



General Assembly

**Amendment**

February Session, 2022

LCO No. 6028



Offered by:

REP. STEINBERG, 136<sup>th</sup> Dist.  
REP. GILCHREST, 18<sup>th</sup> Dist.  
REP. PETIT, 22<sup>nd</sup> Dist.  
SEN. ANWAR, 3<sup>rd</sup> Dist.

SEN. KUSHNER, 24<sup>th</sup> Dist.  
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To: Subst. House Bill No. 5500

File No. 528

Cal. No. 390

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 19a-490 of the 2022 supplement to the general  
4 statutes, as amended by sections 29 and 30 of public act 21-2 of the June  
5 special session, is repealed and the following is substituted in lieu  
6 thereof (*Effective October 1, 2022*):

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

8 (a) "Institution" means a hospital, short-term hospital special hospice,  
9 hospice inpatient facility, residential care home, nursing home facility,  
10 home health care agency, home health aide agency, behavioral health

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

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

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

37 (d) "Home health care agency" means a public or private  
38 organization, or a subdivision thereof, engaged in providing  
39 professional nursing services and the following services, available  
40 twenty-four hours per day, in the patient's home or a substantially  
41 equivalent environment: Home health aide services as defined in this  
42 section, physical therapy, speech therapy, occupational therapy or  
43 medical social services. The agency shall provide professional nursing

44 services and at least one additional service directly and all others  
45 directly or through contract. An agency shall be available to enroll new  
46 patients seven days a week, twenty-four hours per day;

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

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

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

67 (h) ["Alcohol or drug treatment facility" means any facility for the  
68 care or treatment of persons suffering from alcoholism or other drug  
69 addiction] "Clinical laboratory" means any facility or other area used for  
70 microbiological, serological, chemical, hematological,  
71 immuno-hematological, biophysical, cytological, pathological or other  
72 examinations of human body fluids, secretions, excretions or excised or  
73 exfoliated tissues for the purpose of providing information for the (1)  
74 diagnosis, prevention or treatment of any human disease or  
75 impairment, (2) assessment of human health, or (3) assessment of the

76 presence of drugs, poisons or other toxicological substances;

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

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

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

83 (l) "Assisted living services agency" means an agency that provides,  
84 among other things, nursing services and assistance with activities of  
85 daily living to a population that is chronic and stable and may have a  
86 dementia special care unit or program as defined in section 19a-562;

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

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

105 (o) "Nursing home" or "nursing home facility" means (1) any chronic

106 and convalescent nursing home or any rest home with nursing  
107 supervision that provides nursing supervision under a medical director  
108 twenty-four hours per day, or (2) any chronic and convalescent nursing  
109 home that provides skilled nursing care under medical supervision and  
110 direction to carry out nonsurgical treatment and dietary procedures for  
111 chronic diseases, convalescent stages, acute diseases or injuries;

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

120 (q) "Hospice agency" means a public or private organization that  
121 provides home care and hospice services to terminally ill patients; [.]

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

126 (s) "Chronic disease hospital" means a long-term hospital having  
127 facilities, medical staff and all necessary personnel for the diagnosis,  
128 care and treatment of chronic diseases.

129 Sec. 2. Subsection (a) of section 19a-491c of the 2022 supplement to  
130 the general statutes is repealed and the following is substituted in lieu  
131 thereof (*Effective October 1, 2022*):

132 (a) As used in this section:

133 (1) "Criminal history and patient abuse background search" or  
134 "background search" means (A) a review of the registry of nurse's aides  
135 maintained by the Department of Public Health pursuant to section 20-

136 102bb, (B) checks of state and national criminal history records  
137 conducted in accordance with section 29-17a, and (C) a review of any  
138 other registry specified by the Department of Public Health which the  
139 department deems necessary for the administration of a background  
140 search program.

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

145 (3) "Disqualifying offense" means a conviction of (A) any crime  
146 described in 42 USC 1320a-7(a)(1), (2), (3) or (4), (B) a substantiated  
147 finding of neglect, abuse or misappropriation of property by a state or  
148 federal agency pursuant to an investigation conducted in accordance  
149 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C), or (C) a  
150 conviction of any crime described in section 53a-59a, 53a-60b, 53a-60c,  
151 53a-61a, 53a-321, 53a-322 or 53a-323.

152 (4) "Long-term care facility" means any facility, agency or provider  
153 that is a nursing home, as defined in section 19a-521, a residential care  
154 home, as defined in section 19a-521, a home health care agency, hospice  
155 agency or home health aide agency, as defined in section 19a-490, as  
156 amended by this act, an assisted living services agency, as defined in  
157 section 19a-490, as amended by this act, an intermediate care facility for  
158 individuals with intellectual disabilities, as defined in 42 USC 1396d(d),  
159 except any such facility operated by a Department of Developmental  
160 Services' program subject to background checks pursuant to section 17a-  
161 227a, a chronic disease hospital, as defined in section [19a-550] 19a-490,  
162 as amended by this act, or an agency providing hospice care which is  
163 licensed to provide such care by the Department of Public Health or  
164 certified to provide such care pursuant to 42 USC 1395x.

165 Sec. 3. Section 19a-535b of the general statutes is repealed and the  
166 following is substituted in lieu thereof (*Effective October 1, 2022*):

167 [(a) As used in this section, a "facility" means a chronic disease

168 hospital which is a long-term hospital having facilities, medical staff and  
169 all necessary personnel for the diagnosis, care and treatment of chronic  
170 diseases.]

171 [(b)] A [facility] chronic disease hospital shall not transfer or  
172 discharge a patient from [the facility] such hospital except for medical  
173 reasons, or for the patient's welfare or the welfare of other patients, as  
174 documented in the patient's medical record; or, in the case of a self pay  
175 patient, for nonpayment or arrearage of more than fifteen days of the  
176 per diem chronic disease hospital room rates for the patient's stay,  
177 except as prohibited by the Social Security Act. In the case of an  
178 involuntary transfer or discharge, the patient and, if known, the  
179 patient's legally liable relative, guardian or conservator and the patient's  
180 personal physician, if the discharge plan is prepared by the medical  
181 director of the chronic disease hospital, shall be given at least thirty  
182 days' written notice of the proposed action to ensure orderly transfer or  
183 discharge.

184 Sec. 4. Subsection (a) of section 19a-537 of the general statutes is  
185 repealed and the following is substituted in lieu thereof (*Effective October*  
186 *1, 2022*):

187 (a) As used in this section and section 19a-537a:

188 (1) "Vacancy" means a bed that is available for an admission;

189 (2) "Nursing home" means any chronic and convalescent facility or  
190 any rest home with nursing supervision, as defined in section 19a-521;

191 (3) "Hospital" means a general short-term hospital licensed by the  
192 Department of Public Health or a hospital for mental illness, as defined  
193 in section 17a-495, or a chronic disease hospital. [, as defined in section  
194 19-13-D1(a) of the Public Health Code.]

195 Sec. 5. Subsection (a) of section 19a-550 of the 2022 supplement to the  
196 general statutes is repealed and the following is substituted in lieu  
197 thereof (*Effective October 1, 2022*):

198 (a) (1) As used in this section, (A) "nursing home facility" has the same  
199 meaning as provided in section 19a-521, and (B) "residential care home"  
200 has the same meaning as provided in section 19a-521; [, and (C) "chronic  
201 disease hospital" means a long-term hospital having facilities, medical  
202 staff and all necessary personnel for the diagnosis, care and treatment  
203 of chronic diseases;] and (2) for the purposes of subsections (c) and (d)  
204 of this section, and subsection (b) of section 19a-537, "medically  
205 contraindicated" means a comprehensive evaluation of the impact of a  
206 potential room transfer on the patient's physical, mental and  
207 psychosocial well-being, which determines that the transfer would  
208 cause new symptoms or exacerbate present symptoms beyond a  
209 reasonable adjustment period resulting in a prolonged or significant  
210 negative outcome that could not be ameliorated through care plan  
211 intervention, as documented by a physician, physician assistant or an  
212 advanced practice registered nurse in a patient's medical record.

213 Sec. 6. Subsections (a) to (e), inclusive, of section 20-185r of the general  
214 statutes are repealed and the following is substituted in lieu thereof  
215 (*Effective October 1, 2022*):

216 (a) As used in this section:

217 (1) "Central service technician" means a person who decontaminates,  
218 inspects, assembles, packages and sterilizes reusable medical  
219 instruments or devices [in] for a health care facility, whether such  
220 person is employed by the health care facility or provides services  
221 pursuant to a contract with the health care facility;

222 (2) "Health care facility" means an outpatient surgical facility, as  
223 defined in section 19a-493b, or a hospital, as defined in section 19a-490,  
224 as amended by this act, but does not include a chronic disease hospital,  
225 as defined in section [19a-550] 19a-490, as amended by this act;

226 (3) "Health care provider" means a person or organization that  
227 provides health care services and is licensed in accordance with this title;  
228 and



229 (4) "Central service department" means a department within a health  
230 care facility that processes, issues and controls medical supplies, devices  
231 and equipment, both sterile and nonsterile, for patient care areas of a  
232 health care facility.

233 (b) Unless otherwise permitted pursuant to this section, no person  
234 shall practice as a central service technician unless such person (1) (A)  
235 has successfully passed a nationally accredited central service exam for  
236 central service technicians and holds and maintains one of the following  
237 credentials: (i) A certified registered central service technician credential  
238 administered by the International Association of Healthcare Central  
239 Service Materiel Management, or its successor organization, or (ii) a  
240 certified sterile processing and distribution technician credential  
241 administered by the Certification Board for Sterile Processing and  
242 Distribution, Inc., or (B) was employed or otherwise contracted for  
243 services as a central service technician [in] by a health care facility before  
244 January 1, 2016, or (2) obtains a certified registered central service  
245 technician credential administered by the International Association of  
246 Healthcare Central Service Materiel Management, or its successor  
247 organization, or a certified sterile processing and distribution technician  
248 credential administered by the Certification Board for Sterile Processing  
249 and Distribution, Inc., not later than two years after such person's date  
250 of hire or contracting for services with the health care facility.

251 (c) A central service technician shall complete a minimum of ten  
252 hours of continuing education annually. The continuing education shall  
253 be in areas related to the functions of a central service technician.

254 (d) A health care facility shall, upon the written request of a central  
255 service technician, verify, in writing, the central service technician's  
256 dates of employment or the contract period during which the central  
257 service technician provided services to the health care facility.

258 (e) Nothing in this section shall prohibit the following persons from  
259 performing the tasks or functions of a central service technician: (1) A  
260 health care provider; (2) a student or intern performing the functions of

261 a central service technician under the direct supervision of a health care  
262 provider as part of the student's or intern's training or internship; or (3)  
263 a person who does not work in a central service department in a health  
264 care facility, but who has been specially trained and determined  
265 competent, based on standards set by a health care facility's infection  
266 prevention or control committee, acting in consultation with a central  
267 service technician certified in accordance with subsection (b) of this  
268 section, to decontaminate or sterilize reusable medical equipment,  
269 instruments or devices, in a manner that meets applicable  
270 manufacturer's instructions and standards.

271 Sec. 7. Subsection (a) of section 12-20a of the general statutes is  
272 repealed and the following is substituted in lieu thereof (*Effective October*  
273 *1, 2022*):

274 (a) Until the fiscal year commencing July 1, 2016, on or before January  
275 first, annually, the Secretary of the Office of Policy and Management  
276 shall determine the amount due to each municipality in the state, in  
277 accordance with this section, as a state grant in lieu of taxes with respect  
278 to real property owned by any private nonprofit institution of higher  
279 learning or any nonprofit general hospital facility or freestanding  
280 chronic disease hospital or an urgent care facility that operates for at  
281 least twelve hours a day and that had been the location of a nonprofit  
282 general hospital for at least a portion of calendar year 1996 to receive  
283 payments in lieu of taxes for such property, exclusive of any such facility  
284 operated by the federal government, except a campus of the United  
285 States Department of Veterans Affairs Connecticut Healthcare Systems,  
286 or the state of Connecticut or any subdivision thereof. As used in this  
287 section, "private nonprofit institution of higher learning" means any  
288 such institution, as defined in subsection (a) of section 10a-34, or any  
289 independent institution of higher education, as defined in subsection (a)  
290 of section 10a-173, that is engaged primarily in education beyond the  
291 high school level, and offers courses of instruction for which college or  
292 university-level credit may be given or may be received by transfer, the  
293 property of which is exempt from property tax under any of the  
294 subdivisions of section 12-81, as amended by this act; "nonprofit general

295 hospital facility" means any such facility that is used primarily for the  
296 purpose of general medical care and treatment, exclusive of any hospital  
297 facility used primarily for the care and treatment of special types of  
298 disease or physical or mental conditions; and "freestanding chronic  
299 disease hospital" [means a facility that provides for the care and  
300 treatment of chronic diseases] has the same meaning as "chronic disease  
301 hospital" as defined in section 19a-490, as amended by this act,  
302 excluding any such facility having an ownership affiliation with and  
303 operated in the same location as a chronic and convalescent nursing  
304 home.

305 Sec. 8. Section 17b-368 of the general statutes is repealed and the  
306 following is substituted in lieu thereof (*Effective October 1, 2022*):

307 On or before July 1, 2004, the Department of Social Services shall,  
308 within the limits of available Medicaid funding, implement a pilot  
309 project in Greater Hartford with a chronic disease hospital colocated  
310 with a skilled nursing facility and with the facilities, medical staff and  
311 all necessary personnel for the diagnosis, care and treatment of chronic  
312 or geriatric mental conditions that require prolonged hospital or  
313 restorative care. For purposes of this section, "chronic disease hospital"  
314 [means a long-term hospital with facilities, medical staff and all  
315 necessary personnel for the diagnosis, care and treatment of chronic  
316 physical and geriatric mental health conditions that require prolonged  
317 hospital or restorative care] has the same meaning as provided in section  
318 19a-490, as amended by this act.

319 Sec. 9. Subsection (a) of section 19a-491 of the 2022 supplement to the  
320 general statutes is repealed and the following is substituted in lieu  
321 thereof (*Effective from passage*):

322 (a) No person acting individually or jointly with any other person  
323 shall establish, conduct, operate or maintain an institution in this state  
324 without a license as required by this chapter, except for persons issued  
325 a license by the Commissioner of Children and Families pursuant to  
326 section 17a-145 for the operation of (1) a substance abuse treatment

327 facility, or (2) a facility for the purpose of caring for women during  
328 pregnancies and for women and their infants following such  
329 pregnancies, provided such exception shall not apply to the hospital and  
330 psychiatric residential treatment facility units of the Albert J. Solnit  
331 Children's Center. Application for such license shall (A) be made to the  
332 Department of Public Health upon forms provided by it, (B) be  
333 accompanied by the fee required under subsection (c), (d) or (e) of this  
334 section, (C) contain such information as the department requires, which  
335 may include affirmative evidence of ability to comply with reasonable  
336 standards and regulations prescribed under the provisions of this  
337 chapter, and (D) not be required to be notarized. The commissioner may  
338 require as a condition of licensure that an applicant sign a consent order  
339 providing reasonable assurances of compliance with the Public Health  
340 Code. The commissioner may issue more than one chronic disease  
341 hospital license to a single institution until such time as the state offers  
342 a rehabilitation hospital license.

343 Sec. 10. Subsection (a) of section 19a-497 of the general statutes is  
344 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
345 *2022*):

346 (a) Each institution shall, upon receipt of a notice of intention to strike  
347 by a labor organization representing the employees of such institution,  
348 in accordance with the provisions of the National Labor Relations Act,  
349 29 USC 158, file a strike contingency plan with the commissioner not  
350 later than five days before the date indicated for the strike. Such strike  
351 contingency plan shall include the institution's staffing plan for at least  
352 the first three days of such strike. The strike contingency plan shall  
353 include, but need not be limited to, the names and titles of the  
354 individuals who will be providing services at the institution. An  
355 institution that is a residential facility for persons with intellectual  
356 disability licensed pursuant to section 17a-227 and certified to  
357 participate in the Title XIX Medicaid program as an intermediate care  
358 facility for individuals with intellectual disabilities shall submit a strike  
359 contingency plan that contains the same information as required of  
360 nursing homes.

361 Sec. 11. Subsections (a) and (b) of section 19a-515 of the general  
362 statutes are repealed and the following is substituted in lieu thereof  
363 (*Effective from passage*):

364 (a) Each nursing home administrator's license issued pursuant to the  
365 provisions of sections 19a-511 to 19a-520, inclusive, shall be renewed  
366 once every two years, in accordance with section 19a-88, except for  
367 cause, by the Department of Public Health, upon forms to be furnished  
368 by said department and upon the payment to said department, by each  
369 applicant for license renewal, of the sum of two hundred five dollars.  
370 Each such fee shall be remitted to the Department of Public Health on  
371 or before the date prescribed under section 19a-88. Such renewals shall  
372 be granted unless said department finds the applicant has acted or failed  
373 to act in such a manner or under such circumstances as would constitute  
374 grounds for suspension or revocation of such license.

