioner shall offer at least one member of the committee the opportunity to participate on any review panel constituted to effectuate the provisions of this subsection.

(h) The Department of Public Health shall, within available funds, provide administrative support to the committee and shall assist the committee in all tasks, including, but not limited to, (1) developing the application for the grants-in-aid authorized under subsection (g) of this section, (2) reviewing such applications, (3) preparing and

executing any assistance agreements or other agreements in connection with the awarding of such grants-in-aid, and (4) performing such other administrative duties as the committee deems necessary. For purposes of this subsection, the Commissioner of Public Health may, within available funds, contract for administrative support for the committee pursuant to section 4a-7a of the general statutes.

(i) Not later than February 1, 2010, and annually thereafter until February 1, 2015, the Commissioner of Public Health and the health information technology and exchange advisory committee shall report, in accordance with section 11-4a of the general statutes, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding quarter and, if applicable, how such funds were expended, (2) the amount of grants-in-aid awarded to eligible institutions, (3) the recipients of such grants-in-aid, and (4) the current status of health information exchange and health information technology in the state.

(j) For purposes of this section, "eligible institution" means a hospital, clinic, physician or other health care provider, laboratory or public health agency that utilizes health information exchange or health information technology.

Sec. 77. Section 19a-25d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

(1) "Electronic health information system" means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real-time to a patient's complete medical record; (B) a

personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

(2) "Interoperability" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; (B) the ability of a connected user to demonstrate appropriate permissions to participate in the instant transaction over the network; and (C) the capacity of a connected user with such permissions to access, transmit, receive and exchange usable information with other users.

(3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the collection of clinically specific data; (B) promote the interoperability of health care information across health care settings, including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.

(b) On or before November 30, 2007, the Department of Public Health, in consultation with the Office of Health Care Access and within available appropriations, shall contract, through a competitive

bidding process, for the development of a state-wide health information technology plan. The entity awarded such contract shall be designated the lead health information exchange organization for the state of Connecticut for the period commencing December 1, 2007, and ending June 30, 2009. The state-wide health information technology plan shall include, but not be limited to:

(1) General standards and protocols for health information exchange.

(2) Electronic data standards to facilitate the development of a state-wide, integrated electronic health information system for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format, and (D) be compatible with the requirements for an electronic health information system.

(3) Pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs.

[(c) Not later than December 1, 2008, and annually thereafter, the Department of Public Health, in consultation with Office of Health Care Access, shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, government administration and appropriations and the budgets of state agencies on the status of the state-wide health information technology plan.**]**

Sec. 78. Subsection (a) of section 2c-2b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective*

October 1, 2009):

(a) The following governmental entities and programs are terminated, effective July 1, 2010, unless reestablished in accordance with the provisions of section 2c-10:

(1) Regulation of hearing aid dealers pursuant to chapter 398;

(2) Repealed by P.A. 99-102, S. 51;

(3) Connecticut Homeopathic Medical Examining Board, established under section 20-8;

(4) State Board of Natureopathic Examiners, established under section 20-35;

(5) Board of Examiners of Electrologists, established under section 20-268;

(6) Connecticut State Board of Examiners for Nursing, established under section 20-88;

(7) Connecticut Board of Veterinary Medicine, established under section 20-196;

(8) Liquor Control Commission, established under section 30-2;

(9) Connecticut State Board of Examiners for Optometrists, established under section 20-128a;

(10) Board of Examiners of Psychologists, established under section 20-186;

(11) Regulation of speech and language pathologists **[**and audiologists**]** pursuant to chapter 399;

(12) Connecticut Examining Board for Barbers and Hairdressers and

Cosmeticians established under section 20-235a;

(13) Board of Examiners of Embalmers and Funeral Directors established under section 20-208;

(14) Regulation of nursing home administrators pursuant to chapter 368v;

(15) Board of Examiners for Opticians established under section 20-139a;

(16) Medical Examining Board established under section 20-8a;

(17) Board of Examiners in Podiatry, established under section 20-51;

(18) Board of Chiropractic Examiners, established under section 20-25;

(19) The agricultural lands preservation program, established under section 22-26cc;

(20) Nursing Home Ombudsmen Office, established under section 17a-405;

(21) Mobile Manufactured Home Advisory Council established under section 21-84a;

(22) Repealed by P.A. 93-262, S. 86, 87;

(23) The Child Day Care Council established under section 17b-748;

(24) The Connecticut Advisory Commission on Intergovernmental Relations established under section 2-79a;

(25) The Commission on Children established under section 46a-126;

(26) The task force on the development of incentives for conserving energy in state buildings established under section 16a-39b;

(27) The estuarine embayment improvement program established by sections 22a-113 to 22a-113c, inclusive;

(28) The State Dental Commission, established under section 20-103a;

(29) The Connecticut Economic Information Steering Committee, established under section 32-6i;

(30) Repealed by P.A. 95-257, S. 57, 58; **[**and**]**

(31) The registry established under section 17a-247b; and

(32) Regulation of audiologists under sections 53 to 59, inclusive, of this act.

Sec. 79. Section 20-396 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

As used in this chapter, except as the context may require otherwise:

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

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

(3) "Hearing aid" means any wearable instrument or device designed for or offered for the purpose of aiding or compensating for impaired human hearing, and any parts, attachments or accessories, excluding batteries, earmolds and cords;

(4) "Practice of fitting hearing aids" means the comprehensive measurement of human hearing and determination and use of appropriate amplification related to hearing disorders, including, but not limited to, screening for the preexisting otological disorders listed

in section 20-403, the making of impressions for earmolds, the making of selections and adaptation of hearing aids and the instruction and counseling in their use;

(5) "Licensed hearing instrument specialist" means a person, other than an audiologist or physician, licensed to engage in the practice of fitting or selling hearing aids;

(6) "Sell" or "sale" means any transfer of title or of the right to use by lease, or any other contract, for a consideration, excluding wholesale transactions with distributors or hearing instrument specialists;

(7) "Otolaryngologist" means a physician licensed under chapter 370 who is certified by the American Board of Otolaryngology and includes physicians in training programs approved by the American Board of Otolaryngology;

(8) "Audiologist" means a person who is licensed under **[**chapter 399**]** sections 53 to 59, inclusive, of this act as an audiologist;

(9) "Used hearing aid" means a hearing aid that has been previously sold, leased or rented to a hearing aid user.

Sec. 80. Section 20-398 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) No person may engage in the practice of fitting or selling hearing aids, or display a sign or in any other way advertise or claim to be a person who sells or engages in the practice of fitting or selling hearing aids unless such person has obtained a license under this chapter or as an audiologist under **[**chapter 399**]** sections 53 to 59, inclusive, of this act. No audiologist, other than an audiologist who is a licensed hearing instrument specialist on and after July 1, 1996, shall engage in the practice of fitting or selling hearing aids until such audiologist has presented satisfactory evidence to the commissioner that the

audiologist has (1) completed at least six semester hours of coursework regarding the selection and fitting of hearing aids and eighty hours of supervised clinical experience with children and adults in the selection and fitting of hearing aids at an institution of higher education in a program accredited, at the time of the audiologist's completion of coursework and clinical experience, by the American Speech-Language Hearing Association or such successor organization as may be approved by the department, or (2) has satisfactorily passed the written section of the examination required by this section for licensure as a hearing instrument specialist. No person may receive a license, except as provided in subsection (b) of this section, unless such person has submitted proof satisfactory to the department that such person has completed a four-year course at an approved high school or has an equivalent education as determined by the department; has satisfactorily completed a course of study in the fitting and selling of hearing aids or a period of training approved by the department; and has satisfactorily passed a written, oral and practical examination given by the department. Application for the examination shall be on forms prescribed and furnished by the department. Examinations shall be given at least twice yearly. The fee for the examination shall be one hundred dollars; and for the initial license and each renewal thereof shall be two hundred dollars.