375 (b) Each licensee shall complete a minimum of forty hours of  
376 continuing education every two years, including, but not limited to,  
377 training in (1) Alzheimer's disease and dementia symptoms and care,  
378 and (2) infection prevention and control. Such two-year period shall  
379 commence on the first date of renewal of the licensee's license after  
380 January 1, 2004. The continuing education shall be in areas related to the  
381 licensee's practice. Qualifying continuing education activities are  
382 courses offered or approved by the Connecticut Association of  
383 Healthcare Facilities, LeadingAge Connecticut, Inc., the Connecticut  
384 Assisted Living Association, the Connecticut Alliance for Subacute  
385 Care, Inc., the Connecticut Chapter of the American College of Health  
386 Care Administrators, the Association For Long Term Care Financial  
387 Managers, the Alzheimer's Association or any accredited college or  
388 university, or programs presented or approved by the National  
389 Continuing Education Review Service of the National Association of  
390 Boards of Examiners of Long Term Care Administrators, the  
391 Association for Professionals in Infection Control and Epidemiology or  
392 by federal or state departments or agencies.

393 Sec. 12. Subsection (a) of section 19a-492e of the 2022 supplement to

394 the general statutes is repealed and the following is substituted in lieu  
395 thereof (*Effective October 1, 2022*):

396 (a) For purposes of this section "home health care agency" and  
397 "hospice agency" have the same meanings as provided in section 19a-  
398 490, as amended by this act. Notwithstanding the provisions of chapter  
399 378, a registered nurse may delegate the administration of medications  
400 that are not administered by injection to home health aides and hospice  
401 aides who have obtained (1) certification and recertification every  
402 [three] two years thereafter for medication administration in accordance  
403 with regulations adopted pursuant to subsection (b) of this section, or  
404 (2) a current certification from the Department of Children and Families  
405 or the Department of Developmental Services in accordance with  
406 section 19a-495a, as amended by this act, unless the prescribing  
407 practitioner specifies that a medication shall only be administered by a  
408 licensed nurse. [Any home health aide or hospice aide who obtained  
409 certification in the administration of medications on or before June 30,  
410 2015, shall obtain recertification on or before July 1, 2018.]

411 Sec. 13. Subsections (a) and (b) of section 19a-495a of the general  
412 statutes are repealed and the following is substituted in lieu thereof  
413 (*Effective October 1, 2022*):

414 (a) (1) The Commissioner of Public Health may adopt regulations, as  
415 provided in subsection (d) of this section, to require each residential care  
416 home [, as defined in section 19a-490,] that admits residents requiring  
417 assistance with medication administration, to (A) designate unlicensed  
418 personnel to obtain certification for the administration of medication  
419 from the Department of Public Health, Department of Children and  
420 Families or Department of Developmental Services, and (B) ensure that  
421 such unlicensed personnel receive such certification and recertification  
422 every [three] two years thereafter from the Department of Public Health,  
423 Department of Children and Families or Department of Developmental  
424 Services.

425 (2) Any regulations adopted pursuant to this subsection shall

426 establish criteria to be used by such homes in determining (A) the  
427 appropriate number of unlicensed personnel who shall obtain such  
428 certification and recertification, and (B) training requirements,  
429 including ongoing training requirements for such certification and  
430 recertification.

431 (3) Training requirements for initial certification and recertification  
432 shall include, but shall not be limited to: Initial orientation, resident  
433 rights, identification of the types of medication that may be  
434 administered by unlicensed personnel, behavioral management,  
435 personal care, nutrition and food safety, and health and safety in  
436 general.

437 (b) Each residential care home [, as defined in section 19a-490,] shall  
438 ensure that an appropriate number of unlicensed personnel, as  
439 determined by the residential care home, obtain certification and  
440 recertification for the administration of medication from the  
441 Department of Public Health, Department of Children and Families or  
442 Department of Developmental Services. Certification and recertification  
443 of such personnel shall be in accordance with any regulations adopted  
444 pursuant to this section. [, except any personnel who obtained  
445 certification in the administration of medication on or before June 30,  
446 2015, shall obtain recertification on or before July 1, 2018.] Unlicensed  
447 personnel obtaining such certification and recertification may  
448 administer medications that are not administered by injection to  
449 residents of such homes, unless a resident's physician specifies that a  
450 medication only be administered by licensed personnel.

451 Sec. 14. (*Effective from passage*) The Commissioner of Public Health  
452 shall conduct a scope of practice review pursuant to sections 19a-16d to  
453 19a-16f, inclusive, of the general statutes, as amended by this act, to  
454 determine whether the Department of Public Health should regulate  
455 midwives who are not eligible for licensure as nurse-midwives, licensed  
456 pursuant to chapter 377 of the general statutes. The commissioner shall  
457 report, in accordance with the provisions of section 11-4a of the general  
458 statutes, the findings of such review and any recommendations to the

459 joint standing committee of the General Assembly having cognizance of  
460 matters relating to public health on or before February 1, 2023.

461 Sec. 15. Section 20-90 of the general statutes is repealed and the  
462 following is substituted in lieu thereof (*Effective from passage*):

463 (a) [Said board may adopt a seal. The Commissioner of Public Health,  
464 with advice and assistance from the board, and in consultation with the  
465 State Board of Education, shall adopt regulations, in accordance with  
466 the provisions of chapter 54, permitting and setting standards for  
467 courses for the training of practical nurses to be offered in high schools  
468 or by the Technical Education and Career System for students who have  
469 not yet acquired a high school diploma. Students who satisfactorily  
470 complete courses approved by said Board of Examiners for Nursing,  
471 with the consent of the Commissioner of Public Health, as meeting such  
472 standards shall be given credit for each such course toward the  
473 requirements for a practical nurse's license. All schools of nursing in this  
474 state, except such schools accredited by the National League for Nursing  
475 or other professional accrediting association approved by the United  
476 States Department of Education and recognized by the Commissioner  
477 of Public Health, and all schools for training licensed practical nurses  
478 and all hospitals connected to such schools] The Connecticut State Board  
479 of Examiners for Nursing shall have the following duties: (1) Hear and  
480 decide matters concerning suspension or revocation of licensure; (2)  
481 adjudicate complaints filed against practitioners licensed under this  
482 chapter and impose sanctions where appropriate; (3) approve schools of  
483 nursing in the state that prepare persons for examination under the  
484 provisions of this chapter; and (4) consult, where possible, with national  
485 recognized accrediting agencies when approving schools pursuant to  
486 subdivision (3) of this subsection. The board may adopt a seal.

487 (b) All schools of nursing in the state that prepare persons for  
488 examination under the provisions of this chapter, shall be (1) visited  
489 periodically by a representative of the Department of Public Health who  
490 shall be a registered nurse or a person experienced in the field of nursing  
491 education, and (2) approved by the Connecticut State Board of



492 Examiners for Nursing pursuant to subdivisions (3) and (4) of  
493 subsection (a) of this section.

494 (c) The [board shall keep] Department of Public Health shall post a  
495 list of all nursing programs and all programs for training licensed  
496 practical nurses that are approved by [it, with the consent of the  
497 Commissioner of Public Health, as maintaining] the Connecticut State  
498 Board of Examiners for Nursing and maintain the standard for the  
499 education of nurses and the training of licensed practical nurses as  
500 established by the [commissioner. The board shall consult, where  
501 possible, with nationally recognized accrediting agencies when  
502 approving schools] Commissioner of Public Health on the department's  
503 Internet web site.

504 [(b) Said board shall (1) hear and decide matters concerning  
505 suspension or revocation of licensure, (2) adjudicate complaints filed  
506 against practitioners licensed under this chapter and impose sanctions  
507 where appropriate.]

508 Sec. 16. Subsections (c) and (d) of section 19a-16d of the general  
509 statutes are repealed and the following is substituted in lieu thereof  
510 (*Effective from passage*):

511 (c) In any year in which a scope of practice request is received  
512 pursuant to this section, not later than September [fifteenth] first of the  
513 year preceding the commencement of the next regular session of the  
514 General Assembly, the Department of Public Health, within available  
515 appropriations, shall: (1) Provide written notification to the joint  
516 standing committee of the General Assembly having cognizance of  
517 matters relating to public health of any health care profession that has  
518 submitted a scope of practice request, including any request for  
519 exemption, to the department pursuant to this section; and (2) post any  
520 such request, including any request for exemption, and the name and  
521 address of the requestor on the department's Internet web site.

522 (d) Any person or entity, acting on behalf of a health care profession  
523 that may be directly impacted by a scope of practice request submitted

524 pursuant to this section, may submit to the department a written  
525 statement identifying the nature of the impact not later than [October  
526 first] September fifteenth of the year preceding the next regular session  
527 of the General Assembly. Any such person or entity directly impacted  
528 by a scope of practice request shall indicate the nature of the impact  
529 taking into consideration the criteria set forth in subsection (b) of this  
530 section and shall provide a copy of the written impact statement to the  
531 requestor. Not later than October [fifteenth] first of such year, the  
532 requestor shall submit a written response to the department and any  
533 person or entity that has provided a written impact statement. The  
534 requestor's written response shall include, but not be limited to, a  
535 description of areas of agreement and disagreement between the  
536 respective health care professions.

537 Sec. 17. Subsection (a) of section 19a-16e of the general statutes is  
538 repealed and the following is substituted in lieu thereof (*Effective from*  
539 *passage*):

540 (a) On or before [November first] October fifteenth of the year  
541 preceding the commencement of the next regular session of the General  
542 Assembly, the Commissioner of Public Health shall select from the  
543 timely scope of practice requests submitted to the department pursuant  
544 to section 19a-16d, as amended by this act, the requests on which the  
545 department will act and, within available appropriations allocated to  
546 the department, establish and appoint members to a scope of practice  
547 review committee for each [timely scope of practice] such request,  
548 [submitted to the department pursuant to section 19a-16d.] Committees  
549 established pursuant to this section shall consist of the following  
550 members: (1) Two members recommended by the requestor to represent  
551 the health care profession making the scope of practice request; (2) two  
552 members recommended by each person or entity that has submitted a  
553 written impact statement pursuant to subsection (d) of section 19a-16d,  
554 as amended by this act, to represent the health care professions directly  
555 impacted by the scope of practice request; and (3) the Commissioner of  
556 Public Health or the commissioner's designee, who shall serve as an ex-  
557 officio, nonvoting member of the committee. The Commissioner of

558 Public Health or the commissioner's designee shall serve as the  
559 chairperson of any such committee. The Commissioner of Public Health  
560 may appoint additional members to any committee established  
561 pursuant to this section to include representatives from health care  
562 professions having a proximate relationship to the underlying request if  
563 the commissioner or the commissioner's designee determines that such  
564 expansion would be beneficial to a resolution of the issues presented.  
565 Any member of such committee shall serve without compensation.

566 Sec. 18. Subsection (c) of section 20-132a of the 2022 supplement to  
567 the general statutes is repealed and the following is substituted in lieu  
568 thereof (*Effective from passage*):

569 (c) (1) Except as provided in this section, a licensee who is actively  
570 engaged in the practice of optometry shall earn a minimum of twenty  
571 hours of continuing education each registration period. The subject  
572 matter for continuing education shall reflect the professional needs of  
573 the licensee in order to meet the health care needs of the public, and shall  
574 include [(1)] (A) not less than six hours in any of the following areas:  
575 Pathology, detection of diabetes and ocular treatment; and [(2)] (B) not  
576 less than six hours in treatment as it applies to the use of ocular agents-  
577 T.

578 (2) Coursework shall be provided in the following manner: (A) Not  
579 less than ten hours shall be earned through direct, live instruction that  
580 the licensee physically attends; [either individually or as part of a group  
581 of participants or through a formal home study or distance learning  
582 program. Not] (B) not more than ten hours shall be earned through  
583 synchronous online education with opportunities for live interaction;  
584 (C) not more than [six] five hours shall be earned through [a home study  
585 or other distance learning program] asynchronous online education,  
586 distance learning or home study; and (D) not more than six hours shall  
587 be in practice management. For the purposes of this subdivision,  
588 "synchronous online education" means live online classes that are  
589 conducted in real time and "asynchronous online education" means a  
590 program where the instructor, learner and other participants are not

591 engaged in the learning process at the same time, there is no real-time  
592 interaction between participants and instructors and the educational  
593 content is created and made available for later consumption.

594 (3) Qualifying continuing education activities include, but are not  
595 limited to, courses offered or approved by the Council on Optometric  
596 Practitioner Education of the Association of Regulatory Boards of  
597 Optometry, the American Optometric Association or state or local  
598 optometry associations and societies that are affiliated with the  
599 American Optometric Association, a hospital or other health care  
600 institution, a school or college of optometry or other institution of higher  
601 education accredited or recognized by the Council on Optometric  
602 Practitioner Education or the American Optometric Association, a state  
603 or local health department, or a national, state or local medical  
604 association.

605 Sec. 19. Subsection (b) of section 19a-14c of the 2022 supplement to  
606 the general statutes is repealed and the following is substituted in lieu  
607 thereof (*Effective from passage*):

608 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist  
609 licensed pursuant to chapter 383, [an independent] a clinical social  
610 worker [certified] licensed pursuant to chapter 383b or a marital and  
611 family therapist licensed pursuant to chapter 383a may provide  
612 outpatient mental health treatment to a minor without the consent or  
613 notification of a parent or guardian at the request of the minor if (1)  
614 requiring the consent or notification of a parent or guardian would  
615 cause the minor to reject such treatment; (2) the provision of such  
616 treatment is clinically indicated; (3) the failure to provide such treatment  
617 would be seriously detrimental to the minor's well-being; (4) the minor  
618 has knowingly and voluntarily sought such treatment; and (5) in the  
619 opinion of the provider of treatment, the minor is mature enough to  
620 participate in treatment productively. The provider of such treatment  
621 shall document the reasons for any determination made to treat a minor  
622 without the consent or notification of a parent or guardian and shall  
623 include such documentation in the minor's clinical record, along with a

624 written statement signed by the minor stating that (A) the minor is  
625 voluntarily seeking such treatment; (B) the minor has discussed with the  
626 provider the possibility of involving his or her parent or guardian in the  
627 decision to pursue such treatment; (C) the minor has determined it is  
628 not in his or her best interest to involve his or her parent or guardian in  
629 such decision; and (D) the minor has been given adequate opportunity  
630 to ask the provider questions about the course of his or her treatment.

631 Sec. 20. Subsection (b) of section 20-12j of the 2022 supplement to the  
632 general statutes is repealed and the following is substituted in lieu  
633 thereof (*Effective from passage*):

634 (b) Each person holding a license as a physician assistant shall,  
635 annually, during the month of such person's birth, [register] renew such  
636 license with the Department of Public Health, upon payment of a fee of  
637 one hundred fifty-five dollars, on [blanks] a form to be [furnished]  
638 provided by the department for such purpose, giving such person's  
639 name in full, such person's residence and business address and such  
640 other information as the department requests. No such license shall be  
641 renewed unless the department is satisfied that the practitioner (1) has  
642 met the mandatory continuing medical education requirements of the  
643 National Commission on Certification of Physician Assistants or a  
644 successor organization for the certification or recertification of physician  
645 assistants that may be approved by the department; (2) has passed any  
646 examination or continued competency assessment the passage of which  
647 may be required by said commission for maintenance of current  
648 certification by said commission; (3) has completed not less than one  
649 contact hour of training or education in prescribing controlled  
650 substances and pain management in the preceding two-year period; and  
651 (4) for registration periods beginning on [or before] and after January 1,  
652 2022, during the first renewal period and not less than once every six  
653 years thereafter, earn not less than two contact hours of training or  
654 education screening for post-traumatic stress disorder, risk of suicide,  
655 depression and grief and suicide prevention training administered by  
656 the American [Association] Academy of Physician [Assistants]  
657 Associates, or the American Academy of Physician Associates' successor

658 organization, a hospital or other licensed health care institution or a  
659 regionally accredited institution of higher education.

660 Sec. 21. Subparagraph (B) of subdivision (8) of section 19a-177 of the  
661 2022 supplement to the general statutes is repealed and the following is  
662 substituted in lieu thereof (*Effective from passage*):

663 (B) On or before [December 31, 2018] June 1, 2023, and annually  
664 thereafter, the commissioner shall prepare a report to the Emergency  
665 Medical Services Advisory Board, established pursuant to section 19a-  
666 178a, that shall include, but not be limited to, the following data: (i) The  
667 total number of calls for emergency medical services received during  
668 the reporting year by each licensed ambulance service, certified  
669 ambulance service or paramedic intercept service; (ii) the level of  
670 emergency medical services required for each such call; (iii) the name of  
671 the emergency medical service organization that provided each such  
672 level of emergency medical services furnished during the reporting  
673 year; (iv) the response time, by time ranges or fractile response times,  
674 for each licensed ambulance service, certified ambulance service or  
675 paramedic intercept service, using a common definition of response  
676 time, as provided in regulations adopted pursuant to section 19a-179;  
677 and (v) the number of passed calls, cancelled calls and mutual aid calls  
678 during the reporting year. The commissioner shall prepare such report  
679 in a format that categorizes such data for each municipality in which the  
680 emergency medical services were provided, with each such  
681 municipality grouped according to urban, suburban and rural  
682 classifications.

683 Sec. 22. Subdivision (5) of section 14-1 of the 2022 supplement to the  
684 general statutes is repealed and the following is substituted in lieu  
685 thereof (*Effective from passage*):

686 (5) "Authorized emergency vehicle" means (A) a fire department  
687 vehicle, (B) a police vehicle, or (C) an [ambulance] authorized  
688 emergency medical services vehicle, as defined in section 19a-175;

689 Sec. 23. Subsection (a) of section 19a-30 of the 2022 supplement to the

690 general statutes is repealed and the following is substituted in lieu  
691 thereof (*Effective October 1, 2022*):

692 (a) As used in this section, "clinical laboratory" [means any facility or  
693 other area used for microbiological, serological, chemical,  
694 hematological, immunohematological, biophysical, cytological,  
695 pathological or other examinations of human body fluids, secretions,  
696 excretions or excised or exfoliated tissues, for the purpose of providing  
697 information for the diagnosis, prevention or treatment of any human  
698 disease or impairment, for the assessment of human health or for the  
699 presence of drugs, poisons or other toxicological substances] has the  
700 same meaning as provided in section 19a-490, as amended by this act.

701 Sec. 24. Section 19a-31b of the general statutes is repealed and the  
702 following is substituted in lieu thereof (*Effective October 1, 2022*):

703 No clinical laboratory, as defined in section [19a-30] 19a-490, as  
704 amended by this act, that offers hair follicle drug testing as part of its  
705 array of diagnostic testing services shall refuse to administer a hair  
706 follicle drug test that has been ordered by a physician or physician  
707 assistant, licensed under chapter 370, or an advanced practice registered  
708 nurse, licensed under chapter 378.

709 Sec. 25. Subdivisions (1) and (2) of subsection (a) of section 19a-72 of  
710 the 2022 supplement to the general statutes are repealed and the  
711 following is substituted in lieu thereof (*Effective October 1, 2022*):

712 (1) "Clinical laboratory" [means any facility or other area used for  
713 microbiological, serological, chemical, hematological,  
714 immunohematological, biophysical, cytological, pathological or other  
715 examinations of human body fluids, secretions, excretions or excised or  
716 exfoliated tissues, for the purpose of providing information for the  
717 diagnosis, prevention or treatment of any human disease or  
718 impairment, for the assessment of human health or for the presence of  
719 drugs, poisons or other toxicological substances] has the same meaning  
720 as provided in section 19a-490, as amended by this act;

721 (2) "Hospital" [means an establishment for the lodging, care and  
722 treatment of persons suffering from disease or other abnormal physical  
723 or mental conditions and includes inpatient psychiatric services in  
724 general hospitals] has the same meaning as provided in section 19a-490,  
725 as amended by this act;

726 Sec. 26. Subdivision (1) of subsection (a) of section 19a-215 of the 2022  
727 supplement to the general statutes is repealed and the following is  
728 substituted in lieu thereof (*Effective October 1, 2022*):

729 (1) "Clinical laboratory" [means any facility or other area used for  
730 microbiological, serological, chemical, hematological,  
731 immunohematological, biophysical, cytological, pathological or other  
732 examinations of human body fluids, secretions, excretions or excised or  
733 exfoliated tissues, for the purpose of providing information for the  
734 diagnosis, prevention or treatment of any human disease or  
735 impairment, for the assessment of human health or for the presence of  
736 drugs, poisons or other toxicological substances] has the same meaning  
737 as provided in section 19a-490, as amended by this act.

738 Sec. 27. Subsection (a) of section 19a-269b of the general statutes is  
739 repealed and the following is substituted in lieu thereof (*Effective October*  
740 *1, 2022*):

741 (a) As used in this section, "clinical laboratory" has the same meaning  
742 as provided in section [19a-30] 19a-490, as amended by this act.

743 Sec. 28. Subsection (d) of section 20-7a of the general statutes is  
744 repealed and the following is substituted in lieu thereof (*Effective October*  
745 *1, 2022*):

746 (d) No person or entity, other than a physician licensed under chapter  
747 370, a clinical laboratory, as defined in section [19a-30] 19a-490, as  
748 amended by this act, or a referring clinical laboratory, shall directly or  
749 indirectly charge, bill or otherwise solicit payment for the provision of  
750 anatomic pathology services, unless such services were personally  
751 rendered by or under the direct supervision of such physician, clinical



752 laboratory or referring laboratory in accordance with section 353 of the  
753 Public Health Service Act, (42 USC 263a). A clinical laboratory or  
754 referring laboratory may only solicit payment for anatomic pathology  
755 services from the patient, a hospital, the responsible insurer of a third  
756 party payor, or a governmental agency or such agency's public or  
757 private agent that is acting on behalf of the recipient of such services.  
758 Nothing in this subsection shall be construed to prohibit a clinical  
759 laboratory from billing a referring clinical laboratory when specimens  
760 are transferred between such laboratories for histologic or cytologic  
761 processing or consultation. No patient or other third party payor, as  
762 described in this subsection, shall be required to reimburse any provider  
763 for charges or claims submitted in violation of this section. For purposes  
764 of this subsection, (1) "referring clinical laboratory" means a clinical  
765 laboratory that refers a patient specimen for consultation or anatomic  
766 pathology services, excluding the laboratory of a physician's office or  
767 group practice that takes a patient specimen and does not perform the  
768 professional diagnostic component of the anatomic pathology services  
769 involved, and (2) "anatomic pathology services" means the gross and  
770 microscopic examination and histologic or cytologic processing of  
771 human specimens, including histopathology or surgical pathology,  
772 cytopathology, hematology, subcellular pathology or molecular  
773 pathology or blood banking service performed by a pathologist.

774 Sec. 29. Subsection (a) of section 20-7c of the general statutes is  
775 repealed and the following is substituted in lieu thereof (*Effective October*  
776 *1, 2022*):

777 (a) For purposes of this section, "clinical laboratory" has the same  
778 meaning as provided in section [19a-30] 19a-490, as amended by this act.  
779 "Clinical laboratory" does not include any state laboratory established  
780 by the Department of Public Health pursuant to section 19a-26 or 19a-  
781 29.

782 Sec. 30. Subparagraph (A) of subdivision (6) of subsection (a) of  
783 section 38a-477aa of the general statutes is repealed and the following is  
784 substituted in lieu thereof (*Effective October 1, 2022*):

785 (6) (A) "Surprise bill" means a bill for health care services, other than  
786 emergency services, received by an insured for services rendered by an  
787 out-of-network health care provider, where such services were rendered  
788 by (i) such out-of-network provider at an in-network facility, during a  
789 service or procedure performed by an in-network provider or during a  
790 service or procedure previously approved or authorized by the health  
791 carrier and the insured did not knowingly elect to obtain such services  
792 from such out-of-network provider, or (ii) a clinical laboratory, as  
793 defined in section [19a-30] 19a-490, as amended by this act, that is an  
794 out-of-network provider, upon the referral of an in-network provider.

795 Sec. 31. Section 7-51a of the 2022 supplement to the general statutes  
796 is repealed and the following is substituted in lieu thereof (*Effective from*  
797 *passage*):

798 (a) Any person eighteen years of age or older may purchase certified  
799 copies of marriage and death records, and certified copies of records of  
800 births or fetal deaths which are at least one hundred years old, in the  
801 custody of any registrar of vital statistics. The department may issue  
802 uncertified copies of death certificates for deaths occurring less than one  
803 hundred years ago, and uncertified copies of birth, marriage, death and  
804 fetal death certificates for births, marriages, deaths and fetal deaths that  
805 occurred at least one hundred years ago, to researchers approved by the  
806 department pursuant to section 19a-25, and to state and federal agencies  
807 approved by the department. During all normal business hours,  
808 members of genealogical societies incorporated or authorized by the  
809 Secretary of the State to do business or conduct affairs in this state shall  
810 (1) have full access to all vital records in the custody of any registrar of  
811 vital statistics, including certificates, ledgers, record books, card files,  
812 indexes and database printouts, except for those records containing  
813 Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and  
814 confidential files on adoptions, gender change, surrogacy agreements,  
815 and parentage, (2) be permitted to make notes from such records, (3) be  
816 permitted to purchase certified copies of such records, and (4) be  
817 permitted to incorporate statistics derived from such records in the  
818 publications of such genealogical societies. For all vital records

819 containing Social Security numbers that are protected from disclosure  
820 pursuant to federal law, the Social Security numbers contained on such  
821 records shall be redacted from any certified copy of such records issued  
822 to a genealogist by a registrar of vital statistics.

823 (b) For marriage and civil union licenses, the Social Security numbers  
824 of the parties to the marriage or civil union shall be recorded in the  
825 "administrative purposes" section of the marriage or civil union license  
826 and the application for such license. All persons specified on the license,  
827 including the parties to the marriage or civil union, officiator and local  
828 registrar shall have access to the Social Security numbers specified on  
829 the marriage or civil union license and the application for such license  
830 for the purpose of processing the license. Only the parties to a marriage  
831 or civil union, or entities authorized by state or federal law, may receive  
832 a certified copy of a marriage or civil union license with the Social  
833 Security numbers included on the license. Any other individual,  
834 researcher or state or federal agency requesting a certified or uncertified  
835 copy of any marriage or civil union license in accordance with the  
836 provisions of this section shall be provided such copy with such Social  
837 Security numbers removed or redacted, or with the "administrative  
838 purposes" section omitted.

839 (c) For deaths occurring on or after July 1, 1997, the Social Security  
840 number of the deceased person shall be recorded in the "administrative  
841 purposes" section of the death certificate. Such administrative purposes  
842 section, and the Social Security number contained therein, shall be  
843 restricted and disclosed only to the following eligible parties: (1) All  
844 parties specified on the death certificate, including the informant,  
845 licensed funeral director, licensed embalmer, conservator, surviving  
846 spouse, physician or advanced practice registered nurse and town clerk,  
847 for the purpose of processing the certificate, (2) the surviving spouse, (3)  
848 the next of kin, or (4) any state and federal agencies authorized by  
849 federal law. The department shall provide any other individual,  
850 researcher or state or federal agency requesting a certified or uncertified  
851 death certificate, or the information contained within such certificate,  
852 for a death occurring on or after July 1, 1997, such certificate or

853 information. The decedent's Social Security number shall be removed or  
854 redacted from such certificate or information or the administrative  
855 purposes section shall be omitted from such certificate.

856 (d) The registrar of vital statistics of any town or city in this state that  
857 has access to an electronic vital records system, as authorized by the  
858 department, may use such system to issue certified copies of birth,  
859 death, fetal death or marriage certificates that are electronically filed in  
860 such system.

861 [(e) Any registrar of vital statistics who receives payment pursuant to  
862 this section may permit such payment to be made on an Internet web  
863 site designated by the registrar, in a manner prescribed by the registrar.]

864 Sec. 32. Section 7-74 of the general statutes is repealed and the  
865 following is substituted in lieu thereof (*Effective from passage*):

866 (a) The fee for a certification of birth registration, short form, shall be  
867 fifteen dollars. The fee for a certified copy of a certificate of birth, long  
868 form, shall be twenty dollars, except that the fee for such certifications  
869 and copies when issued by the department shall be thirty dollars.

870 (b) (1) The fee for a certified copy of a certificate of marriage or death  
871 shall be twenty dollars. Such fees shall not be required of the  
872 department.

873 (2) Any fee received by the Department of Public Health for a  
874 certificate of death shall be deposited in the neglected cemetery account,  
875 established in accordance with section 19a-308b.

876 (c) The fee for one certified copy of a certificate of death for any  
877 deceased person who was a veteran, as defined in subsection (a) of  
878 section 27-103, shall be waived when such copy is requested by a  
879 spouse, child or parent of such deceased veteran.

880 (d) The fee for an uncertified copy of an original certificate of birth  
881 issued pursuant to section 7-53 shall be sixty-five dollars.

882 (e) Any registrar of vital statistics who receives payment pursuant to  
883 this section may permit such payment to be made on an Internet web  
884 site designated by the registrar, in a manner prescribed by the registrar,  
885 as approved by the Commissioner of Public Health, or the  
886 commissioner's designee.

887 Sec. 33. Subsections (c) and (d) of section 19a-36m of the general  
888 statutes are repealed and the following is substituted in lieu thereof  
889 (*Effective from passage*):

890 (c) The provisions of the food code that concern the employment of a  
891 certified food protection manager and any reporting requirements  
892 relative to such certified food protection manager [(1)] shall not apply  
893 to [(A)] (1) an owner or operator of a soup kitchen that relies exclusively  
894 on services provided by volunteers, [(B)] (2) any volunteer who serves  
895 meals from a nonprofit organization, including a temporary food  
896 service establishment and a special event sponsored by a nonprofit civic  
897 organization, including, but not limited to, school sporting events, little  
898 league food booths, church suppers and fairs, or [(C)] (3) any person  
899 who serves meals to individuals at a registered congregate meal site  
900 funded under Title III of the Older Americans Act of 1965, as amended  
901 from time to time, that were prepared under the supervision of a  
902 certified food protection manager. [, and (2) shall not prohibit the sale  
903 or distribution of food at (A) a bed and breakfast establishment that  
904 prepares and offers food to guests, provided the operation is owner-  
905 occupied and the total building occupant load is not more than sixteen  
906 persons, including the owner and occupants, has no provisions for  
907 cooking or warming food in the guest rooms, breakfast is the only meal  
908 offered and the consumer of such operation is informed by statements  
909 contained in published advertisements, mailed brochures and placards  
910 posted in the registration area that the food is prepared in a kitchen that  
911 is not regulated and inspected by the local health director, and (B) a  
912 noncommercial function, including, but not limited to, an educational,  
913 religious, political or charitable organization's bake sale or potluck  
914 supper, provided the seller or person distributing the food maintains  
915 the food at the temperature, pH level and water activity level conditions

916 that will inhibit the growth of infectious or toxigenic microorganisms.  
917 For the purposes of this subsection, "noncommercial function" means a  
918 function where food is sold or distributed by a person not regularly  
919 engaged in the business of selling such food for profit.]

920 (d) The provisions of the food code shall not (1) apply to a residential  
921 care home with thirty beds or less that is licensed pursuant to chapter  
922 368v, provided the administrator of the residential care home or the  
923 administrator's designee has satisfactorily passed a test as part of a food  
924 protection manager certification program that is evaluated and  
925 approved by an accrediting agency recognized by the Conference for  
926 Food Protection as conforming to its standard for accreditation of food  
927 protection manager certification programs, unless such residential care  
928 home enters into a service contract with a food establishment or lends,  
929 rents or leases any area of its facility to any person or entity for the  
930 purpose of preparing or selling food, at which time the provisions of the  
931 food code shall apply to such residential care home, and (2) shall not  
932 prohibit the sale or distribution of food at (A) a bed and breakfast  
933 establishment that prepares and offers food to guests, provided the  
934 operation is owner-occupied and the total building occupant load is not  
935 more than sixteen persons, including the owner and occupants, has no  
936 provisions for cooking or warming food in the guest rooms, breakfast is  
937 the only meal offered and the consumer of such operation is informed  
938 by statements contained in published advertisements, mailed brochures  
939 and placards posted in the registration area that the food is prepared in  
940 a kitchen that is not regulated and inspected by the local health director,  
941 and (B) a noncommercial function, including, but not limited to, an  
942 educational, religious, political or charitable organization's bake sale or  
943 potluck supper, provided the seller or person distributing the food  
944 maintains the food at the temperature, pH level and water activity level  
945 conditions that will inhibit the growth of infectious or toxigenic  
946 microorganisms. For the purposes of this subsection, "noncommercial  
947 function" means a function where food is sold or distributed by a person  
948 not regularly engaged in the business of selling such food for profit.

949 Sec. 34. Subparagraph (A) of subdivision (2) of subsection (c) of

950 section 16-245n of the 2022 supplement to the general statutes is  
951 repealed and the following is substituted in lieu thereof (*Effective from*  
952 *passage*):

953 (2) (A) There is hereby created an Environmental Infrastructure Fund  
954 which shall be within the Connecticut Green Bank. The fund may  
955 receive any amount required by law to be deposited into the fund and  
956 may receive any federal funds as may become available to the state for  
957 environmental infrastructure investments, except that the fund shall not  
958 receive: (i) Ratepayer or Regional Greenhouse Gas Initiative funds, (ii)  
959 funds that have been deposited in, or are required to be deposited in, an  
960 account of the Clean Water Fund pursuant to sections 22a-475 to [22a-  
961 438f] 22a-483f, inclusive, or (iii) funds collected from a water company,  
962 as defined in section 25-32a.