(b) Nothing in this chapter shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail, provided such organization employs only persons licensed, in accordance with the provisions of this chapter or as audiologists under **[**chapter 399**]** sections 53 to 59, inclusive, of this act, in the direct sale and fitting of such products.

(c) Nothing in this chapter shall prohibit a hearing instrument specialist licensed under this chapter from making impressions for

earmolds or a physician licensed in this state or an audiologist licensed under the provisions of **[**chapter 399**]** sections 53 to 59, inclusive, of this act, from making impressions for earmolds in the course of such person's clinical practice.

Sec. 81. Subsection (a) of section 20-400 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) A temporary permit may be issued to a person who has submitted proof satisfactory to the department that the applicant has completed a four-year course at an approved high school or has an equivalent education as determined by the department, upon application on forms prescribed and furnished by the department, accompanied by a fee of thirty dollars. A temporary permit shall entitle the applicant to engage in the fitting or sale of hearing aids for a period of one year under the direct supervision and training of a person holding a valid hearing instruments dispenser's license or a license as an audiologist under **[**chapter 399**]** sections 53 to 59, inclusive, of this act or while enrolled in a course of study approved by the department, except that a person who holds a temporary permit shall be excluded from making selections of hearing aids.

Sec. 82. Subsection (a) of section 20-401 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) A person who holds a license under this chapter or as an audiologist under **[**chapter 399**]** sections 53 to 59, inclusive, of this act shall notify the department in writing of the regular address of the place or places where such person engages or intends to engage in the fitting or sale of hearing aids and shall notify the department in writing of any change in such person's regular place of business and of the new address or addresses of the place or places where such person

intends to engage in the fitting or sale of hearing aids at least ten days prior to such change.

Sec. 83. (NEW) (*Effective July 1, 2011*) As used in this section and sections 84 to 90, inclusive, of this act:

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

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

(3) "Direct supervision" means the radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure;

(4) "Personal supervision" means the radiologist must be in attendance in the room during the performance of the procedure;

(5) "Radiologist assistant" means a person who is licensed to practice as a radiologist assistant pursuant to this section and sections 84 to 90, inclusive, of this act;

(6) "Supervising radiologist" means a physician who is licensed pursuant to chapter 370 of the general statutes, who is board certified in radiology, and who assumes responsibility for the supervision of services rendered by a radiologist assistant; and

(7) "Supervision" means the exercise by the supervising radiologist of oversight, control and direction of the services of a radiologist assistant. Supervision includes, but is not limited to: (A) Continuous availability of direct communication between the supervising radiologist and the radiologist assistant; (B) active and continuing overview of the radiologist assistant's activities to ensure that the supervising radiologist's directions are being implemented and to support the radiologist assistant in the performance of his or her services; (C) personal review by the supervising radiologist of the

radiologist assistant's practice at least weekly or more frequently as necessary to ensure quality patient care; (D) review of the charts and records of the radiologist assistant on a regular basis as necessary to ensure quality patient care; and (E) delineation of a predetermined plan for emergency situations.

Sec. 84. (NEW) (*Effective July 1, 2011*) (a) No person shall practice as a radiologist assistant in this state unless such person has obtained a license pursuant to this section. No person shall use the title "radiologist assistant" or make use of any title, words, letters or abbreviations that may reasonably be confused with licensure as a radiologist assistant unless such person holds a valid license from the department to practice as a radiologist assistant.

(b) Each person seeking licensure to practice as a radiologist assistant in this state shall make application on forms prescribed by the department, pay an application fee of one hundred fifty dollars and present to the department satisfactory evidence that such person: (1) Has graduated from a radiologist assistant education program recognized by the American Registry of Radiologic Technologists; (2) has passed the radiologist assistant examination offered by the American Registry of Radiologic Technologists; (3) holds and maintains a current license in good standing as a radiologic technologist in the state; (4) holds and maintains current certification in advanced cardiac life support; (5) holds and maintains current certification with the American Registry of Radiologic Technologists as a radiographer; and (6) holds and maintains current certification with the American Registry of Radiologic Technologists as a radiologist assistant.

(c) Nothing in this section shall be construed to apply to the activities and services of a person who is enrolled in a radiologist assistant education program recognized by the American Registry of Radiologic Technologists, provided such activities and services are

incidental to the course of study.

(d) The provisions of this section shall not apply to any practicing physician or surgeon licensed under chapter 370 of the general statutes.

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

(f) Licenses shall be renewed annually in accordance with the provisions of section 19a-88 of the general statutes for a fee of one hundred fifty dollars.

Sec. 85. (NEW) (*Effective July 1, 2011*) (a) Each radiologist assistant practicing in this state shall have a clearly identified supervising radiologist who maintains the final responsibility for the care of patients and the performance of the radiologist assistant.

(b) A licensed radiologist may function as a supervising radiologist for no more than two full-time radiologist assistants concurrently, or the part-time equivalent thereof.

(c) Any services provided by the radiologist assistant shall be performed at either the physical location of the supervising radiologist's primary medical practice or within any health care facility where the supervising radiologist holds staff privileges.

Sec. 86. (NEW) (*Effective July 1, 2011*) (a) A radiologist assistant may perform radiologic procedures delegated by a supervising radiologist provided: (1) The supervising radiologist is satisfied as to the ability and competency of the radiologist assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; (3) the supervising radiologist assumes

full control and responsibility for all procedures performed by the radiologist assistant; and (4) such procedures are performed under the oversight, control and direction of the supervising radiologist. A supervising radiologist shall establish written protocols concerning any procedures delegated by such radiologist and implemented by a radiologist assistant. In addition to those procedures that the supervising radiologist deems appropriate to be performed under personal supervision, the following procedures, including contrast media administration and needle or catheter placement, shall be performed under personal supervision: (A) Lumbar puncture under fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical myelogram, (D) nontunneled venous central line placement, (E) venous catheter placement for dialysis, (F) breast needle localization, and (G) ductogram.

(b) A radiologist assistant shall not: (1) Interpret images, (2) make diagnoses, (3) prescribe medications or therapies, or (4) administer anesthesia.

Sec. 87. (NEW) (*Effective July 1, 2011*) Each person licensed to practice as a radiologist assistant who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice in an amount that shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars.

Sec. 88. (NEW) (*Effective July 1, 2011*) The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 of the general statutes, against a radiologist assistant for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice as a radiologist assistant; (4) fraud or deceit in the practice of the

profession; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; (8) wilful falsification of entries in any hospital, patient or other record pertaining to the profession; or (9) violation of any provision of sections 83 to 90, inclusive, of this act. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the physical or mental capacity of the license holder to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

Sec. 89. Subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech and language pathologist and audiologist;

(2) Hearing instrument specialist;

(3) Nursing home administrator;

(4) Sanitarian;

(5) Subsurface sewage system installer or cleaner;

(6) Marital and family therapist;

(7) Nurse-midwife;

(8) Licensed clinical social worker;

(9) Respiratory care practitioner;

(10) Asbestos contractor and asbestos consultant;

(11) Massage therapist;

(12) Registered nurse's aide;

(13) Radiographer;

(14) Dental hygienist;

(15) Dietitian-Nutritionist;

(16) Asbestos abatement worker;

(17) Asbestos abatement site supervisor;

(18) Licensed or certified alcohol and drug counselor;

(19) Professional counselor;

(20) Acupuncturist;

(21) Occupational therapist and occupational therapist assistant;

(22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;

(23) Emergency medical technician, emergency medical technician-intermediate, medical response technician and emergency medical services instructor;

(24) Paramedic;

(25) Athletic trainer; **[**and**]**

(26) Perfusionist; and

(27) On and after July 1, 2011, a radiologist assistant, subject to the provisions of section 90 of this act.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Sec. 90. (NEW) (*Effective July 1, 2011*) The Department of Public Health shall only be required to implement the provisions of sections 83 to 89, inclusive, of this act as relate to the licensure of radiologist assistants, if appropriations are available.

Sec. 91. (NEW) (*Effective July 1, 2011*) (a) The University of Connecticut Health Center shall, in consultation with the Yale University School of Medicine, develop, implement and promote an evidence-based outreach and education program concerning the therapeutic and cost-effective utilization of prescription drugs for the benefit of licensed physicians, pharmacists and other health care professionals authorized to prescribe and dispense prescription drugs. In developing such program, The University of Connecticut Health Center shall consider whether such program may be developed in coordination with, or as a part of, the Connecticut Area Health Education Center.

(b) The program established pursuant to subsection (a) of this section shall: (1) Arrange for licensed physicians, pharmacists and

nurses to conduct in person educational visits with prescribing practitioners, utilizing evidence-based materials, borrowing methods from behavioral science and educational theory and, when appropriate, utilizing pharmaceutical industry data and outreach techniques; (2) inform prescribing practitioners about drug marketing that is designed to prevent competition to brand name drugs from generic or other therapeutically-equivalent pharmaceutical alternatives or other evidence-based treatment options; and (3) provide outreach and education to licensed physicians and other health care practitioners who are participating providers in state-funded health care programs, including, but not limited to, Medicaid, the HUSKY Plan, Parts A and B, the state-administered general assistance program, the Charter Oak Health Plan, the ConnPACE program, the Department of Correction inmate health services program and the state employees' health insurance plan.

(c) The University of Connecticut Health Center shall, to the extent feasible, utilize or incorporate into the program other independent educational resources or models that are proven to be effective in disseminating high quality, evidenced-based, cost-effective information to prescribing practitioners regarding the effectiveness and safety of prescription drugs. Such other resources or models that The University of Connecticut Health Center reviews shall include: (1) The Pennsylvania PACE Independent Drug Information Service affiliated with the Harvard Medical School; (2) the Vermont Academic Detailing Program sponsored by the University of Vermont College of Medicine Office of Primary Care; and (3) the Drug Effectiveness Review project conducted by the Oregon Health and Science University Evidence-based Practice Center.

(d) The University of Connecticut Health Center shall seek federal funds for the administration of the program. In addition, The University of Connecticut Health Center may seek funding from

nongovernmental health access foundations for the program. The University of Connecticut Health Center shall not be required to develop, implement and promote the program described in this section, if federal, state and private funds in the aggregate are insufficient to pay for the initial and ongoing expenses of such program.

Sec. 92. Section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) Except as provided in sections 19a-487a and 19a-639a to 19a-639c, inclusive, as amended by this act:

(1) Each health care facility or institution, that intends to (A) transfer **[**all or part of**]** its ownership or control, (B) change the governing powers of the board of a parent company or an affiliate, whatever its designation, or (C) change or transfer the powers or control of a governing or controlling body of an affiliate, shall submit to the office, prior to the proposed date of such transfer, or change, a request for permission to undertake such transfer or change. For purposes of this section and section 19a-639b, as amended by this act, "transfer its ownership or control" means a transfer that impacts or changes the governance or controlling body of a health care facility or institution, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility or institution.

(2) Each health care facility or institution or state health care facility or institution, including any inpatient rehabilitation facility, which intends to introduce any additional function or service into its program of health care shall submit to the office, prior to the proposed date of the institution of such function or service, a request for permission to undertake such function or service.

(3) Each health care facility or institution or state health care facility

or institution which intends to terminate a health service offered by such facility or institution or reduce substantially its total bed capacity, shall submit to the office, prior to the proposed date of such termination or decrease, a request to undertake such termination or decrease.

(4) Except as provided in sections 19a-639a to 19a-639c, inclusive, as amended by this act, each applicant, prior to submitting a certificate of need application under this section or section 19a-639, as amended by this act, or under both sections, shall submit a request, in writing, for application forms and instructions to the office. The request shall be known as a letter of intent. A letter of intent shall include: (A) The name of the applicant or applicants; (B) a statement indicating whether the application is for (i) a new, replacement or additional facility, service or function, (ii) the expansion or relocation of an existing facility, service or function, (iii) a **[**change in**]** transfer of its ownership or control, (iv) a termination of a service or a reduction in total bed capacity and the bed type, (v) any new or additional beds and their type, (vi) a capital expenditure over three million dollars, (vii) the purchase, lease or donation acceptance of major medical equipment costing over three million dollars, (viii) a CT scanner, PET scanner, PET/CT scanner or MRI scanner, **[**cineangiography equipment,**]** a linear accelerator or other similar equipment utilizing technology that is new or being introduced into the state, or (ix) any combination thereof; (C) the estimated capital cost, value or expenditure; (D) the town where the project is or will be located; and (E) a brief description of the proposed project. The office shall provide public notice of any complete letter of intent submitted under this section or section 19a-639, as amended by this act, or both, by publication in a newspaper having a substantial circulation in the area served or to be served by the applicant. Such notice shall be submitted for publication not later than twenty-one days after the date the office determines that a letter of intent is complete. No certificate of need application will be

considered submitted to the office unless a current letter of intent, specific to the proposal and in compliance with this subsection, has been on file with the office for not less than sixty days. A current letter of intent is a letter of intent that has been on file at the office up to and including one hundred twenty days, except that an applicant may request a one-time extension of a letter of intent of up to an additional thirty days for a maximum total of up to one hundred fifty days if, prior to the expiration of the current letter of intent, the office receives a written request to so extend the letter of intent's current status. The extension request shall fully explain why an extension is requested. The office shall accept or reject the extension request not later than seven days from the date the office receives such request and shall so notify the applicant.