963 Sec. 35. Subsection (b) of section 20-191c of the 2022 supplement to  
964 the general statutes is repealed and the following is substituted in lieu  
965 thereof (*Effective July 1, 2022*):

966 (b) Qualifying continuing education activities shall be related to the  
967 practice of psychology and shall include courses, seminars, workshops,  
968 conferences and postdoctoral institutes offered or approved by: (1) The  
969 American Psychological Association; (2) a regionally accredited  
970 institution of higher education graduate program; (3) a nationally  
971 recognized provider of continuing education seminars; (4) the  
972 Department of Mental Health and Addiction Services; or (5) a  
973 behavioral science organization that is professionally or scientifically  
974 recognized. Not more than five continuing education units during each  
975 registration period shall be completed via [the Internet] asynchronous  
976 online education, distance learning or home study. Not less than five  
977 continuing education units shall be earned through synchronous online  
978 education. On and after January 1, 2016, qualifying continuing  
979 education activities shall include not less than two contact hours of  
980 training or education during the first renewal period in which  
981 continuing education is required and not less than once every six years  
982 thereafter on the topic of mental health conditions common to veterans

983 and family members of veterans, including (A) determining whether a  
984 patient is a veteran or family member of a veteran, (B) screening for  
985 conditions such as post-traumatic stress disorder, risk of suicide,  
986 depression and grief, and (C) suicide prevention training. Qualifying  
987 continuing education activities may include a licensee's research-based  
988 presentation at a professional conference, provided not more than five  
989 continuing education units during each registration period shall be  
990 completed by such activities. A licensee who has earned a diploma from  
991 the American Board of Professional Psychology during the registration  
992 period may substitute the diploma for continuing education  
993 requirements for such registration period. For purposes of this section,  
994 "continuing education unit" means fifty to sixty minutes of participation  
995 in accredited continuing professional education. For the purposes of this  
996 subsection, "synchronous online education" means live online classes  
997 that are conducted in real time and "asynchronous online education"  
998 means a program where the instructor, learner and other participants  
999 are not engaged in the learning process at the same time, there is no real-  
1000 time interaction between participants and instructors and the  
1001 educational content is created and made available for later  
1002 consumption.

1003 Sec. 36. Section 19a-563h of the 2022 supplement to the general  
1004 statutes is repealed and the following is substituted in lieu thereof  
1005 (*Effective from passage*):

1006 (a) On or before January 1, 2022, the Department of Public Health  
1007 shall (1) establish minimum staffing level requirements for nursing  
1008 homes of three hours of direct care per resident per day, and (2) modify  
1009 staffing level requirements for social work and recreational staff of  
1010 nursing homes such that the requirements (A) for social work, [are] a  
1011 number of hours that is based on one full-time social worker per sixty  
1012 residents and that shall vary proportionally based on the number of  
1013 residents in the nursing home, and (B) for recreational staff are lower  
1014 than the current requirements, as deemed appropriate by the  
1015 Commissioner of Public Health.



1016 (b) The commissioner shall adopt regulations in accordance with the  
1017 provisions of chapter 54 that set forth nursing home staffing level  
1018 requirements to implement the provisions of this section. The  
1019 Commissioner of Public Health may implement policies and procedures  
1020 necessary to administer the provisions of this section while in the  
1021 process of adopting such policies and procedures as regulations,  
1022 provided notice of intent to adopt regulations is published on the  
1023 eRegulations System not later than twenty days after the date of  
1024 implementation. Policies and procedures implemented pursuant to this  
1025 section shall be valid until the time final regulations are adopted.

1026 Sec. 37. Section 17b-59d of the general statutes is repealed and the  
1027 following is substituted in lieu thereof (*Effective from passage*):

1028 (a) There shall be established a State-wide Health Information  
1029 Exchange to empower consumers to make effective health care  
1030 decisions, promote patient-centered care, improve the quality, safety  
1031 and value of health care, reduce waste and duplication of services,  
1032 support clinical decision-making, keep confidential health information  
1033 secure and make progress toward the state's public health goals.

1034 (b) It shall be the goal of the State-wide Health Information Exchange  
1035 to: (1) Allow real-time, secure access to patient health information and  
1036 complete medical records across all health care provider settings; (2)  
1037 provide patients with secure electronic access to their health  
1038 information; (3) allow voluntary participation by patients to access their  
1039 health information at no cost; (4) support care coordination through  
1040 real-time alerts and timely access to clinical information; (5) reduce costs  
1041 associated with preventable readmissions, duplicative testing and  
1042 medical errors; (6) promote the highest level of interoperability; (7) meet  
1043 all state and federal privacy and security requirements; (8) support  
1044 public health reporting, quality improvement, academic research and  
1045 health care delivery and payment reform through data aggregation and  
1046 analytics; (9) support population health analytics; (10) be standards-  
1047 based; and (11) provide for broad local governance that (A) includes  
1048 stakeholders, including, but not limited to, representatives of the

1049 Department of Social Services, hospitals, physicians, behavioral health  
1050 care providers, long-term care providers, health insurers, employers,  
1051 patients and academic or medical research institutions, and (B) is  
1052 committed to the successful development and implementation of the  
1053 State-wide Health Information Exchange.

1054 (c) All contracts or agreements entered into by or on behalf of the state  
1055 relating to health information technology or the exchange of health  
1056 information shall be consistent with the goals articulated in subsection  
1057 (b) of this section and shall utilize contractors, vendors and other  
1058 partners with a demonstrated commitment to such goals.

1059 (d) (1) The executive director of the Office of Health Strategy, in  
1060 consultation with the Secretary of the Office of Policy and Management  
1061 and the State Health Information Technology Advisory Council,  
1062 established pursuant to section 17b-59f, shall, upon the approval by the  
1063 State Bond Commission of bond funds authorized by the General  
1064 Assembly for the purposes of establishing a State-wide Health  
1065 Information Exchange, develop and issue a request for proposals for the  
1066 development, management and operation of the State-wide Health  
1067 Information Exchange. Such request shall promote the reuse of any and  
1068 all enterprise health information technology assets, such as the existing  
1069 Provider Directory, Enterprise Master Person Index, Direct Secure  
1070 Messaging Health Information Service provider infrastructure, analytic  
1071 capabilities and tools that exist in the state or are in the process of being  
1072 deployed. Any enterprise health information exchange technology  
1073 assets purchased after June 2, 2016, and prior to the implementation of  
1074 the State-wide Health Information Exchange shall be capable of  
1075 interoperability with a State-wide Health Information Exchange.

1076 (2) Such request for proposals may require an eligible organization  
1077 responding to the request to: (A) Have not less than three years of  
1078 experience operating either a state-wide health information exchange in  
1079 any state or a regional exchange serving a population of not less than  
1080 one million that (i) enables the exchange of patient health information  
1081 among health care providers, patients and other authorized users

1082 without regard to location, source of payment or technology, (ii)  
1083 includes, with proper consent, behavioral health and substance abuse  
1084 treatment information, (iii) supports transitions of care and care  
1085 coordination through real-time health care provider alerts and access to  
1086 clinical information, (iv) allows health information to follow each  
1087 patient, (v) allows patients to access and manage their health data, and  
1088 (vi) has demonstrated success in reducing costs associated with  
1089 preventable readmissions, duplicative testing or medical errors; (B) be  
1090 committed to, and demonstrate, a high level of transparency in its  
1091 governance, decision-making and operations; (C) be capable of  
1092 providing consulting to ensure effective governance; (D) be regulated or  
1093 administratively overseen by a state government agency; and (E) have  
1094 sufficient staff and appropriate expertise and experience to carry out the  
1095 administrative, operational and financial responsibilities of the State-  
1096 wide Health Information Exchange.

1097 (e) Notwithstanding the provisions of subsection (d) of this section,  
1098 if, on or before January 1, 2016, the Commissioner of Social Services, in  
1099 consultation with the State Health Information Technology Advisory  
1100 Council, established pursuant to section 17b-59f, submits a plan to the  
1101 Secretary of the Office of Policy and Management for the establishment  
1102 of a State-wide Health Information Exchange consistent with  
1103 subsections (a), (b) and (c) of this section, and such plan is approved by  
1104 the secretary, the commissioner may implement such plan and enter  
1105 into any contracts or agreements to implement such plan.

1106 (f) The executive director of the Office of Health Strategy shall have  
1107 administrative authority over the State-wide Health Information  
1108 Exchange. The executive director shall be responsible for designating,  
1109 and posting on its Internet web site, the list of systems, technologies,  
1110 entities and programs that shall constitute the State-wide Health  
1111 Information Exchange. Systems, technologies, entities, and programs  
1112 that have not been so designated shall not be considered part of said  
1113 exchange.

1114 (g) The executive director of the Office of Health Strategy shall adopt

1115 regulations in accordance with the provisions of chapter 54 that set forth  
1116 requirements necessary to implement the provisions of this section. The  
1117 executive director may implement policies and procedures necessary to  
1118 administer the provisions of this section while in the process of adopting  
1119 such policies and procedures in regulation form, provided the executive  
1120 director holds a public hearing at least thirty days prior to implementing  
1121 such policies and procedures and publishes notice of intention to adopt  
1122 the regulations on the Office of Health Strategy's Internet web site and  
1123 the eRegulations System not later than twenty days after implementing  
1124 such policies and procedures. Policies and procedures implemented  
1125 pursuant to this subsection shall be valid until the time such regulations  
1126 are effective.

1127 Sec. 38. Section 17b-59e of the general statutes is repealed and the  
1128 following is substituted in lieu thereof (*Effective from passage*):

1129 (a) For purposes of this section:

1130 (1) "Health care provider" means any individual, corporation, facility  
1131 or institution licensed by the state to provide health care services; and

1132 (2) "Electronic health record system" means a computer-based  
1133 information system that is used to create, collect, store, manipulate,  
1134 share, exchange or make available electronic health records for the  
1135 purposes of the delivery of patient care.

1136 (b) Not later than one year after commencement of the operation of  
1137 the State-wide Health Information Exchange, each hospital licensed  
1138 under chapter 368v and clinical laboratory licensed under section 19a-  
1139 30, as amended by this act, shall maintain an electronic health record  
1140 system capable of connecting to and participating in the State-wide  
1141 Health Information Exchange and shall apply to begin the process of  
1142 connecting to, and participating in, the State-wide Health Information  
1143 Exchange.

1144 (c) Not later than two years after commencement of the operation of  
1145 the State-wide Health Information Exchange, (1) each health care

1146 provider with an electronic health record system capable of connecting  
1147 to, and participating in, the State-wide Health Information Exchange  
1148 shall apply to begin the process of connecting to, and participating in,  
1149 the State-wide Health Information Exchange, and (2) each health care  
1150 provider without an electronic health record system capable of  
1151 connecting to, and participating in, the State-wide Health Information  
1152 Exchange shall be capable of sending and receiving secure messages  
1153 that comply with the Direct Project specifications published by the  
1154 federal Office of the National Coordinator for Health Information  
1155 Technology.

1156 (d) The executive director of the Office of Health Strategy shall adopt  
1157 regulations in accordance with the provisions of chapter 54 that set forth  
1158 requirements necessary to implement the provisions of this section. The  
1159 executive director may implement policies and procedures necessary to  
1160 administer the provisions of this section while in the process of adopting  
1161 such policies and procedures in regulation form, provided the executive  
1162 director holds a public hearing at least thirty days prior to implementing  
1163 such policies and procedures and publishes notice of intention to adopt  
1164 the regulations on the Office of Health Strategy's Internet web site and  
1165 the eRegulations System not later than twenty days after implementing  
1166 such policies and procedures. Policies and procedures implemented  
1167 pursuant to this subsection shall be valid until the time such regulations  
1168 are effective.

1169 Sec. 39. Subsection (c) of section 19a-495 of the general statutes is  
1170 repealed and the following is substituted in lieu thereof (*Effective from*  
1171 *passage*):

1172 (c) The commissioner may waive any provisions of the regulations  
1173 affecting an institution [, as defined in section 19a-490] or a clinical  
1174 laboratory, licensed pursuant to section 19a-30, as amended by this act,  
1175 if the commissioner determines that such waiver would not endanger  
1176 the health, safety or welfare of any patient or resident. The  
1177 commissioner may impose conditions, upon granting the waiver, that  
1178 assure the health, safety and welfare of patients or residents, and may

1179 revoke the waiver upon a finding that the health, safety or welfare of  
1180 any patient or resident has been jeopardized. The commissioner shall  
1181 not grant a waiver that would result in a violation of the Fire Safety  
1182 Code or State Building Code. The commissioner may adopt regulations,  
1183 in accordance with chapter 54, establishing procedures for an  
1184 application for a waiver pursuant to this subsection.

1185 Sec. 40. (*Effective from passage*) (a) As used in this section:

1186 (1) "Certified doula" means a doula that is certified by the Department  
1187 of Public Health; and

1188 (2) "Doula" means a trained, nonmedical professional who provides  
1189 physical, emotional and informational support, virtually or in person,  
1190 to a pregnant person before, during and after birth.

1191 (b) The Commissioner of Public Health shall, within available  
1192 resources, establish a Doula Advisory Committee within the  
1193 Department of Public Health. The Doula Advisory Committee shall  
1194 develop recommendations for (1) requirements for certification and  
1195 certification renewal of doulas, including, but not limited to, training,  
1196 experience or continuing education requirements; and (2) standards for  
1197 recognizing doula training program curricula that are sufficient to  
1198 satisfy the requirements for doula certification.

1199 (c) The Commissioner of Public Health, or the commissioner's  
1200 designee, shall be the chairperson of the Doula Advisory Committee.

1201 (d) The Doula Advisory Committee shall consist of the following  
1202 members:

1203 (1) Seven appointed by the Commissioner of Public Health, or the  
1204 commissioner's designee, who are actively practicing as doulas in the  
1205 state;

1206 (2) One appointed by the Commissioner of Public Health, or the  
1207 commissioner's designee, who is a nurse-midwife, licensed pursuant to  
1208 chapter 377 of the general statutes, who has experience working with a

1209 doula;

1210 (3) One appointed by the Commissioner of Public Health, or the  
1211 commissioner's designee, in consultation with the Connecticut Hospital  
1212 Association, who shall represent an acute care hospital;

1213 (4) One appointed by the Commissioner of Public Health, or the  
1214 commissioner's designee, who shall represent an association that  
1215 represents hospitals and health-related organizations in the state;

1216 (5) One appointed by the Commissioner of Public Health, or the  
1217 commissioner's designee, who shall be a licensed health care provider  
1218 who specializes in obstetrics and has experience working with a doula;

1219 (6) One appointed by the Commissioner of Public Health, or the  
1220 commissioner's designee, who shall represent a community-based  
1221 doula training organization;

1222 (7) One appointed by the Commissioner of Public Health, or the  
1223 commissioner's designee, who shall represent a community-based  
1224 maternal and child health organization;

1225 (8) One appointed by the Commissioner of Public Health, or the  
1226 commissioner's designee, who shall have expertise in health equity;

1227 (9) The Commissioner of Social Services, or the commissioner's  
1228 designee;

1229 (10) The Commissioner of Mental Health and Addiction Services, or  
1230 the commissioner's designee; and

1231 (11) The Commissioner of Early Childhood, or the commissioner's  
1232 designee.

1233 (e) Not later than January 15, 2023, the Doula Advisory Committee  
1234 shall establish a Doula Training Program Review Committee. Such  
1235 committee shall (1) conduct a continuous review of doula training  
1236 programs; and (2) provide a list of approved doula training programs

1237 in the state that meet the requirements established by the Doula  
1238 Advisory Committee.

1239 Sec. 41. (*Effective from passage*) The Commissioner of Public Health  
1240 shall study whether the state should adopt safe harbor legislation that  
1241 permits alternative health care practitioners who are not licensed,  
1242 certified or registered in the state to provide traditional health care  
1243 services, to provide certain alternative health care services, including,  
1244 but not limited to, aromatherapy, energetic healing, healing touch,  
1245 herbology or herbalism, meditation and mind body practices, polarity  
1246 therapy, reflexology and Reiki, without violating any provision of the  
1247 general statutes relating to the unlicensed practice of medicine. Not later  
1248 than January 1, 2023, the commissioner shall report, in accordance with  
1249 the provisions of section 11-4a of the general statutes, regarding such  
1250 study to the joint standing committee of the General Assembly having  
1251 cognizance of matters relating to public health.

1252 Sec. 42. Subsection (c) of section 19a-498 of the general statutes is  
1253 repealed and the following is substituted in lieu thereof (*Effective October*  
1254 *1, 2022*):

1255 (c) The Department of Mental Health and Addiction Services, with  
1256 respect to any behavioral health facility, [or alcohol or drug treatment  
1257 facility,] shall be authorized, either upon the request of the  
1258 Commissioner of Public Health or at such other times as they deem  
1259 necessary, to enter such facility for the purpose of inspecting programs  
1260 conducted at such facility. A written report of the findings of any such  
1261 inspection shall be forwarded to the Commissioner of Public Health and  
1262 a copy shall be maintained in such facility's licensure file.

1263 Sec. 43. Section 19a-509g of the general statutes is repealed and the  
1264 following is substituted in lieu thereof (*Effective October 1, 2022*):

1265 [An alcohol or drug treatment facility, as defined in section 19a-490,]  
1266 A behavioral health facility shall use the criteria for admission  
1267 developed by the American Society of Addiction Medicine for purposes  
1268 of assessing a person for admission to such facility in consideration of



1269 (1) the services for which the facility is licensed, and (2) the appropriate  
1270 services required for treatment of such person.