(b) The office shall make such review of a request made pursuant to subdivision (1), (2) or (3) of subsection (a) of this section as it deems necessary. In the case of a **[**proposed transfer of**]** health care facility or institution that intends to transfer its ownership or control, the review shall include, but not be limited to, the financial responsibility and business interests of the transferee and the ability of the institution to continue to provide needed services or, in the case of the introduction of a new or additional function or service expansion or the termination of a service or function, ascertaining the availability of such service or function at other inpatient rehabilitation facilities, health care facilities or institutions or state health care facilities or institutions or other providers within the area to be served, the need for such service or function within such area and any other factors which the office deems relevant to a determination of whether the facility or institution is justified in introducing or terminating such functions or services into or from its program. The office shall grant, modify or deny such request no later than ninety days after the date of receipt of a complete application, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional

fifteen days if the office has requested additional information subsequent to the commencement of the review period. The commissioner may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the office. Failure of the office to act on such request within such review period shall be deemed approval thereof. The ninety-day review period, pursuant to this subsection, for an application filed by a hospital, as defined in section 19a-490, and licensed as a short-term acute-care general hospital or children's hospital by the Department of Public Health or an affiliate of such a hospital or any combination thereof, shall not apply if, in the certificate of need application or request, the hospital or applicant projects either (1) that, for the first three years of operation taken together, the total impact of the proposal on the operating budget of the hospital or an affiliate of such a hospital or any combination thereof will exceed one per cent of the actual operating expenses of the hospital for the most recently completed fiscal year as filed with or determined by the office, or (2) that the total capital expenditure for the project will exceed fifteen million dollars. If the office determines that an application is not subject to the ninety-day review period pursuant to this subsection, it shall remain so excluded for the entire review period of that application, even if the application or circumstances change and the application no longer meets the stated terms of the exclusion. Upon a showing by such facility or institution that the need for such function **[**,**]** or service or termination or **[**change of**]** transfer of its ownership or control is of an emergency nature, in that the function, service or termination or **[**change of**]** transfer of its ownership or control is necessary to maintain continued access to the health care services provided by the facility or institution, or to comply with requirements of any federal, state or local health, fire, building or life safety code, the commissioner may waive the letter of intent requirement, provided such request shall be submitted not less than fourteen days before the proposed date of institution of the function, service or termination or

[change**]** transfer of its ownership or control.

(c) (1) The office may hold a public hearing with respect to any complete certificate of need application submitted under this section. At least two weeks' notice of such public hearing shall be given to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the facility, institution or provider. At the discretion of the office, such hearing may be held in Hartford or in the area so served or to be served. In conducting its activities under this section, section 19a-639, as amended by this act, or under both sections, the office may hold hearings on applications of a similar nature at the same time.

(2) The office may hold a public hearing after consideration of criteria that include, but need not be limited to, whether the proposal involves: (A) The provision of a new or additional health care function or service through the use of technology that is new or being introduced into the state; (B) the provision of a new or additional health care function or service that is not provided in either a region designated by the applicant or in the applicant's existing primary service area as defined by the office; or (C) the termination of an existing health care function or service, the reduction of total beds or the closing of a health care facility.

(3) The office shall hold a public hearing with respect to any complete certificate of need application submitted to the office under this section if (A) three individuals or an individual representing an entity with five or more people submit a request, in writing, that a public hearing be held on the proposal after the office has published notice of a complete letter of intent, and (B) such request is received by the office not later than twenty-one days after the date that the office deems the certificate of need application complete.

Sec. 93. Section 19a-639 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) Except as provided in sections 19a-639a to 19a-639c, inclusive, as amended by this act, each health care facility or institution, including, but not limited to, any inpatient rehabilitation facility, any health care facility or institution or any state health care facility or institution proposing (1) a capital expenditure exceeding three million dollars, (2) to purchase, lease or accept donation of major medical equipment requiring a capital expenditure, as defined in regulations adopted pursuant to section 19a-643, in excess of three million dollars, or (3) to purchase, lease or accept donation of a CT scanner, PET scanner, PET/CT scanner or MRI scanner, **[**cineangiography equipment,**]** a linear accelerator or other similar equipment utilizing technology that is new or being introduced into this state, including the purchase, lease or donation of equipment or a facility, shall submit a request for approval of such expenditure to the office, with such data, information and plans as the office requires in advance of the proposed initiation date of such project.

(b) (1) The commissioner shall notify the Commissioner of Social Services of any certificate of need request that may impact expenditures under the state medical assistance program. The office shall consider such request in relation to the community or regional need for such capital program or purchase of land, the possible effect on the operating costs of the health care facility or institution and such other relevant factors as the office deems necessary. In approving or modifying such request, the commissioner may not prescribe any condition, such as but not limited to, any condition or limitation on the indebtedness of the facility or institution in connection with a bond issue, the principal amount of any bond issue or any other details or particulars related to the financing of such capital expenditure, not directly related to the scope of such capital program and within control of the facility or institution.

(2) An applicant, prior to submitting a certificate of need application, shall submit a request, in writing, for application forms and instructions to the office. The request shall be known as a letter of intent. A letter of intent shall conform to the letter of intent requirements of subdivision (4) of subsection (a) of section 19a-638, as amended by this act. No certificate of need application will be considered submitted to the office unless a current letter of intent, specific to the proposal and in compliance with this subsection, is on file with the office for not less than sixty days. A current letter of intent is a letter of intent that has been on file at the office no more than one hundred twenty days, except that an applicant may request a one-time extension of a letter of intent of not more than an additional thirty days for a maximum total of not more than one hundred fifty days if, prior to the expiration of the current letter of intent, the office receives a written request to so extend the letter of intent's current status. The extension request shall fully explain why an extension is requested. The office shall accept or reject the extension request not later than seven days from the date the office receives the extension request and shall so notify the applicant. Upon a showing by such facility or institution that the need for such capital program is of an emergency nature, in that the capital expenditure is necessary to maintain continued access to the health care services provided by the facility or institution, or to comply with any federal, state or local health, fire, building or life safety code, the commissioner may waive the letter of intent requirement, provided such request shall be submitted not less than fourteen days before the proposed initiation date of the project. The commissioner shall grant, modify or deny such request not later than ninety days or not later than fourteen days, as the case may be, after receipt of such request, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the office has requested additional information subsequent to the commencement of the review period. The commissioner may extend the review period for a maximum of

thirty days if the applicant has not filed, in a timely manner, information deemed necessary by the office. Failure of the office to act upon such request within such review period shall be deemed approval of such request. The ninety-day review period, pursuant to this section, for an application filed by a hospital, as defined in section 19a-490, and licensed as a short-term acute care general hospital or a children's hospital by the Department of Public Health or an affiliate of such a hospital or any combination thereof, shall not apply if, in the certificate of need application or request, the hospital or applicant projects either (A) that, for the first three years of operation taken together, the total impact of the proposal on the operating budget of the hospital or an affiliate or any combination thereof will exceed one per cent of the actual operating expenses of the hospital for the most recently completed fiscal year as filed with the office, or (B) that the total capital expenditure for the project will exceed fifteen million dollars. If the office determines that an application is not subject to the ninety-day review period pursuant to this subsection, it shall remain so excluded for the entire period of that application, even if the application or circumstances change and the application no longer meets the stated terms of the exclusion. The office shall adopt regulations, in accordance with chapter 54, to establish an expedited hearing process to be used to review requests by any facility or institution for approval of a capital expenditure to establish an energy conservation program or to comply with requirements of any federal, state or local health, fire, building or life safety code or final court order. The office shall adopt regulations in accordance with the provisions of chapter 54 to provide for the waiver of a hearing for any part of a request by a facility or institution for a capital expenditure, provided such facility or institution and the office agree upon such waiver.

(3) The office shall comply with the public notice provisions of subdivision (4) of subsection (a) of section 19a-638, as amended by this

act, and shall hold a public hearing with respect to any complete certificate of need application filed under this section, if: (A) The proposal has associated total capital expenditures or total capital costs that exceed twenty million dollars for land, building or nonclinical equipment acquisition, new building construction or building renovation; (B) the proposal has associated total capital expenditures per unit or total capital costs per unit that exceed three million dollars for the purchase, lease or donation acceptance of major medical equipment; (C) the proposal is for the purchase, lease or donation acceptance of equipment utilizing technology that is new or being introduced into the state, including scanning equipment, **[**cineangiography equipment,**]** a linear accelerator or other similar equipment; or (D) three individuals or an individual representing an entity comprised of five or more people submit a request, in writing, that a public hearing be held on the proposal and such request is received by the office not later than twenty-one days after the office deems the certificate of need application complete. At least two weeks' notice of such public hearing shall be given to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the applicant. At the discretion of the office, such hearing shall be held in Hartford or in the area so served or to be served.

(c) Each person or provider, other than a health care or state health care facility or institution subject to subsection (a) of this section, proposing to purchase, lease, accept donation of or replace (1) major medical equipment with a capital expenditure in excess of three million dollars, or (2) a CT scanner, PET scanner, PET/CT scanner or MRI scanner, **[**cineangiography equipment,**]** a linear accelerator or other similar equipment utilizing technology that is new or being introduced into the state, shall submit a request for approval of any such purchase, lease, donation or replacement pursuant to the provisions of subsection (a) of this section. In determining the capital

cost or expenditure for an application under this section or section 19a-638, as amended by this act, the office shall use the greater of (A) the fair market value of the equipment as if it were to be used for full-time operation, whether or not the equipment is to be used, shared or rented on a part-time basis, or (B) the total value or estimated value determined by the office of any capitalized lease computed for a three-year period. Each method shall include the costs of any service or financing agreements plus any other cost components or items the office specifies in regulations, adopted in accordance with chapter 54, or deems appropriate.

(d) Notwithstanding the provisions of section 19a-638, as amended by this act, or subsection (a) of this section, no community health center, as defined in section 19a-490a, shall be subject to the provisions of said section 19a-638 or subsection (a) of this section if the community health center is: (1) Proposing a capital expenditure not exceeding three million dollars; (2) exclusively providing primary care or dental services; and (3) either (A) financing one-third or more of the cost of the proposed project with moneys provided by the state of Connecticut, (B) receiving funds from the Department of Public Health for the proposed project, or (C) locating the proposed project in an area designated by the federal Health Resources and Services Administration as a health professional shortage area, a medically underserved area or an area with a medically underserved population. Each community health center seeking an exemption under this subsection shall provide the office with documentation verifying to the satisfaction of the office, qualification for this exemption. Each community health center proposing to provide any service other than a primary care or dental service at any location, including a designated community health center location, shall first obtain a certificate of need for such additional service in accordance with this section and section 19a-638, as amended by this act. Each satellite, subsidiary or affiliate of a federally qualified health center, in order to qualify under this

exemption, shall: (i) Be part of a federally qualified health center that meets the requirements of this subsection; (ii) exclusively provide primary care or dental services; and (iii) be located in a health professional shortage area or a medically underserved area. If the subsidiary, satellite or affiliate does not so qualify, it shall obtain a certificate of need.

(e) Notwithstanding the provisions of section 19a-638, as amended by this act, subsection (a) of section 19a-639a, as amended by this act, or subsection (a) of this section, no school-based health care center shall be subject to the provisions of section 19a-638, as amended by this act, or subsection (a) of this section if the center: (1) Is or will be licensed by the Department of Public Health as an outpatient clinic; (2) proposes capital expenditures not exceeding three million dollars and does not exceed such amount; (3) once operational, continues to operate and provide services in accordance with the department's licensing standards for comprehensive school-based health centers; and (4) is or will be located entirely on the property of a functioning school.

(f) In conducting its activities under this section or section 19a-638, as amended by this act, or under both sections, the office may hold hearings on applications of a similar nature at the same time.

Sec. 94. Section 19a-639a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) Except as provided in subsection (c) of section 19a-639, as amended by this act, or as required in subsection (b) of this section, the provisions of section 19a-638, as amended by this act, and subsection (a) of section 19a-639, as amended by this act, shall not apply to: (1) An outpatient clinic or program operated exclusively by, or contracted to be operated exclusively for, a municipality or municipal agency, a health district, as defined in section 19a-240, or a board of education;

(2) a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded; (3) an outpatient rehabilitation service agency that was in operation on January 1, 1998, that is operated exclusively on an outpatient basis and that is eligible to receive reimbursement under section 17b-243; (4) a clinical laboratory; (5) an assisted living services agency; (6) an outpatient service offering chronic dialysis; (7) a program of ambulatory services established and conducted by a health maintenance organization; (8) a home health agency; (9) a clinic operated by the AmeriCares Foundation; (10) a nursing home; **[**or**]** (11) a rest home; or (12) a program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility, as defined in 42 CFR 483.352. The exemptions provided in this section shall not apply when a nursing home or rest home is, or will be created, acquired, operated or in any other way related to or affiliated with, or under the complete or partial ownership or control of a facility or institution or affiliate subject to the provisions of section 19a-638, as amended by this act, or subsection (a) of section 19a-639, as amended by this act.

(b) Each health care facility or institution exempted under this section shall register with the office by filing the information required by subdivision (4) of subsection (a) of section 19a-638, as amended by this act, for a letter of intent at least fourteen days but not more than sixty calendar days prior to commencing operations and prior to changing, expanding, terminating or relocating any facility or service otherwise covered by section 19a-638, as amended by this act, or subsection (a) of section 19a-639, as amended by this act, or covered by both sections or subsections, except that, if the facility or institution is in operation on June 5, 1998, said information shall be filed not more than sixty days after said date. Not later than fourteen days after the date that the office receives a completed filing required under this

subsection, the office shall provide the health care facility or institution with written acknowledgment of receipt. Such acknowledgment shall constitute permission to operate or change, expand, terminate or relocate such a facility or institution or to make an expenditure consistent with an authorization received under subsection (a) of section 19a-639, as amended by this act, until the next September thirtieth. Each entity exempted under this section shall renew its exemption by filing current information once every two years in September.

(c) Each health care facility, institution or provider that proposes to purchase, lease or accept donation of a CT scanner, PET scanner, PET/CT scanner or MRI scanner, **[**cineangiography equipment**]** or a linear accelerator shall be exempt from certificate of need review pursuant to sections 19a-638, as amended by this act, and 19a-639, as amended by this act, if such facility, institution or provider (1) provides to the office satisfactory evidence that it purchased or leased such equipment for under four hundred thousand dollars on or before July 1, 2005, and such equipment was in operation on or before July 1, 2006, or (2) obtained, on or before July 1, 2005, from the office, a certificate of need or a determination that a certificate of need was not required for the purchase, lease or donation acceptance of such equipment.

(d) The Office of Health Care Access shall, in its discretion, exempt from certificate of need review pursuant to sections 19a-638, as amended by this act, and 19a-639, as amended by this act, any health care facility or institution that proposes to purchase or operate an electronic medical records system on or after October 1, 2005.

(e) Each health care facility or institution that proposes a capital expenditure for parking lots and garages, information and communications systems, physician and administrative office space, acquisition of land for nonclinical purposes, and acquisition and

replacement of nonmedical equipment, including, but not limited to, boilers, chillers, heating ventilation and air conditioning systems, shall be exempt for such capital expenditure from certificate of need review under subsection (a) of section 19a-639, as amended by this act, provided (1) the health care facility or institution submits information to the office regarding the type of capital expenditure, the reason for the capital expenditure, the total cost of the project and any other information which the office deems necessary; and (2) the total capital expenditure does not exceed twenty million dollars. Approval of a health care facility's or institution's proposal for acquisition of land for nonclinical purposes shall not exempt such facility or institution from compliance with any of the certificate of need requirements prescribed in this chapter if such facility or institution subsequently seeks to develop the land that was acquired for nonclinical purposes.