1271 Sec. 44. Subdivision (1) of subsection (b) of section 38a-493 of the 2022  
1272 supplement to the general statutes is repealed and the following is  
1273 substituted in lieu thereof (*Effective October 1, 2022*):

1274 (1) "Hospital" means an institution that is primarily engaged in  
1275 providing, by or under the supervision of physicians, to inpatients (A)  
1276 diagnostic, surgical and therapeutic services for medical diagnosis,  
1277 treatment and care of persons who have an injury, sickness or disability,  
1278 or (B) medical rehabilitation services for the rehabilitation of persons  
1279 who have an injury, sickness or disability. "Hospital" does not include a  
1280 residential care home, nursing home, rest home or [alcohol or drug  
1281 treatment facility] behavioral health facility, as defined in section 19a-  
1282 490, as amended by this act;

1283 Sec. 45. Subdivision (1) of subsection (b) of section 38a-520 of the 2022  
1284 supplement to the general statutes is repealed and the following is  
1285 substituted in lieu thereof (*Effective October 1, 2022*):

1286 (1) "Hospital" means an institution that is primarily engaged in  
1287 providing, by or under the supervision of physicians, to inpatients (A)  
1288 diagnostic, surgical and therapeutic services for medical diagnosis,  
1289 treatment and care of persons who have an injury, sickness or disability,  
1290 or (B) medical rehabilitation services for the rehabilitation of persons  
1291 who have an injury, sickness or disability. "Hospital" does not include a  
1292 residential care home, nursing home, rest home or [alcohol or drug  
1293 treatment facility] behavioral health facility, as defined in section 19a-  
1294 490, as amended by this act;

1295 Sec. 46. Section 19a-535a of the general statutes is repealed and the  
1296 following is substituted in lieu thereof (*Effective October 1, 2022*):

1297 (a) As used in this section: [ , a "facility" ]

1298 (1) "Facility" means a residential care home, as defined in section 19a-

1299 490, as amended by this act; [.]

1300 (2) "Emergency" means a situation in which a resident of a facility  
1301 presents an imminent danger to the resident's own health or safety, the  
1302 health or safety of another resident or the health or safety of an  
1303 employee or the owner of the facility;

1304 (3) "Department" means the Department of Public Health; and

1305 (4) "Commissioner" means the Commissioner of Public Health, or the  
1306 commissioner's designee.

1307 (b) A facility shall not transfer or discharge a resident from the facility  
1308 unless (1) the transfer or discharge is necessary to meet the resident's  
1309 welfare and the resident's welfare cannot be met in the facility, (2) the  
1310 transfer or discharge is appropriate because the resident's health has  
1311 improved sufficiently so the resident no longer needs the services  
1312 provided by the facility, (3) the health or safety of individuals in the  
1313 facility is endangered, (4) the resident has failed, after reasonable and  
1314 appropriate notice, to pay for a stay or a requested service [.] at the  
1315 facility, or (5) the facility ceases to operate. In the case of an involuntary  
1316 transfer or discharge, the facility shall provide written notice to the  
1317 resident and, if known, [his] the resident's legally liable relative,  
1318 guardian or conservator [shall be given a thirty-day written notification  
1319 which includes] not less than thirty days prior to the proposed transfer  
1320 or discharge date, except when the facility has requested an immediate  
1321 transfer or discharge in accordance with subsection (e) of this section.  
1322 Such notice shall include the reason for the transfer or discharge, [and  
1323 notice of] the effective date of the transfer or discharge, the right of the  
1324 resident to appeal a transfer or discharge by the facility pursuant to  
1325 subsection (d) of this section and the resident's right to represent himself  
1326 or herself or be represented by legal counsel. Such notice shall be in a  
1327 form and manner prescribed by the commissioner, as modified from  
1328 time to time, and shall include the name, mailing address and telephone  
1329 number of the State Long-Term Care Ombudsman and be sent by  
1330 facsimile or electronic communication to the Office of the Long-Term

1331 Care Ombudsman on the same day as the notice is given to the resident.  
1332 If the facility knows the resident has, or the facility alleges that the  
1333 resident has, a mental illness or an intellectual disability, the notice shall  
1334 also include the name, mailing address and telephone number of the  
1335 entity designated by the Governor in accordance with section 46a-10b to  
1336 serve as the Connecticut protection and advocacy system. No resident  
1337 shall be involuntarily transferred or discharged from a facility if such  
1338 transfer or discharge presents imminent danger of death to the resident.

1339 (c) The facility shall be responsible for assisting the resident in finding  
1340 [appropriate placement] an alternative residence. A discharge plan,  
1341 prepared by the facility, [which indicates] in a form and manner  
1342 prescribed by the commissioner, as modified from time to time, shall  
1343 include the resident's individual needs and shall [accompany the  
1344 patient] be submitted to the resident not later than seven days after the  
1345 notice of transfer or discharge is issued to the resident. The facility shall  
1346 submit the discharge plan to the commissioner at or before the hearing  
1347 held pursuant to subsection (d) of this section.

1348 (d) (1) [For transfers or discharges effected on or after October 1, 1989,  
1349 a] A resident or [his] the resident's legally liable relative, guardian or  
1350 conservator who has been notified by a facility, pursuant to subsection  
1351 (b) of this section, that [he] the resident will be transferred or discharged  
1352 from the facility may appeal such transfer or discharge to the  
1353 Commissioner of Public Health by filing a request for a hearing with the  
1354 commissioner [within] not later than ten days [of] after the receipt of  
1355 such notice. Upon receipt of any such request, the commissioner [or his  
1356 designee] shall hold a hearing to determine whether the transfer or  
1357 discharge is being effected in accordance with this section. Such a  
1358 hearing shall be held [within] not later than seven business days [of]  
1359 after the receipt of such request. [and a determination made by the] The  
1360 commissioner [or his designee within] shall issue a decision not later  
1361 than twenty days [of the termination of] after the closing of the hearing  
1362 record. The hearing shall be conducted in accordance with chapter 54.

1363 [(2) In an emergency the facility may request that the commissioner

1364 make a determination as to the need for an immediate transfer or  
1365 discharge of a resident. Before making such a determination, the  
1366 commissioner shall notify the resident and, if known, his legally liable  
1367 relative, guardian or conservator. The commissioner shall issue such a  
1368 determination no later than seven days after receipt of the request for  
1369 such determination. If, as a result of such a request, the commissioner or  
1370 his designee determines that a failure to effect an immediate transfer or  
1371 discharge would endanger the health, safety or welfare of the resident  
1372 or other residents, the commissioner or his designee shall order the  
1373 immediate transfer or discharge of the resident from the facility. A  
1374 hearing shall be held in accordance with the requirements of  
1375 subdivision (1) of this subsection within seven business days of the  
1376 issuance of any determination issued pursuant to this subdivision.

1377 (3) Any involuntary transfer or discharge shall be stayed pending a  
1378 determination by the commissioner or his designee. Notwithstanding  
1379 any provision of the general statutes, the determination of the  
1380 commissioner or his designee after a hearing shall be final and binding  
1381 upon all parties and not subject to any further appeal.]

1382 (2) Any involuntary transfer or discharge that is appealed under this  
1383 subsection shall be stayed pending a final determination by the  
1384 commissioner.

1385 (3) The commissioner shall send a copy of the decision regarding a  
1386 transfer or discharge to the facility, the resident and the resident's legal  
1387 guardian, conservator or other authorized representative, if known, or  
1388 the resident's legally liable relative or other responsible party, and the  
1389 State Long-Term Care Ombudsman.

1390 (e) (1) In the case of an emergency, the facility may request that the  
1391 commissioner make a determination as to the need for an immediate  
1392 transfer or discharge of a resident by submitting a sworn affidavit  
1393 attesting to the basis for the emergency transfer or discharge. The facility  
1394 shall provide a copy of the request for an immediate transfer or  
1395 discharge and the notice described in subsection (b) of this section to the

1396 resident. After receipt of such request, the commissioner may issue an  
1397 order for the immediate temporary transfer or discharge of the resident  
1398 from the facility. The temporary order shall remain in place until a final  
1399 decision is issued by the commissioner, unless earlier rescinded. The  
1400 commissioner shall issue the determination as to the need for an  
1401 immediate transfer or discharge of a resident not later than seven days  
1402 after receipt of the request from the facility. A hearing shall be held not  
1403 later than seven business days after the date on which a determination  
1404 is issued pursuant to this section. The commissioner shall issue a  
1405 decision not later than twenty days after the date on which the hearing  
1406 record is closed. The hearing shall be conducted in accordance with the  
1407 provisions of chapter 54.

1408 (2) The commissioner shall send a copy of the decision regarding an  
1409 emergency transfer or discharge to the facility, the resident and the  
1410 resident's legal guardian, conservator or other authorized  
1411 representative, if known, or the resident's legally liable relative or other  
1412 responsible party and the State Long-Term Care Ombudsman.

1413 (3) If the commissioner determines, based upon the request, that an  
1414 emergency does not exist, the commissioner shall proceed with a  
1415 hearing in accordance with the provisions of subsection (d) of this  
1416 section.

1417 (f) A facility or resident who is aggrieved by a final decision of the  
1418 commissioner may appeal to the Superior Court in accordance with the  
1419 provisions of chapter 54. Pursuant to subsection (f) of section 4-183, the  
1420 filing of an appeal to the Superior Court shall not, of itself, stay  
1421 enforcement of an agency decision. The Superior Court shall consider  
1422 an appeal from a decision of the commissioner pursuant to this section  
1423 as a privileged case in order to dispose of the case with the least possible  
1424 delay.

1425 Sec. 47. (NEW) (*Effective October 1, 2022*) (a) For purposes of this  
1426 section, "clinical medical assistant" means a person who (1) (A) is  
1427 certified by the American Association of Medical Assistants, the

1428 National Healthcareer Association, the National Center for Competency  
1429 Testing or the American Medical Technologists, and (B) has graduated  
1430 from a postsecondary medical assisting program (i) on and after January  
1431 1, 2024, that is accredited by the Commission on Accreditation of Allied  
1432 Health Education Programs, the Accrediting Bureau of Health  
1433 Education Schools or another accrediting organization recognized by  
1434 the United States Department of Education, or (ii) offered by an  
1435 institution of higher education accredited by an accrediting  
1436 organization recognized by the United States Department of Education  
1437 and that includes a total of seven hundred twenty hours, including one  
1438 hundred sixty hours of clinical practice skills, including, but not limited  
1439 to, administering injections, or (2) has completed relevant medical  
1440 assistant training provided by any branch of the armed forces of the  
1441 United States.

1442 (b) A medical assistant may administer a vaccine under the  
1443 supervision, control and responsibility of a physician licensed pursuant  
1444 to chapter 370 of the general statutes, a physician assistant licensed  
1445 pursuant to chapter 370 of the general statutes or an advanced practice  
1446 registered nurse licensed pursuant to chapter 378 of the general statutes  
1447 to any person in any setting other than a hospital setting. Prior to  
1448 administering a vaccine, a medical assistant shall complete not less than  
1449 twenty-four hours of classroom training and not less than eight hours of  
1450 training in a clinical setting regarding the administration of vaccines.  
1451 Nothing in this section shall be construed to permit an employer of a  
1452 physician, a physician assistant or an advanced practice registered nurse  
1453 to require the physician, physician assistant or advanced practice  
1454 registered nurse to oversee a medical assistant in the administration of  
1455 a vaccine without the consent of the physician, physician assistant or  
1456 advanced practice registered nurse.

1457 (c) On or before January first annually, the Commissioner of Public  
1458 Health shall obtain from the American Association of Medical  
1459 Assistants, the National Healthcareer Association, the National Center  
1460 for Competency Testing and the American Medical Technologists a  
1461 listing of all state residents maintained on said organizations' registries

1462 of certified medical assistants. The commissioner shall make such  
1463 listings available for public inspection.

1464 Sec. 48. (NEW) (*Effective July 1, 2022*) (a) On and after July 1, 2023,  
1465 there is established a Connecticut Rare Disease Advisory Council. The  
1466 council shall advise and make recommendations to the Department of  
1467 Public Health and other state agencies, as appropriate, regarding the  
1468 needs of persons in the state living with a rare disease and such persons'  
1469 caregivers. The council may perform the following functions:

1470 (1) Hold public hearings and otherwise make inquiries of and solicit  
1471 comments from the general public to assist with a study or survey of  
1472 persons living with a rare disease and such persons' caregivers and  
1473 health care providers;

1474 (2) Consult with experts on rare diseases to develop policy  
1475 recommendations for improving patient access to quality medical care  
1476 in the state, affordable and comprehensive insurance coverage,  
1477 medications, medically necessary diagnostics, timely treatment and  
1478 other necessary services and therapies;

1479 (3) Research and make recommendations to the department, other  
1480 state agencies, as necessary, and health carriers that provide services to  
1481 persons living with a rare disease regarding the adverse impact that  
1482 changes to health insurance coverage, drug formularies and utilization  
1483 review, as defined in section 38a-591a of the general statutes, may have  
1484 on the provision of treatment or care to persons living with a rare  
1485 disease;

1486 (4) Research and identify priorities related to treatments and services  
1487 provided to persons living with a rare disease and develop policy  
1488 recommendations regarding (A) safeguards and legal protections  
1489 against discrimination and other practices that limit access to  
1490 appropriate health care, services or therapies, and (B) planning for  
1491 natural disasters and other public health emergencies;

1492 (5) Research and make recommendations regarding improving the

1493 quality and continuity of care for persons living with a rare disease who  
1494 are transitioning from pediatric to adult health care services;

1495 (6) Research and make recommendations regarding the development  
1496 of educational materials on rare diseases, including, but not limited to,  
1497 online educational materials and a list of reliable resources for the  
1498 department, other state agencies, as necessary, the public, persons living  
1499 with a rare disease, such persons' families and caregivers, medical  
1500 school students and health care providers; and

1501 (7) Research and make recommendations for support and training  
1502 resources for caregivers and health care providers of persons living with  
1503 a rare disease.

1504 (b) The council shall consist of the following members:

1505 (1) The Commissioner of Public Health, or the commissioner's  
1506 designee;

1507 (2) The Commissioner of Social Services, or the commissioner's  
1508 designee;

1509 (3) The Insurance Commissioner, or the commissioner's designee,  
1510 who may be the representative of a health carrier;

1511 (4) Two appointed by the Governor, one of whom shall be a  
1512 representative of an association of hospitals in the state or an  
1513 administrator of a hospital that provides health care to persons living  
1514 with a rare disease, and one of whom shall be a physician licensed under  
1515 chapter 370 of the general statutes who has expertise in the field of  
1516 medical genetics;

1517 (5) Two appointed by the Senate chairperson of the joint standing  
1518 committee of the General Assembly having cognizance of matters  
1519 relating to public health, one of whom shall be a representative of a  
1520 patient advocacy group in the state representing all rare diseases, and  
1521 one of whom shall be the family member or caregiver of a pediatric  
1522 patient living with a rare disease;



1523 (6) Two appointed by the House chairperson of the joint standing  
1524 committee of the General Assembly having cognizance of matters  
1525 relating to public health, one of whom shall be a representative of the  
1526 biopharmaceutical industry who is involved in rare disease research  
1527 and therapy development, and one of whom shall be an adult living  
1528 with a rare disease;

1529 (7) Two appointed by the Senate ranking member of the joint  
1530 standing committee of the General Assembly having cognizance of  
1531 matters relating to public health, one of whom shall be a member of the  
1532 scientific community in the state who is engaged in rare disease  
1533 research, and one of whom shall be the caregiver of a child or adult  
1534 living with a rare disease; and

1535 (8) Two appointed by the House ranking member of the joint  
1536 standing committee of the General Assembly having cognizance of  
1537 matters relating to public health, one of whom shall be a physician  
1538 licensed to practice under chapter 370 of the general statutes who treats  
1539 persons living with a rare disease, and one of whom shall be a  
1540 representative, family member or caregiver of a person living with a rare  
1541 disease.

1542 (c) All initial appointments to the council shall be made not later than  
1543 October 31, 2023. Any vacancy shall be filled by the appointing  
1544 authority. Except for members of the council who represent state  
1545 agencies, five of the members first appointed shall serve for a term of  
1546 two years, five of such members shall serve for a term of three years and,  
1547 thereafter, members shall serve for a term of two years. The  
1548 Commissioner of Public Health shall determine which of the members  
1549 first appointed shall serve for a term of two years and which of such  
1550 members shall serve for a term of three years. The members of the  
1551 council shall receive no compensation for their services but may be  
1552 reimbursed for any necessary expenses incurred in the performance of  
1553 their duties. The commissioner shall select an acting chairperson of the  
1554 council from its members for the purpose of organizing the first council  
1555 meeting. Such chairperson shall schedule and convene the first meeting,

1556 which shall be held not later than November 30, 2023. The members of  
1557 the council shall appoint, by majority vote, a permanent chairperson  
1558 and vice-chairperson during the first meeting of the council. Nothing in  
1559 this subsection shall prohibit the reappointment of the chairperson,  
1560 vice-chairperson or any member of the council to their position on the  
1561 council.