(f) Each short-term acute care general or children's hospital, chronic disease hospital or hospital for the mentally ill that on July 1, 2009, is providing outpatient services, including, but not limited to, physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, occupational injury management, occupational disease management and company contracted services that thereafter proposes to provide such services at an alternative location within the primary services area of the health care facility or institution, shall be exempt from the certificate of need requirements prescribed in subsection (a) of section 19a-638, as amended by this act, as relates to any such proposal to provide such services at an alternative location, provided the short-term acute care general or children's hospital, chronic disease hospital or hospital for the mentally ill submits information to the office concerning the type of outpatient services such hospital proposes to provide at the alternative location, the location where such services will be provided and the reasons for the proposal to provide such services at an alternative location.

Sec. 95. Section 19a-639b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) The Commissioner of Health Care Access or the commissioner's designee may grant an exemption from the requirements of section 19a-638, as amended by this act, or subsection (a) of section 19a-639, as amended by this act, or both, for any nonprofit facility, institution or provider that is currently under contract with a state agency or department and is seeking to engage in any activity, other than the termination of a service or a facility, otherwise subject to said section or subsection if:

(1) The nonprofit facility, institution or provider is proposing a capital expenditure of not more than three million dollars and the expenditure does not in fact exceed three million dollars;

(2) The activity meets a specific service need identified by a state agency or department with which the nonprofit facility, institution or provider is currently under contract;

(3) The commissioner, executive director, chairman or chief court administrator of the state agency or department that has identified the specific need confirms, in writing, to the office that (A) the agency or department has identified a specific need with a detailed description of that need and that the agency or department believes that the need continues to exist, (B) the activity in question meets all or part of the identified need and specifies how much of that need the proposal meets, (C) in the case where the activity is the relocation of services, the agency or department has determined that the needs of the area previously served will continue to be met in a better or satisfactory manner and specifies how that is to be done, (D) in the case where **[**the activity is the transfer of all or part of the ownership or control of**]** a facility or institution **[**,**]** seeks to transfer its ownership or control, that the agency or department has investigated the proposed change and

the person or entity requesting the change and has determined that the change would be in the best interests of the state and the patients or clients, and (E) the activity will be cost-effective and well managed; and

(4) In the case where the activity is the relocation of services, the Commissioner of Health Care Access or the commissioner's designee determines that the needs of the area previously served will continue to be met in a better or satisfactory manner.

(b) The Commissioner of Health Care Access or the commissioner's designee may grant an exemption from the requirements of section 19a-638, as amended by this act, or subsection (a) of section 19a-639, as amended by this act, or both, for any nonprofit facility, institution or provider that is currently under contract with a state agency or department and is seeking to terminate a service or a facility, provided (1) the commissioner, executive director, chairperson or chief court administrator of the state agency or department with which the nonprofit facility, institution or provider is currently under contract confirms, in writing, to the office that the needs of the area previously served will continue to be met in a better or satisfactory manner and specifies how that is to be done, and (2) the Commissioner of Health Care Access or the commissioner's designee determines that the needs of the area previously served will continue to be met in a better or satisfactory manner.

(c) A nonprofit facility, institution or provider seeking an exemption under this section shall provide the office with any information it needs to determine exemption eligibility. An exemption granted under this section shall be limited to part or all of any services, equipment, expenditures or location directly related to the need or location that the state agency or department has identified.

(d) The office may revoke or modify the scope of the exemption at

any time following a public review that allows the state agency or department and the nonprofit facility, institution or provider to address specific, identified, changed conditions or any problems that the state agency, department or the office has identified. A party to any exemption modification or revocation proceeding and the original requesting agency shall be given at least fourteen calendar days written notice prior to any action by the office and shall be furnished with a copy, if any, of a revocation or modification request or a statement by the office of the problems that have been brought to its attention. If the requesting commissioner, executive director, chairman or chief court administrator or the Commissioner of Health Care Access certifies that an emergency condition exists, only forty-eight hours written notice shall be required for such modification or revocation action to proceed.

(e) A nonprofit facility, institution or provider that is a psychiatric residential treatment facility, as defined in 42 CFR 483.352, shall not be eligible for any exemption provided for in this section, irrespective of whether or not such facility is under contract with a state agency or department.

Sec. 96. Section 19a-639c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

Notwithstanding the provisions of section 19a-638, as amended by this act, or section 19a-639, as amended by this act, the office may waive the requirements of said sections and grant a certificate of need to any health care facility or institution or provider or any state health care facility or institution or provider proposing to replace major medical equipment, a CT scanner, PET scanner, PET/CT scanner or MRI scanner **[**, cineangiography equipment**]** or a linear accelerator if:

(1) The health care facility or institution or provider has previously obtained a certificate of need for the equipment to be replaced; **[**and**]** or

(2) The health care facility or institution or provider had previously obtained a determination pursuant to subsection (c) of section 19a-639a, as amended by this act, that a certificate of need was not required for the original acquisition of the equipment; and

[(2)**]** (3) The replacement value or expenditure is less than three million dollars.

Sec. 97. Subsection (a) of section 19a-653 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2009*):

(a) (1) Any person or health care facility or institution that owns, operates or is seeking to acquire major medical equipment costing over three million dollars, or scanning equipment, **[**cineangiography equipment,**]** a linear accelerator or other similar equipment utilizing technology that is developed or introduced into the state on or after October 1, 2005, or any person or health care facility or institution that is required to file data or information under any public or special act or under this chapter or sections 19a-486 to 19a-486h, inclusive, or any regulation adopted or order issued under this chapter or said sections, which fails to so file within prescribed time periods, shall be subject to a civil penalty of up to one thousand dollars a day for each day such information is missing, incomplete or inaccurate. Any civil penalty authorized by this section shall be imposed by the Office of Health Care Access in accordance with subsections (b) to (e), inclusive, of this section.

(2) If a person or health care facility or institution is unsure whether a certificate of need is required under section 19a-638, as amended by this act, or section 19a-639, as amended by this act, or under both sections, it shall send a letter to the office describing the project and requesting that the office make such a determination. A person making a request for a determination as to whether a certificate of need, waiver

or exemption is required shall provide the office with any information the office requests as part of its determination process.

Sec. 98. Section 19a-80f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

[In accordance with section 17a-101j, the Commissioner of Children and Families shall notify the Commissioner of Public Health of all information concerning substantiated complaints, pursuant to subsection (b) of said section 17a-101j, of incidents of abuse or neglect which have occurred at any licensed day care facility. If the Commissioner of Children and Families determines that there was abuse or neglect of a child, he shall notify the person about whom the claim was substantiated of the determination, in writing. Such notification shall include a description of the abuse or neglect and the reasons for substantiation. The Commissioner of Public Health shall compile a listing of the information and of complaints received and substantiated by the Department of Public Health concerning a licensed day care facility during the prior three-year period. The Commissioner of Public Health shall disclose information contained in the listing to any person who requests it, provided the information does not identify children, families, staff members or employees of any licensed facility or any person residing in the household of a person licensed under section 19a-87b.**]**

(a) As used in this section, "facility" means a child day care center, a group day care home and a family day care home, as defined in section 19a-77, as amended by this act, and a youth camp, as defined in section 19a-420, as amended by this act.