1562 (d) The council shall meet in person or on a remote platform not less  
1563 than six times between November 30, 2023, and October 31, 2024, as  
1564 determined by the chairperson. Thereafter, the council shall meet  
1565 quarterly in person or on a remote platform, as determined by the  
1566 chairperson.

1567 (e) The council shall provide opportunities at council meetings for the  
1568 general public to make comments, hear updates from the council and  
1569 provide input on council activities. The council shall create an Internet  
1570 web site where meeting minutes, notices of upcoming meetings and  
1571 feedback may be posted.

1572 (f) The council shall be within the Department of Public Health for  
1573 administrative purposes only.

1574 (g) Not later than one year after the date of its first meeting, and  
1575 annually thereafter, the council shall report to the Governor and, in  
1576 accordance with the provisions of section 11-4a of the general statutes,  
1577 to the joint standing committee of the General Assembly having  
1578 cognizance of matters relating to public health regarding its findings  
1579 and recommendations, including, but not limited to, (1) the council's  
1580 activities, research findings and any recommendations for proposed  
1581 legislative changes, and (2) any potential sources of funding for the  
1582 council's activities, including, but not limited to, grants, donations,  
1583 sponsorships or in-kind donations.

1584 Sec. 49. Section 2-119 of the 2022 supplement to the general statutes  
1585 is repealed and the following is substituted in lieu thereof (*Effective from*  
1586 *passage*):

- 1587 (a) There is established a chronic kidney disease advisory committee.  
1588 The advisory committee shall:
- 1589 (1) Work directly with policymakers, public health organizations and  
1590 educational institutions to:
- 1591 (A) Increase awareness of chronic kidney disease in this state; and
- 1592 (B) Develop health education programs that:
- 1593 (i) Are intended to reduce the burden of kidney disease throughout  
1594 this state;
- 1595 (ii) Include an ongoing health and wellness campaign that is based  
1596 on relevant research;
- 1597 (iii) Promote preventive screenings; and
- 1598 (iv) Are promoted through social media and public relations  
1599 campaigns;
- 1600 (2) Examine chronic kidney disease, kidney transplantation,  
1601 including, but not limited to, kidney transplantation as a preferred  
1602 treatment for chronic kidney disease, living and deceased kidney  
1603 donation and racial disparities in the rates of individuals afflicted with  
1604 chronic kidney disease;
- 1605 (3) Examine methods to reduce the occurrence of chronic kidney  
1606 disease by controlling the most common risk factors, diabetes and  
1607 hypertension, through early detection and preventive efforts at the  
1608 community level and disease management efforts in the primary care  
1609 setting;
- 1610 (4) Identify the barriers to the adoption of best practices and the  
1611 policies available to address such barriers;
- 1612 (5) Develop an equitable, sustainable, cost-effective plan to raise  
1613 awareness about the importance of early detection, screening, diagnosis  
1614 and treatment of chronic kidney disease and prevention; and

1615 (6) Examine the potential for an opt-out organ or kidney donor  
1616 registry.

1617 (b) The advisory committee shall consist of the following members:

1618 [(1) The chairpersons and ranking members of the joint standing  
1619 committee of the General Assembly having cognizance of matters  
1620 relating to public health, or their designees;

1621 (2) One appointed by the Senate chairperson of the joint standing  
1622 committee of the General Assembly having cognizance of matters  
1623 relating to public health;

1624 (3) One appointed by the House chairperson of the joint standing  
1625 committee of the General Assembly having cognizance of matters  
1626 relating to public health;

1627 (4) One appointed by the Senate ranking member of the joint standing  
1628 committee of the General Assembly having cognizance of matters  
1629 relating to public health;

1630 (5) One appointed by the House ranking member of the joint standing  
1631 committee of the General Assembly having cognizance of matters  
1632 relating to public health;]

1633 [(6)] (1) One appointed by the speaker of the House of  
1634 Representatives, who shall represent the renal provider community;

1635 [(7)] (2) One appointed by the president pro tempore of the Senate,  
1636 who shall represent a medical center with a kidney-related program;

1637 [(8)] (3) One appointed by the majority leader of the House of  
1638 Representatives;

1639 [(9)] (4) One appointed by the majority leader of the Senate;

1640 [(10)] (5) One appointed by the minority leader of the House of  
1641 Representatives;

- 1642        [(11)] (6) One appointed by the minority leader of the Senate;
- 1643        [(12)] (7) One appointed by the Governor;
- 1644        [(13)] (8) The Commissioner of Public Health, or the commissioner's  
1645        designee;
- 1646        [(14)] (9) One appointed by the chief executive officer of the National  
1647        Kidney Foundation;
- 1648        [(15)] (10) One appointed by the chief executive officer of the  
1649        American Kidney Fund; and
- 1650        [(16)] (11) At least three additional members appointed by the  
1651        chairpersons of the joint standing committee of the General Assembly  
1652        having cognizance of matters relating to public health, one of whom  
1653        shall represent the kidney physician community, one of whom shall  
1654        represent a nonprofit organ procurement organization, one of whom  
1655        shall represent the kidney patient community in this state and such  
1656        other members that such chairpersons, in their discretion, agree are  
1657        necessary to represent public health clinics, community health centers,  
1658        minority health organizations and health insurers.
- 1659        (c) Any member of the advisory committee appointed under  
1660        subdivision (1), (2), (3), (4), (5), (6) [, (7), (8), (9), (10),] or (11) [or (16)] of  
1661        subsection (b) of this section may be a member of the General Assembly.
- 1662        (d) All initial appointments to the advisory committee shall be made  
1663        not later than thirty days after [July 12, 2021] the effective date of this  
1664        section. Any vacancy shall be filled by the appointing authority.
- 1665        (e) The speaker of the House of Representatives and the president pro  
1666        tempore of the Senate shall select the chairpersons of the advisory  
1667        committee from among the members of the advisory committee. Such  
1668        chairpersons shall schedule the first meeting of the advisory committee,  
1669        which shall be held not later than sixty days after [July 12, 2021] the  
1670        effective date of this section. Meetings of the advisory committee may,  
1671        at the discretion of the chairpersons of the advisory committee, be

1672 conducted on a virtual platform.

1673 (f) The administrative staff of the advisory committee shall be  
1674 selected by the Office of Legislative Management in consultation with  
1675 the chairpersons of the advisory committee.

1676 (g) Not later than January 1, [2022] 2024, and annually thereafter, the  
1677 advisory committee shall submit a report on its findings and  
1678 recommendations to the joint standing committee of the General  
1679 Assembly having cognizance of matters relating to public health in  
1680 accordance with the provisions of section 11-4a.

1681 Sec. 50. Section 19a-127k of the general statutes is repealed and the  
1682 following is substituted in lieu thereof (*Effective January 1, 2023*):

1683 (a) As used in this section:

1684 (1) "Community benefit partners" means federal, state and municipal  
1685 government entities and private sector entities, including, but not  
1686 limited to, faith-based organizations, businesses, educational and  
1687 academic organizations, health care organizations, health departments,  
1688 philanthropic organizations, organizations specializing in housing  
1689 justice, planning and land use organizations, public safety  
1690 organizations, transportation organizations and tribal organizations,  
1691 that, in partnership with hospitals, play an essential role with respect to  
1692 the policy, system, program and financing solutions necessary to  
1693 achieve community benefit program goals;

1694 [(1)] (2) "Community [benefits] benefit program" means any  
1695 voluntary program or activity to promote preventive health care,  
1696 protect health and safety, improve health equity and reduce health  
1697 disparities, reduce the cost and economic burden of poor health and [to]  
1698 improve the health status for [working families and] all populations [at  
1699 risk in the communities] within the geographic service areas of a  
1700 [managed care organization or a] hospital, [in accordance with  
1701 guidelines established pursuant to subsection (c) of this section;

1702 (2) "Managed care organization" has the same meaning as provided  
1703 in section 38a-478;] regardless of whether a member of any such  
1704 population is a patient of such hospital;

1705 (3) "Community benefit program reporting" means the community  
1706 health needs assessment, implementation strategy and annual report  
1707 submitted by a hospital to the Office of Health Strategy pursuant to the  
1708 provisions of this section;

1709 (4) "Community health needs assessment" means a written  
1710 assessment, as described in 26 CFR 1.501(r)-(3);

1711 (5) "Health disparities" means health differences that are closely  
1712 linked with social or economic disadvantages that adversely affect one  
1713 or more groups of people who have experienced greater systemic social  
1714 or economic obstacles to health or a safe environment based on race or  
1715 ethnicity, religion, socioeconomic status, gender, age, mental health,  
1716 cognitive, sensory or physical disability, sexual orientation, gender  
1717 identity, geographic location or other characteristics historically linked  
1718 to discrimination or exclusion;

1719 (6) "Health equity" means that every person has a fair and just  
1720 opportunity to be as healthy as possible, which encompasses removing  
1721 obstacles to health, such as poverty, racism and the adverse  
1722 consequences of poverty and racism, including, but not limited to, a lack  
1723 of equitable opportunities, access to good jobs with fair pay, quality  
1724 education and housing, safe environments and health care;

1725 [(3)] (7) "Hospital" [has the same meaning as provided in section 19a-  
1726 490.] means a nonprofit entity licensed as a hospital pursuant to chapter  
1727 368v that is required to annually file Internal Revenue Service form 990.  
1728 "Hospital" includes a for-profit entity licensed as an acute care general  
1729 hospital;

1730 (8) "Implementation strategy" means a written plan, as described in  
1731 26 CFR 1.501(r)-(3), that is adopted by an authorized body of a hospital  
1732 and documents how such hospital intends to address the needs

1733 identified in the community health needs assessment; and

1734 (9) "Meaningful participation" means that (A) residents of a hospital's  
1735 community, including, but not limited to, residents of such community  
1736 that experience the greatest health disparities, have an appropriate  
1737 opportunity to participate in such hospital's planning and decisions, (B)  
1738 community participation influences a hospital's planning, and (C)  
1739 participants receive information from a hospital summarizing how their  
1740 input was or was not used by such hospital.

1741 (b) [On or before January 1, 2005, and biennially thereafter, each  
1742 managed care organization and] On and after January 1, 2023, each  
1743 hospital shall submit community benefit program reporting to the  
1744 [Healthcare Advocate, or the Healthcare Advocate's designee, a report  
1745 on whether the managed care organization or hospital has in place a  
1746 community benefits program. If a managed care organization or  
1747 hospital elects to develop a community benefits program, the report  
1748 required by this subsection shall comply with the reporting  
1749 requirements of subsection (d) of this section] Office of Health Strategy,  
1750 or to a designee selected by the executive director of the Office of Health  
1751 Strategy, in the form and manner described in subsections (c) to (e),  
1752 inclusive, of this section.

1753 [(c) A managed care organization or hospital may develop  
1754 community benefit guidelines intended to promote preventive care and  
1755 to improve the health status for working families and populations at  
1756 risk, whether or not those individuals are enrollees of the managed care  
1757 plan or patients of the hospital. The guidelines shall focus on the  
1758 following principles:

1759 (1) Adoption and publication of a community benefits policy  
1760 statement setting forth the organization's or hospital's commitment to a  
1761 formal community benefits program;

1762 (2) The responsibility for overseeing the development and  
1763 implementation of the community benefits program, the resources to be  
1764 allocated and the administrative mechanisms for the regular evaluation



1765 of the program;

1766 (3) Seeking assistance and meaningful participation from the  
1767 communities within the organization's or hospital's geographic service  
1768 areas in developing and implementing the program and in defining the  
1769 targeted populations and the specific health care needs it should  
1770 address. In doing so, the governing body or management of the  
1771 organization or hospital shall give priority to the public health needs  
1772 outlined in the most recent version of the state health plan prepared by  
1773 the Department of Public Health pursuant to section 19a-7; and

1774 (4) Developing its program based upon an assessment of the health  
1775 care needs and resources of the targeted populations, particularly low  
1776 and middle-income, medically underserved populations and barriers to  
1777 accessing health care, including, but not limited to, cultural, linguistic  
1778 and physical barriers to accessible health care, lack of information on  
1779 available sources of health care coverage and services, and the benefits  
1780 of preventive health care. The program shall consider the health care  
1781 needs of a broad spectrum of age groups and health conditions.]

1782 (c) Each hospital shall submit its community health needs assessment  
1783 to the Office of Health Strategy not later than thirty days after the date  
1784 on which such assessment is made available to the public pursuant to  
1785 26 CFR 1.501(r)-(3)(b), provided the executive director of the Office of  
1786 Health Strategy, or the executive director's designee, may grant an  
1787 extension of time to a hospital for the filing of such assessment. Such  
1788 submission shall contain the following:

1789 (1) Consistent with the requirements set forth in 26 CFR 1.501(r)-  
1790 (3)(b)(6)(i), and as included in a hospital's federal filing submitted to the  
1791 Internal Revenue Service:

1792 (A) A definition of the community served by the hospital and a  
1793 description of how the community was determined;

1794 (B) A description of the process and methods used to conduct the  
1795 community health needs assessment;

1796 (C) A description of how the hospital solicited and took into account  
1797 input received from persons who represent the broad interests of the  
1798 community it serves;

1799 (D) A prioritized description of the significant health needs of the  
1800 community identified through the community health needs assessment,  
1801 and a description of the process and criteria used in identifying certain  
1802 health needs as significant and prioritizing those significant health  
1803 needs;

1804 (E) A description of the resources potentially available to address the  
1805 significant health needs identified through the community health needs  
1806 assessment;

1807 (F) An evaluation of the impact of any actions that were taken, since  
1808 the hospital finished conducting its immediately preceding community  
1809 health needs assessment, to address the significant health needs  
1810 identified in the hospital's prior community health needs assessment;  
1811 and

1812 (2) Additional documentation of the following:

1813 (A) The names of the individuals responsible for developing the  
1814 community health needs assessment;

1815 (B) The demographics of the population within the geographic  
1816 service area of the hospital and, to the extent feasible, a detailed  
1817 description of the health disparities, health risks, insurance status,  
1818 service utilization patterns and health care costs within such geographic  
1819 service area;

1820 (C) A description of the health status and health disparities affecting  
1821 the population within the geographic service area of the hospital,  
1822 including, but not limited to, the health status and health disparities  
1823 affecting a representative spectrum of age, racial and ethnic groups,  
1824 incomes and medically underserved populations;

1825 (D) A description of the meaningful participation afforded to

1826 community benefit partners and diverse community members in  
1827 assessing community health needs, priorities and target populations;

1828 (E) A description of the barriers to achieving or maintaining health  
1829 and to accessing health care, including, but not limited to, social,  
1830 economic and environmental barriers, lack of access to or availability of  
1831 sources of health care coverage and services and a lack of access to and  
1832 availability of prevention and health promotion services and support;

1833 (F) Recommendations regarding the role that the state and other  
1834 community benefit partners could play in removing the barriers  
1835 described in subparagraph (E) of this subdivision and enabling effective  
1836 solutions; and

1837 (G) Any additional information, data or disclosures that the hospital  
1838 voluntarily chooses to include as may be relevant to its community  
1839 benefit program.

1840 (d) Each hospital shall submit its implementation strategy to the  
1841 Office of Health Strategy not later than thirty days after the date on  
1842 which such implementation strategy is adopted pursuant to 26 CFR  
1843 1.501(r)-(3)(c), provided the executive director of the Office of Health  
1844 Strategy, or the executive director's designee, may grant an extension to  
1845 a hospital for the filing of such implementation strategy. Such  
1846 submission shall contain the following:

1847 (1) Consistent with the requirements set forth in 26 CFR 1.501(r)-  
1848 (3)(b)(6)(i), and as included in a hospital's federal filing submitted to the  
1849 Internal Revenue Service:

1850 (A) With respect to each significant health need identified through  
1851 the community health needs assessment, either (i) a description of how  
1852 the hospital plans to address the health need, or (ii) identification of the  
1853 health need as one which the hospital does not intend to address;

1854 (B) For significant health needs described in subparagraph (A)(i) of  
1855 this subdivision, (i) a description of the actions that the hospital intends

1856 to take to address the health need and the anticipated impact of such  
1857 actions, (ii) identification of the resources that the hospital plans to  
1858 commit to address the health need, and (iii) a description of any planned  
1859 collaboration between the hospital and other facilities or organizations  
1860 to address the health need;

1861 (C) For significant health needs identified in subparagraph (A)(ii) of  
1862 this subdivision, an explanation of why the hospital does not intend to  
1863 address such health need; and

1864 (2) Additional documentation of the following:

1865 (A) The names of the individuals responsible for developing the  
1866 implementation strategy;

1867 (B) A description of the meaningful participation afforded to  
1868 community benefit partners and diverse community members;

1869 (C) A description of the community health needs and health  
1870 disparities that were prioritized in developing the implementation  
1871 strategy with consideration given to the most recent version of the state  
1872 health plan prepared by the Department of Public Health pursuant to  
1873 section 19a-7;

1874 (D) Reference-citing evidence, if available, that shows how the  
1875 implementation strategy is intended to address the corresponding  
1876 health need or reduction in health disparity;

1877 (E) A description of the planned methods for the ongoing evaluation  
1878 of proposed actions and corresponding process or outcome measures  
1879 intended for use in assessing progress or impact;

1880 (F) A description of how the hospital solicited commentary on the  
1881 implementation strategy from the communities within such hospital's  
1882 geographic service area and revisions to such strategy based on such  
1883 commentary; and

1884 (G) Any other information that the hospital voluntarily chooses to

1885 include as may be relevant to its implementation strategy, including, but  
1886 not limited to, data, disclosures, expected or planned resource outlay,  
1887 investments or commitments, including, but not limited to, staff,  
1888 financial or in-kind commitments.