(b) Notwithstanding any provision of the general statutes, the Commissioner of Children and Families, or the commissioner's designee, shall provide to the Department of Public Health all records concerning reports and investigations of suspected child abuse or

neglect, including records of any administrative hearing held pursuant to section 17a-101k: (1) Occurring at any facility, and (2) by any staff member or licensee of any facility and by any household member of any family day care home, as defined in section 19a-77, as amended by this act, irrespective of where the abuse or neglect occurred.

(c) The Department of Children and Families and the Department of Public Health shall jointly investigate reports of abuse or neglect occurring at any facility. All information, records and reports concerning such investigation shall be shared between agencies as part of the investigative process.

(d) The Commissioner of Public Health shall compile a listing of allegations of violations that have been substantiated by the Department of Public Health concerning a facility during the prior three-year period. The Commissioner of Public Health shall disclose information contained in the listing to any person who requests it, provided the information does not identify children or family members of those children.

(e) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families has made a finding substantiating abuse or neglect: (1) That occurred at a facility, or (2) by any staff member or licensee of any facility, or by any household member of any family day care home and such finding is included on the state child abuse or neglect registry, maintained by the Department of Children and Families pursuant to section 17a-101k, such finding may be included in the listing compiled by the Department of Public Health pursuant to subsection (d) of this section and may be disclosed to the public by the Department of Public Health.

(f) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families, pursuant to section 17a-101j, has notified the Department of Public Health of suspected child abuse

or neglect at a facility and if such child abuse or neglect resulted in or involves (1) the death of a child; (2) the risk of serious physical injury or emotional harm of a child; (3) the serious physical harm of a child; (4) the arrest of a person due to abuse or neglect of a child; (5) a petition filed by the Commissioner of Children and Families pursuant to section 17a-112 or 46b-129; or (6) sexual abuse of a child, the Commissioner of Public Health may include a finding of child abuse or neglect in the listing under subsection (d) of this section and may disclose such finding to the public. If the Commissioner of Children and Families, or the commissioner's designee, notifies the Commissioner of Public Health that such child abuse or neglect was not substantiated after investigation or reversed after appeal, the Commissioner of Public Health shall immediately remove such information from the listing and shall not further disclose any such information to the public.

(g) Notwithstanding any provision of the general statutes, all records provided by the Commissioner of Children and Families, or the commissioner's designee, to the Department of Public Health regarding child abuse or neglect occurring at any facility, may be utilized in an administrative proceeding or court proceeding relative to facility licensing. In any such proceeding, such records shall be confidential, except as provided by the provisions of section 4-177c, and such records shall not be subject to disclosure pursuant to section 1-210.

Sec. 99. Subdivision (1) of section 19a-420 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(1) "Youth camp" means any regularly scheduled program or organized group activity advertised as a camp or operated only during school vacations or on weekends by a person, partnership, corporation, association, the state or a municipal agency for

recreational or educational purposes and accommodating for profit or under philanthropic or charitable auspices five or more children, who are at least three years of age and under sixteen years of age, who are (A) not bona fide personal guests in the private home of an individual, and (B) living apart from their relatives, parents or legal guardian, for a period of three days or more per week or portions of three or more days per week, provided any such relative, parent or guardian who is an employee of such camp shall not be considered to be in the position of loco parentis to such employee's child for the purposes of this chapter, but does not include (i) classroom-based summer instructional programs operated by any person, provided no activities that may pose a health risk or hazard to participating children are conducted at such programs, (ii) public schools, or private schools in compliance with section 10-188 and approved by the State Board of Education or accredited by an accrediting agency recognized by the State Board of Education, which operate a summer educational program, (iii) licensed day care centers, or (iv) drop-in programs for children who are at least six years of age administered by a nationally chartered boys' and girls' club.

Sec. 100. Section 19a-423 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(a) The commissioner may take any of the actions authorized under subsection (b) of this section if the youth camp licensee: (1) Is convicted of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof; (2) is legally adjudicated insane or mentally incompetent, the record of such adjudication being conclusive evidence thereof; (3) uses any narcotic or any controlled drug, as defined in section 21a-240, to an extent or in a manner that such use impairs the licensee's ability to properly care for children; (4) fails to comply with the statutes and regulations for licensing youth camps; (5) furnishes or makes any misleading or any false statement or

report to the department; (6) refuses to submit to the department any reports or refuses to make available to the department any records required by it in investigating the facility for licensing purposes; (7) fails or refuses to submit to an investigation or inspection by the department or to admit authorized representatives of the department at any reasonable time for the purpose of investigation, inspection or licensing; (8) fails to provide, maintain, equip and keep in safe and sanitary condition premises established for or used by the campers pursuant to minimum standards prescribed by the department or by ordinances or regulations applicable to the location of such facility; or (9) wilfully or deliberately violates any of the provisions of this chapter.

(b) The Commissioner of Public Health, after a contested case hearing held in accordance with the provisions of chapter 54, may take any of the following actions, singly or in combination, in any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under sections 19a-420 to 19a-428, inclusive, as amended by this act, the Public Health Code or regulations adopted pursuant to section 19a-428: (1) Revoke a license; (2) suspend a license; (3) impose a civil penalty of not more than one hundred dollars per violation for each day of occurrence; (4) place a licensee on probationary status and require such licensee to report regularly to the department on the matters that are the basis of the probation; **[**or**]** (5) restrict the acquisition of other facilities for a period of time set by the commissioner; or (6) impose limitations on a license.

(c) The commissioner shall notify the licensee, in writing, of the commissioner's intention to suspend or revoke the license or to impose a licensure action. The licensee may, if aggrieved by such intended action, make application for a hearing, in writing, over the licensee's signature to the commissioner. The licensee shall state in the application in plain language the reasons why the licensee claims to be

aggrieved. The application shall be delivered to the commissioner not later than thirty days after the licensee's receipt of notification of the intended action.

(d) The commissioner shall hold a hearing not later than sixty days after receipt of such application and shall, at least ten days prior to the date of such hearing, mail a notice, giving the time and place of the hearing, to the licensee. The hearing may be conducted by the commissioner or by a hearing officer appointed by the commissioner, in writing. The licensee and the commissioner or hearing officer may issue subpoenas requiring the attendance of witnesses. The licensee shall be entitled to be represented by counsel and a transcript of the hearing shall be made. If the hearing is conducted by a hearing officer, the hearing officer shall state the hearing officer's findings and make a recommendation to the commissioner on the issue of revocation or suspension or the intended licensure action.

(e) The commissioner, based upon the findings and recommendation of the hearing officer, or after a hearing conducted by the commissioner, shall render the commissioner's decision, in writing, suspending, revoking or continuing the license or regarding the intended licensure action. A copy of the decision shall be sent by certified mail to the licensee. The decision revoking or suspending the license or a decision imposing a licensure action shall become effective thirty days after it is mailed by registered or certified mail to the licensee. A licensee aggrieved by the decision of the commissioner may appeal in the same manner as provided in section 19a-85.