1889 [(d) Each managed care organization and each hospital that chooses  
1890 to participate in developing a community benefits program shall  
1891 include in the biennial report required by subsection (b) of this section  
1892 the status of the program, if any, that the organization or hospital  
1893 established. If the managed care organization or hospital has chosen to  
1894 participate in a community benefits program, the report shall include  
1895 the following components: (1) The community benefits policy statement  
1896 of the managed care organization or hospital; (2) the mechanism by  
1897 which community participation is solicited and incorporated in the  
1898 community benefits program; (3) identification of community health  
1899 needs that were considered in developing and implementing the  
1900 community benefits program; (4) a narrative description of the  
1901 community benefits, community services, and preventive health  
1902 education provided or proposed, which may include measurements  
1903 related to the number of people served and health status outcomes; (5)  
1904 measures taken to evaluate the results of the community benefits  
1905 program and proposed revisions to the program; (6) to the extent  
1906 feasible, a community benefits budget and a good faith effort to measure  
1907 expenditures and administrative costs associated with the community  
1908 benefits program, including both cash and in-kind commitments; and  
1909 (7) a summary of the extent to which the managed care organization or  
1910 hospital has developed and met the guidelines listed in subsection (c) of  
1911 this section. Each managed care organization and each hospital shall  
1912 make a copy of the report available, upon request, to any member of the  
1913 public.]

1914 (e) On or before October 1, 2023, and annually thereafter, each  
1915 hospital shall submit to the Office of Health Strategy a status report on  
1916 such hospital's community benefit program, provided the executive  
1917 director of the Office of Health Strategy, or the executive director's  
1918 designee, may grant an extension to a hospital for the filing of such

1919 report. Such report shall include the following:

1920 (1) A description of major updates regarding community health  
1921 needs, priorities and target populations, if any;

1922 (2) A description of progress made regarding the hospital's actions in  
1923 support of its implementation strategy;

1924 (3) A description of any major changes to the proposed  
1925 implementation strategy and associated hospital actions; and

1926 (4) A description of financial resources and other resources allocated  
1927 or expended that supported the actions taken in support of the hospital's  
1928 implementation strategy.

1929 (f) Notwithstanding the provisions of section 19a-755a, and to the full  
1930 extent permitted by 45 CFR 164.514(e), the Office of Health Strategy  
1931 shall make data in the all-payer claims database available to hospitals  
1932 for use in their community benefit programs and activities solely for the  
1933 purposes of (1) preparing the hospital's community health needs  
1934 assessment, (2) preparing and executing the hospital's implementation  
1935 strategy, and (3) fulfilling community benefit program reporting, as  
1936 described in subsections (c) to (e), inclusive, of this section. Any  
1937 disclosure made by said office pursuant to this subsection of  
1938 information other than health information shall be made in a manner to  
1939 protect the confidentiality of such information as may be required by  
1940 state or federal law.

1941 (g) A hospital shall not be responsible for limitations in its ability to  
1942 fulfill community benefit program reporting requirements, as described  
1943 in subsections (c) to (e), inclusive, of this section, if the all-payer claims  
1944 database data is not provided to such hospital, as required by subsection  
1945 (f) of this section.

1946 [(e)] (h) [The Healthcare Advocate, or the Healthcare Advocate's  
1947 designee, shall, within available appropriations,] On or before April 1,  
1948 2024, and annually thereafter, the executive director of the Office of

1949 Health Strategy shall develop a summary and analysis of the  
1950 community benefits program [reports] reporting submitted by  
1951 [managed care organizations and] hospitals under this section [and shall  
1952 review such reports for adherence to the guidelines set forth in  
1953 subsection (c) of this section. Not later than October 1, 2005, and  
1954 biennially thereafter, the Healthcare Advocate, or the Healthcare  
1955 Advocate's designee, shall make such summary and analysis available  
1956 to the public upon request.] during the previous calendar year and post  
1957 such summary and analysis on its Internet web site and solicit  
1958 stakeholder input through a public comment period. The Office of  
1959 Health Strategy shall use such reporting and stakeholder input to:

1960 (1) Identify additional stakeholders that may be engaged to address  
1961 identified community health needs including, but not limited to, federal,  
1962 state and municipal entities, nonhospital private sector health care  
1963 providers and private sector entities that are not health care providers,  
1964 including community-based organizations, insurers and charitable  
1965 organizations;

1966 (2) Determine how each identified stakeholder could assist in  
1967 addressing identified community health needs or augmenting solutions  
1968 or approaches reported in the implementation strategies;

1969 (3) Determine whether to make recommendations to the Department  
1970 of Public Health in the development of its state health plan; and

1971 (4) Inform the state-wide health care facilities and services plan  
1972 established pursuant to section 19a-634.

1973 [(f) The Healthcare Advocate may, after notice and opportunity for a  
1974 hearing, in accordance with chapter 54, impose a civil penalty on any  
1975 managed care organization or hospital that fails to submit the report  
1976 required pursuant to this section by the date specified in subsection (b)  
1977 of this section. Such penalty shall be not more than fifty dollars a day  
1978 for each day after the required submittal date that such report is not  
1979 submitted.]

1980        (i) Each for-profit entity licensed as an acute care general hospital  
1981 shall submit community benefit program reporting consistent with the  
1982 reporting schedules of subsections (c) to (e), inclusive, of this section,  
1983 and reasonably similar to what would be included on such hospital's  
1984 federal filings to the Internal Revenue Service, where applicable.

1985        Sec. 51. (NEW) (*Effective from passage*) (a) As used in this section:

1986        (1) "Anatomical gift" means a donation of all or part of a human body  
1987 to take effect after the donor's death for the purpose of transplantation;

1988        (2) "Intellectual disability" means a significant limitation in  
1989 intellectual functioning existing concurrently with deficits in adaptive  
1990 behavior that originated during the developmental period before  
1991 eighteen years of age;

1992        (3) "Mental disability" means one or more mental disorders, as  
1993 defined in the most recent edition of the American Psychiatric  
1994 Association's "Diagnostic and Statistical Manual of Mental Disorders";

1995        (4) "Organ" means all or part of a human liver, pancreas, kidney,  
1996 intestine or lung; and

1997        (5) "Physical disability" means any chronic physical handicap,  
1998 infirmity or impairment, whether congenital or resulting from bodily  
1999 injury, organic processes or changes or from illness, including, but not  
2000 limited to, blindness, epilepsy, deafness or being hard of hearing or  
2001 reliance on a wheelchair or other remedial appliance or device.

2002        (b) A person who is a candidate to receive an anatomical gift or an  
2003 organ from a living donor for transplantation shall not be deemed  
2004 ineligible to receive the anatomical gift or organ solely because of the  
2005 person's physical, mental or intellectual disability, except to the extent  
2006 that a physician has determined, following an evaluation of the person,  
2007 that the person's physical, mental or intellectual disability is medically  
2008 significant so as to contraindicate the acceptance of the anatomical gift  
2009 or organ. If a person has the necessary support to assist the person in



2010 complying with post-transplant medical requirements, the person's  
2011 inability to comply with such requirements without assistance shall not  
2012 be deemed to be medically significant. The provisions of this subsection  
2013 shall apply to each part of the transplant process.

2014 (c) Nothing in this section shall be construed to require a physician to  
2015 make a referral or recommendation for, or perform a medically  
2016 inappropriate transplant of an anatomical gift or organ.

2017 Sec. 52. Section 19a-563 of the 2022 supplement to the general statutes  
2018 is repealed and the following is substituted in lieu thereof (*Effective July*  
2019 *1, 2022*):

2020 (a) As used in this section [.] and sections 19a-563a to 19a-563h,  
2021 inclusive, as amended by this act: [, and sections 9 and 11 of public act  
2022 21-185:]

2023 (1) "Nursing home" means any chronic and convalescent nursing  
2024 home or any rest home with nursing supervision that provides nursing  
2025 supervision under a medical director twenty-four hours per day, or any  
2026 chronic and convalescent nursing home that provides skilled nursing  
2027 care under medical supervision and direction to carry out nonsurgical  
2028 treatment and dietary procedures for chronic diseases, convalescent  
2029 stages, acute diseases or injuries; and

2030 (2) "Dementia special care unit" means the unit of any assisted living  
2031 facility that locks, secures, segregates or provides a special program or  
2032 unit for residents with a diagnosis of probable Alzheimer's disease,  
2033 dementia or other similar disorder, in order to prevent or limit access by  
2034 a resident outside the designated or separated area, or that advertises or  
2035 markets the facility as providing specialized care or services for persons  
2036 suffering from Alzheimer's disease or dementia.

2037 (b) Each nursing home and dementia special care unit with more than  
2038 sixty residents shall employ a full-time infection prevention and control  
2039 specialist. [who] Each nursing home and dementia special care unit with  
2040 sixty residents or less shall employ a part-time infection prevention and

2041 control specialist. The infection prevention and control specialist shall  
2042 be responsible for the following:

2043 (1) Ongoing training of all administrators and employees of the  
2044 nursing home or dementia special care unit on infection prevention and  
2045 control using multiple training methods, including, but not limited to,  
2046 in-person training and the provision of written materials in English and  
2047 Spanish;

2048 (2) The inclusion of information regarding infection prevention and  
2049 control in the documentation that the nursing home or dementia special  
2050 care unit provides to residents regarding their rights while in the home  
2051 or unit and posting of such information in areas visible to residents;

2052 (3) Participation as a member of the infection prevention and control  
2053 committee of the nursing home or dementia special care unit and  
2054 reporting to such committee at its regular meetings regarding the  
2055 training he or she has provided pursuant to subdivision (1) of this  
2056 subsection;

2057 (4) The provision of training on infection prevention and control  
2058 methods to supplemental or replacement staff of the nursing home or  
2059 dementia special care unit in the event an infectious disease outbreak or  
2060 other situation reduces the staffing levels of the home or unit; and

2061 (5) Any other duties or responsibilities deemed appropriate for the  
2062 infection prevention and control specialist, as determined by the  
2063 nursing home or dementia special care unit.

2064 (c) Each nursing home and dementia special care unit shall require its  
2065 infection prevention and control specialist to [work on a rotating  
2066 schedule that ensures the specialist covers each eight-hour shift at least  
2067 once per month] implement procedures to monitor the infection  
2068 prevention and control practice of each daily shift for purposes of  
2069 ensuring compliance with relevant infection prevention and control  
2070 standards.

2071 (d) An infection prevention and control specialist may provide  
2072 infection prevention and control services in accordance with the  
2073 provisions of this section to both a nursing home and a dementia special  
2074 care unit or to two nursing homes, provided (1) the nursing home and  
2075 dementia special care unit, or the two nursing homes, are (A) adjacently  
2076 located to or on the same campus as one another, and (B) commonly  
2077 owned or operated, and (2) the owner or operator of such nursing home  
2078 and dementia special care unit, or the two nursing homes, (A) submits  
2079 a written request to the Commissioner of Public Health, or the  
2080 commissioner's designee, in a form and manner prescribed by the  
2081 commissioner, for such infection prevention and control specialist to  
2082 provide infection prevention and control services in accordance with the  
2083 provisions of this section, and (B) receives notification from the  
2084 Commissioner of Public Health, or the commissioner's designee, that  
2085 such written request is approved.

2086 (e) The Commissioner of Public Health may waive any requirement  
2087 of this section if the commissioner determines that doing so would not  
2088 endanger the life, safety or health of any resident or employee of a  
2089 nursing home or dementia special care unit. If the commissioner waives  
2090 any requirement, the commissioner may impose conditions that assure  
2091 the health, safety and welfare of the residents and employees of each  
2092 nursing home and dementia special care unit or revoke such waiver if  
2093 the commissioner finds that the health, safety or welfare of any resident  
2094 or employee of a nursing home or dementia special care unit has been  
2095 jeopardized by such waiver.

2096 Sec. 53. Subdivision (2) of section 19a-693 of the general statutes is  
2097 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2098 *2022*):

2099 (2) "Assisted living services" means nursing services and assistance  
2100 with activities of daily living provided to residents living within (A) a  
2101 managed residential community having supportive services that  
2102 encourage persons primarily fifty-five years of age or older to maintain  
2103 a maximum level of independence, or (B) an elderly housing complex

2104 receiving assistance and funding through the United States Department  
2105 of Housing and Urban Development's Assisted Living Conversion  
2106 Program.

2107 Sec. 54. Section 19a-564 of the 2022 supplement to the general statutes  
2108 is repealed and the following is substituted in lieu thereof (*Effective July*  
2109 *1, 2022*):

2110 (a) The Commissioner of Public Health shall license assisted living  
2111 services agencies, as defined in section 19a-490, as amended by this act.  
2112 A managed residential community wishing to provide assisted living  
2113 services shall become licensed as an assisted living services agency or  
2114 shall arrange for assisted living services to be provided by another entity  
2115 that is licensed as an assisted living services agency.

2116 (b) A managed residential care community that intends to arrange for  
2117 assisted living services shall only do so with a currently licensed assisted  
2118 living services agency. Such managed residential community shall  
2119 submit an application to arrange for the assisted living services to the  
2120 Department of Public Health in a form and manner prescribed by the  
2121 commissioner.

2122 (c) An elderly housing complex receiving assistance and funding  
2123 through the United States Department of Housing and Urban  
2124 Development's Assisted Living Conversion Program that intends to  
2125 arrange for assisted living services may do so with a currently licensed  
2126 assisted living services agency. Such elderly housing complex shall  
2127 inform the Department of Public Health of the arrangement upon  
2128 request in a form and manner prescribed by the commissioner and shall  
2129 not be required to register with the department as a managed residential  
2130 community.

2131 [(c)] (d) An assisted living services agency providing services as a  
2132 dementia special care unit or program, as defined in section 19a-562,  
2133 shall obtain approval for such unit or program from the Department of  
2134 Public Health. Such assisted living services agencies shall ensure that  
2135 they have adequate staff to meet the needs of the residents. Each assisted

2136 living services agency that provides services as a dementia special care  
2137 unit or program, as defined in section 19a-562, shall submit to the  
2138 Department of Public Health a list of dementia special care units or  
2139 locations and their staffing plans for any such units and locations when  
2140 completing an initial or a renewal licensure application, or upon request  
2141 from the department.

2142 [(d)] (e) An assisted living services agency shall ensure that (1) all  
2143 services being provided on an individual basis to clients are fully  
2144 understood and agreed upon between either the client or the client's  
2145 representative, and (2) the client or the client's representative are made  
2146 aware of the cost of any such services.

2147 [(e)] (f) The Department of Public Health may adopt regulations, in  
2148 accordance with the provisions of chapter 54, to carry out the purposes  
2149 of this section.

2150 Sec. 55. Subsection (a) of section 19a-16d of the general statutes is  
2151 repealed and the following is substituted in lieu thereof (*Effective from*  
2152 *passage*):

2153 (a) Any person or entity, acting on behalf of a health care profession  
2154 that seeks to establish a new scope of practice or change a profession's  
2155 scope of practice, [may] shall submit a written scope of practice request  
2156 to the Department of Public Health not later than August fifteenth of the  
2157 year preceding the commencement of the next regular session of the  
2158 General Assembly.

2159 Sec. 56. Section 19a-408 of the general statutes is repealed and the  
2160 following is substituted in lieu thereof (*Effective October 1, 2022*):

2161 After the termination of all proceedings for which the body is  
2162 required by the Chief Medical Examiner, the Deputy Chief Medical  
2163 Examiner, an associate medical examiner or an authorized assistant  
2164 medical examiner, the body shall be delivered to a person or persons  
2165 entitled by law to receive the same; but, if there are no such persons who  
2166 will take charge of and dispose of the body, then to the proper

2167 authorities of the town in which the body is lying, whose duty it shall  
2168 be to dispose of it. Whenever the deceased person has not left property  
2169 sufficient to defray the expenses of disposition of the body, the same  
2170 shall be paid by such town. The Office of the Chief Medical Examiner  
2171 may take custody and coordinate the disposition of the body, including  
2172 cremation or burial, of such body. The Office of the Chief Medical  
2173 Examiner shall not proceed with the disposition of such body during the  
2174 twenty-one day period following the date of the pronouncement of  
2175 death and during such period of time shall make a reasonable effort,  
2176 including engaging the services of the law enforcement agency of the  
2177 town in which the deceased person died or of such deceased person's  
2178 residence to locate and contact any relatives of the deceased person. A  
2179 funeral director handling the disposition of the body of such deceased  
2180 person shall notify the Commissioner of Social Services in accordance  
2181 with sections 17b-84 and 17b-131, as amended by this act, for  
2182 reimbursement. The cremation certificate fee for any such disposition  
2183 shall be waived.