(f) The provisions of subsections (c) to (e), inclusive, of this section shall not apply to the denial of an initial application for a license under section 19a-421, provided the commissioner notifies the applicant of any such denial and the reasons for such denial by mailing written notice to the applicant at the applicant's address shown on the license application.

(g) If the department determines that the health, safety or welfare of a child or staff person at a youth camp requires imperative emergency action by the department to halt an activity being provided at the camp, the department may issue a cease and desist order limiting the license and requiring the immediate cessation of the activity. The department shall provide the licensee with an opportunity for a hearing regarding the issuance of a cease and desist order. Such hearing shall be held not later than ten business days after the date of issuance of the order. Upon receipt of such order, the licensee shall cease providing the activity and provide immediate notification to staff and the parents of all children attending the camp that such activity has ceased at the camp until such time as the cease and desist order is dissolved by the department.

Sec. 101. Subsection (f) of section 17a-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(f) The commissioner or the commissioner's designee shall, upon request, promptly provide copies of records, without the consent of a person, to (1) a law enforcement agency, (2) the Chief State's Attorney, or the Chief State's Attorney's designee, or a state's attorney for the judicial district in which the child resides or in which the alleged abuse or neglect occurred, or the state's attorney's designee, for purposes of investigating or prosecuting an allegation of child abuse or neglect, (3) the attorney appointed to represent a child in any court in litigation affecting the best interests of the child, (4) a guardian ad litem appointed to represent a child in any court in litigation affecting the best interests of the child, (5) the Department of Public Health, **[**which licenses**]** in connection with: (A) Licensure of any person to care for children for the purposes of determining the suitability of such person for licensure, subject to the provisions of sections 17a-101g and 17a-101k, or (B) an investigation conducted pursuant to section 19a-80f, as

amended by this act, (6) any state agency which licenses such person to educate or care for children pursuant to section 10-145b or 17a-101j, subject to the provisions of sections 17a-101g and 17a-101k concerning nondisclosure of findings of responsibility for abuse and neglect, (7) the Governor, when requested in writing, in the course of the Governor's official functions or the Legislative Program Review and Investigations Committee, the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary and the select committee of the General Assembly having cognizance of matters relating to children when requested in the course of said committees' official functions in writing, and upon a majority vote of said committee, provided no names or other identifying information shall be disclosed unless it is essential to the legislative or gubernatorial purpose, (8) a local or regional board of education, provided the records are limited to educational records created or obtained by the state or Connecticut-Unified School District #2, established pursuant to section 17a-37, (9) a party in a custody proceeding under section 17a-112 or 46b-129, in the Superior Court where such records concern a child who is the subject of the proceeding or the parent of such child, (10) the Chief Child Protection Attorney, or his or her designee, for purposes of ensuring competent representation by the attorneys whom the Chief Child Protection Attorney contracts with to provide legal and guardian ad litem services to the subjects of such records and to ensure accurate payments for services rendered by such contract attorneys, and (11) the Department of Motor Vehicles, for purposes of checking the state's child abuse and neglect registry pursuant to subsection (e) of section 14-44. A disclosure under this section shall be made of any part of a record, whether or not created by the department, provided no confidential record of the Superior Court shall be disclosed other than the petition and any affidavits filed therewith in the superior court for juvenile matters, except upon an order of a judge of the Superior Court for good cause shown. The commissioner shall also disclose the name

of any individual who cooperates with an investigation of a report of child abuse or neglect to such law enforcement agency or state's attorney for purposes of investigating or prosecuting an allegation of child abuse or neglect. The commissioner or the commissioner's designee shall, upon request, subject to the provisions of sections 17a-101g and 17a-101k, promptly provide copies of records, without the consent of the person, to (A) the Department of Public Health for the purpose of determining the suitability of a person to care for children in a facility licensed under sections 19a-77 to 19a-80, inclusive, as amended by this act, 19a-82 to 19a-87, inclusive, and 19a-87b, and (B) the Department of Social Services for determining the suitability of a person for any payment from the department for providing child care.

Sec. 102. Subsection (l) of section 17a-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2009*):

(l) Information disclosed from a person's record shall not be disclosed further without the written consent of the person, except if disclosed (1) pursuant to the provisions of section 19a-80f, as amended by this act, or (2) to a party or his counsel pursuant to an order of a court in which a criminal prosecution or an abuse, neglect, commitment or termination proceeding against the party is pending. A state's attorney shall disclose to the defendant or his counsel in a criminal prosecution, without the necessity of a court order, exculpatory information and material contained in such record and may disclose, without a court order, information and material contained in such record which could be the subject of a disclosure order. All written records disclosed to another individual or agency shall bear a stamp requiring confidentiality in accordance with the provisions of this section. Such material shall not be disclosed to anyone without written consent of the person or as provided by this section. A copy of the consent form specifying to whom and for what

specific use the record is disclosed or a statement setting forth any other statutory authorization for disclosure and the limitations imposed thereon shall accompany such record. In cases where the disclosure is made orally, the individual disclosing the information shall inform the recipient that such information is governed by the provisions of this section.

Sec. 103. Section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive, "child day care services" shall include:

(1) A "child day care center" which offers or provides a program of supplementary care to more than twelve related or unrelated children outside their own homes on a regular basis;

(2) A "group day care home" which offers or provides a program of supplementary care (A) to not less than seven or more than twelve related or unrelated children on a regular basis, or (B) that meets the definition of a family day care home except that it operates in a facility other than a private family home;

(3) A "family day care home" which consists of a private family home caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three or more than twelve hours during a twenty-four-hour period and where care is given on a regularly recurring basis except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, shall be

permitted, except that if the provider has more than three children who are in school full time, all of the provider's children shall be permitted;

(4) "Night care" means the care provided for one or more hours between the hours of 10:00 p.m. and 5:00 a.m.;

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

(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;

(4) Informal arrangements among neighbors or relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents are on the premises for retail shopping, in accordance with section 19a-77a, provided that the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center;

(7) Drop-in programs administered by a nationally chartered boys' and girls' club; or

(8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution.

(c) No registrant or licensee of any child day care services as defined in subsection (a) of this section shall be issued an additional registration or license to provide any such services at the same facility.

(d) When a licensee has vacated premises approved by the department for the provision of child day care services and the landlord of such licensee establishes to the satisfaction of the department that such licensee has no legal right or interest to such approved premises, the department may make a determination with respect to an application for a new license for the provision of child day care services at such premises.

Sec. 104. Subdivision (1) of subsection (b) of section 19a-80 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) (1) Upon receipt of an application for a license, the Commissioner of Public Health shall issue such license if, upon

inspection and investigation, said commissioner finds that the applicant, the facilities and the program meet the health, educational and social needs of children likely to attend the child day care center or group day care home and comply with requirements established by regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive. The Commissioner of Public Health shall offer an expedited application review process for an application submitted by a municipal agency or department. Each license shall be for a term of two years, provided on and after October 1, 2008, each license shall be for a term of four years, shall be transferable, may be renewed upon payment of the licensure fee and may be suspended or revoked after notice and an opportunity for a hearing as provided in section 19a-84 for violation of the regulations adopted under sections 19a-77 to 19a-80, inclusive, as amended by this act, and sections 19a-82 to 19a-87, inclusive.

Sec. 105. Section 10-292p of the general statutes is repealed. (*Effective from passage*)

Sec. 106. Sections 7-68 and 7-72 of the general statutes are repealed. (*Effective October 1, 2009*)

Approved July 8, 2009