2184 Sec. 57. Subsection (d) of section 45a-318 of the general statutes is  
2185 repealed and the following is substituted in lieu thereof (*Effective October*  
2186 *1, 2022*):

2187 (d) In the absence of a written designation of an individual pursuant  
2188 to subsection (a) of this section, or in the event that an individual and  
2189 any alternate designated pursuant to subsection (a) of this section  
2190 decline to act or cannot be located within forty-eight hours after the time  
2191 of death or the discovery of the body, the following individuals, in the  
2192 priority listed, shall have the right to custody and control of the  
2193 disposition of a person's body upon the death of such person, subject to  
2194 any directions for disposition made by such person, conservator or  
2195 agent pursuant to subdivision (1) or (2) of subsection (a) of this section:

2196 (1) The deceased person's spouse, unless such spouse abandoned the  
2197 deceased person prior to the deceased person's death or has been  
2198 adjudged incapable by a court of competent jurisdiction;

- 2199 (2) The deceased person's surviving adult children;
- 2200 (3) The deceased person's surviving parents;
- 2201 (4) The deceased person's surviving siblings;
- 2202 (5) Any adult person in the next degree of kinship in the order named  
2203 by law to inherit the deceased person's estate, provided such adult  
2204 person shall be of the third degree of kinship or higher; [and]
- 2205 (6) The Office of the Chief Medical Examiner; and
- 2206 ~~[(6)]~~ (7) Such adult person as the Probate Court shall determine.
- 2207 Sec. 58. Section 17b-131 of the general statutes is repealed and the  
2208 following is substituted in lieu thereof (*Effective October 1, 2022*):
- 2209 (a) When a person in any town, or sent from such town to any  
2210 licensed institution or state humane institution, dies or is found dead  
2211 therein and does not leave sufficient estate and has no legally liable  
2212 relative able to pay the cost of a proper funeral and burial, or upon the  
2213 death of any beneficiary under the state-administered general assistance  
2214 program, the Commissioner of Social Services shall give to such person  
2215 a proper funeral and burial, and shall pay a sum not exceeding one  
2216 thousand three hundred fifty dollars as an allowance toward the funeral  
2217 expenses of such decedent. Said sum shall be paid, upon submission of  
2218 a proper bill, to the funeral director, cemetery or crematory, as the case  
2219 may be. Such payment for funeral and burial expenses shall be reduced  
2220 by (1) the amount in any revocable or irrevocable funeral fund, (2) any  
2221 prepaid funeral contract, (3) the face value of any life insurance policy  
2222 owned by the decedent that names a funeral home, cemetery or  
2223 crematory as a beneficiary, (4) the net value of all liquid assets in the  
2224 decedent's estate, and (5) contributions in excess of three thousand four  
2225 hundred dollars toward such funeral and burial expenses from all other  
2226 sources including friends, relatives and all other persons, organizations,  
2227 agencies, veterans' programs and other benefit programs.  
2228 Notwithstanding the provisions of section 17b-90, whenever payment

2229 for funeral, burial or cremation expenses is reduced due to liquid assets  
2230 in the decedent's estate, the commissioner may disclose information  
2231 concerning such liquid assets to the funeral director, cemetery or  
2232 crematory providing funeral, burial or cremation services for the  
2233 decedent.

2234 (b) Notwithstanding the provisions of subsection (a) of this section  
2235 and section 17b-84, the Commissioner of Social Services shall, upon  
2236 submission of a proper bill, pay the maximum amount authorized  
2237 under subsection (a) of this section to a funeral director, cemetery or  
2238 crematory if the Chief Medical Examiner, or the Chief Medical  
2239 Examiner's designee, certifies that, after an investigation, the Office of  
2240 the Chief Medical Examiner was unable to locate any person with a  
2241 connection to the decedent, including a relative or friend, who was  
2242 willing to take possession of the decedent's remains, and that the  
2243 decedent's remains were therefore transferred to such funeral director,  
2244 cemetery or crematory for disposition.

2245 [(b)] (c) The Commissioner of Social Services may adopt regulations,  
2246 in accordance with chapter 54, to implement the provisions of this  
2247 section.

2248 Sec. 59. Section 19a-401 of the general statutes is repealed and the  
2249 following is substituted in lieu thereof (*Effective October 1, 2022*):

2250 (a) There is established a Commission on Medicolegal Investigations,  
2251 as an independent administrative commission, consisting of [nine] the  
2252 Commissioner of Public Health, or the commissioner's designee, and  
2253 eight members appointed by the Governor as follows: Two full  
2254 professors of pathology, two full professors of law, a member of the  
2255 Connecticut Medical Society, a member of the Connecticut Bar  
2256 Association, and two members of the public, [, selected by the Governor,  
2257 and the Commissioner of Public Health, or the commissioner's  
2258 designee.] The Governor shall appoint [the two full professors of  
2259 pathology and the two full professors of law from a panel of not less  
2260 than four such professors in the field of medicine and four such



2261 professors in the field of law recommended by a committee composed  
2262 of the deans of the recognized schools and colleges of medicine and of  
2263 law in the state of Connecticut;] the member of the Connecticut Medical  
2264 Society from a panel of not less than three members of that society  
2265 recommended by the council of that society; and the member of the  
2266 Connecticut Bar Association from a panel of not less than three members  
2267 of that association recommended by [the board of governors of] that  
2268 association. [Initially, one professor of pathology, one professor of law,  
2269 the member of the Connecticut Medical Society, and one member of the  
2270 public shall serve for six years and until their successors are appointed,  
2271 and one professor of pathology, one professor of law, the member of the  
2272 Connecticut Bar Association and one member of the public shall serve  
2273 for three years, and until their successors are appointed.] All  
2274 appointments to full terms [subsequent to the initial appointments] shall  
2275 be for six years. Vacancies shall be filled for the expiration of the term of  
2276 the member being replaced. [in the same manner as original  
2277 appointments.] Members shall be eligible for reappointment. [under the  
2278 same conditions as are applicable to initial appointments.] The  
2279 commission shall elect annually one of its members as [chairman]  
2280 chairperson and one as [vice chairman] vice-chairperson. Members of  
2281 the commission shall receive no compensation but shall be reimbursed  
2282 for their actual expenses incurred in service on the commission. The  
2283 commission shall meet at least once each year and more often as its  
2284 duties require, upon the request of any two members and shall meet at  
2285 least once each year with those persons and groups that are affected by  
2286 commission policies and procedures. The commission shall adopt its  
2287 own rules for the conduct of its meetings.

2288 (b) The commission shall adopt regulations, in accordance with  
2289 chapter 54, as necessary or appropriate to carry out effectively the  
2290 administrative provisions of this chapter.

2291 Sec. 60. Section 19a-37 of the 2022 supplement to the general statutes  
2292 is repealed and the following is substituted in lieu thereof (*Effective*  
2293 *October 1, 2022*):

2294 (a) As used in this section:

2295 (1) "Laboratory or firm" means an environmental laboratory  
2296 registered by the Department of Public Health pursuant to section 19a-  
2297 29a;

2298 (2) "Private well" means a water supply well that meets all of the  
2299 following criteria: (A) Is not a public well; (B) supplies a residential  
2300 population of less than twenty-five persons per day; and (C) is owned  
2301 or controlled through an easement or by the same entity that owns or  
2302 controls the building or parcel that is served by the water supply well;

2303 (3) "Public well" means a water supply well that supplies a public  
2304 water system;

2305 (4) "Semipublic well" means a water supply well that (A) does not  
2306 meet the definition of a private well or public well, and (B) provides  
2307 water for drinking and other domestic purposes; and

2308 (5) "Water supply well" means an artificial excavation constructed by  
2309 any method for the purpose of obtaining or providing water for  
2310 drinking or other domestic, industrial, commercial, agricultural,  
2311 recreational or irrigation use, or other outdoor water use.

2312 (b) (1) The Commissioner of Public Health may adopt regulations, [in  
2313 the regulations of Connecticut state agencies] in accordance with the  
2314 provisions of chapter 54, for the preservation of the public health  
2315 pertaining to [(1)] (A) protection and location of new water supply wells  
2316 or springs for residential or nonresidential construction or for public or  
2317 semipublic use, and [(2)] (B) inspection for compliance with the  
2318 provisions of municipal regulations adopted pursuant to section 22a-  
2319 354p.

2320 (2) The Commissioner of Public Health shall adopt regulations, in  
2321 accordance with the provisions of chapter 54, for the testing of water  
2322 quality in private wells and semipublic wells.

2323 (3) The Commissioner of Public Health shall adopt regulations, in

2324 accordance with the provisions of chapter 54, to clarify the criteria under  
2325 which the commissioner may issue a well permit exception and to  
2326 describe the terms and conditions that shall be imposed when a well is  
2327 allowed at a premises that is connected to a public water supply system  
2328 or whose boundary is located within two hundred feet of an approved  
2329 community water supply system, measured along a street, alley or  
2330 easement. Such regulations shall (A) provide for notification of the  
2331 permit to the public water supplier, (B) address the (i) quality of the  
2332 water supplied from the well, (ii) means and extent to which the well  
2333 shall not be interconnected with the public water supply, (iii) need for a  
2334 physical separation and the installation of a reduced pressure device for  
2335 backflow prevention, and (iv) inspection and testing requirements of  
2336 any such reduced pressure device, and (C) identify the extent and  
2337 frequency of water quality testing required for the well supply.

2338 (c) (1) [The Commissioner of Public Health shall adopt regulations, in  
2339 accordance with chapter 54, for the testing of water quality in private  
2340 wells and semipublic wells.] Any laboratory or firm which conducts a  
2341 water quality test on a private well serving a residential property or  
2342 semipublic well shall, not later than thirty days after the completion of  
2343 such test, report the results of such test to [(1)] (A) the public health  
2344 authority of the municipality where the property is located, and [(2)] (B)  
2345 the Department of Public Health in a format specified by the  
2346 department. [, provided such report shall only be required if the party  
2347 for whom the laboratory or firm conducted such test informs the  
2348 laboratory or firm identified on the chain of custody documentation  
2349 submitted with the test samples that the test was conducted in  
2350 connection with the sale of such property. No regulation may require  
2351 such a test to be conducted as a consequence or a condition of the sale,  
2352 exchange, transfer, purchase or rental of the real property on which the  
2353 private well or semipublic well is located.] Results submitted to the  
2354 Department of Public Health or the local health authority pursuant to  
2355 this subsection, information obtained from any Department of Public  
2356 Health or local health authority investigation regarding those results  
2357 and any Department of Public Health or local health authority study of

2358 morbidity and mortality regarding the results shall be confidential  
2359 pursuant to section 19a-25.

2360 (2) On and after October 1, 2022, the owner of each newly constructed  
2361 private well or semipublic well shall test the water quality of such well.  
2362 Such test shall be performed by a laboratory and include, but need not  
2363 be limited to, testing for coliform, nitrate, nitrite, sodium, chloride, iron,  
2364 lead, manganese, hardness, turbidity, pH, sulfate, apparent color, odor,  
2365 arsenic and uranium. The owner shall submit test results to the  
2366 Department of Public Health in a form and manner prescribed by the  
2367 Commissioner of Public Health.

2368 (d) Prior to the sale, exchange, purchase, transfer or rental of real  
2369 property on which a private or semipublic well is located, the owner  
2370 shall provide the buyer or tenant notice that educational material  
2371 concerning private well testing is available on the Department of Public  
2372 Health web site. If the prospective buyer or tenant has hired a real estate  
2373 licensee to facilitate the property transaction, such real estate licensee,  
2374 or, if the prospective buyer or tenant has not hired a real estate licensee,  
2375 the owner, landlord or closing attorney shall provide to the buyer or  
2376 tenant an electronic or hard copy of educational material prepared by  
2377 the Department of Public Health that recommends testing for the  
2378 contaminants listed in subsection (c) of this section and any other  
2379 recommendation concerning well testing that the Department of Public  
2380 Health deems necessary. Failure to provide such notice or educational  
2381 material shall not invalidate any sale, exchange, purchase, transfer or  
2382 rental of real property. If the seller or landlord provides such notice or  
2383 educational material in writing, the seller or landlord and any real estate  
2384 licensee shall be deemed to have fully satisfied any duty to notify the  
2385 buyer or tenant. [that the subject real property is located in an area for  
2386 which there are reasonable grounds for testing under subsection (g) or  
2387 (j) of this section.]

2388 [(e) The Commissioner of Public Health shall adopt regulations, in  
2389 accordance with chapter 54, to clarify the criteria under which the  
2390 commissioner may issue a well permit exception and to describe the

2391 terms and conditions that shall be imposed when a well is allowed at a  
2392 premises (1) that is connected to a public water supply system, or (2)  
2393 whose boundary is located within two hundred feet of an approved  
2394 community water supply system, measured along a street, alley or  
2395 easement. Such regulations shall (A) provide for notification of the  
2396 permit to the public water supplier, (B) address the quality of the water  
2397 supplied from the well, the means and extent to which the well shall not  
2398 be interconnected with the public water supply, the need for a physical  
2399 separation, and the installation of a reduced pressure device for  
2400 backflow prevention, the inspection and testing requirements of any  
2401 such reduced pressure device, and (C) identify the extent and frequency  
2402 of water quality testing required for the well supply.]

2403 [(f)] (e) No regulation may require that a certificate of occupancy for  
2404 a dwelling unit on such residential property be withheld or revoked on  
2405 the basis of a water quality test performed on a private well pursuant to  
2406 this section, unless such test results indicate that any maximum  
2407 contaminant level applicable to public water supply systems for any  
2408 contaminant listed in the regulations of Connecticut state agencies has  
2409 been exceeded. No administrative agency, health district or municipal  
2410 health officer may withhold or cause to be withheld such a certificate of  
2411 occupancy except as provided in this section.

2412 [(g)] (f) (1) The local director of health may require a private well or  
2413 semipublic well to be tested for arsenic, radium, uranium, radon or  
2414 gross alpha emitters, when there are reasonable grounds to suspect that  
2415 such contaminants are present in the groundwater. For purposes of this  
2416 subsection, "reasonable grounds" means [(1)] (A) the existence of a  
2417 geological area known to have naturally occurring arsenic, radium,  
2418 uranium, radon or gross alpha emitter deposits in the bedrock; or [(2)]  
2419 (B) the well is located in an area in which it is known that arsenic,  
2420 radium, uranium, radon or gross alpha emitters are present in the  
2421 groundwater.

2422 (2) The local director of health may require a private well or  
2423 semipublic well to be tested for pesticides, herbicides or organic

2424 chemicals when there are reasonable grounds to suspect that any such  
2425 contaminants might be present in the groundwater. For purposes of this  
2426 subsection, "reasonable grounds" means (A) the presence of nitrate-  
2427 nitrogen in the groundwater at a concentration greater than ten  
2428 milligrams per liter, or (B) that the private well or semipublic well is  
2429 located on land, or in proximity to land, associated with the past or  
2430 present production, storage, use or disposal of organic chemicals as  
2431 identified in any public record.

2432 [(h)] (g) Except as provided in subsection [(i)] (h) of this section, the  
2433 collection of samples for determining the water quality of private wells  
2434 and semipublic wells may be made only by (1) employees of a  
2435 laboratory or firm certified or approved by the Department of Public  
2436 Health to test drinking water, if such employees have been trained in  
2437 sample collection techniques, (2) certified water operators, (3) local  
2438 health departments and state employees trained in sample collection  
2439 techniques, or (4) individuals with training and experience that the  
2440 Department of Public Health deems sufficient.

2441 [(i)] (h) Any owner of a residential construction, including, but not  
2442 limited to, a homeowner, on which a private well is located or any  
2443 general contractor of a new residential construction on which a private  
2444 well is located may collect samples of well water for submission to a  
2445 laboratory or firm for the purposes of testing water quality pursuant to  
2446 this section, provided (1) such laboratory or firm has provided  
2447 instructions to said owner or general contractor on how to collect such  
2448 samples, and (2) such owner or general contractor is identified to the  
2449 subsequent owner on a form to be prescribed by the Department of  
2450 Public Health. No regulation may prohibit or impede such collection or  
2451 analysis.

2452 [(j)] The local director of health may require private wells and  
2453 semipublic wells to be tested for pesticides, herbicides or organic  
2454 chemicals when there are reasonable grounds to suspect that any such  
2455 contaminants might be present in the groundwater. For purposes of this  
2456 subsection, "reasonable grounds" means (1) the presence of nitrate-

2457 nitrogen in the groundwater at a concentration greater than ten  
2458 milligrams per liter, or (2) that the private well or semipublic well is  
2459 located on land, or in proximity to land, associated with the past or  
2460 present production, storage, use or disposal of organic chemicals as  
2461 identified in any public record.]

2462 [(k)] (i) Any water transported in bulk by any means to a premises  
2463 currently supplied by a private well or semipublic well where the water  
2464 is to be used for purposes of drinking or domestic use shall be provided  
2465 by a bulk water hauler licensed pursuant to section 20-278h. No bulk  
2466 water hauler shall deliver water without first notifying the owner of the  
2467 premises of such delivery. Bulk water hauling to a premises currently  
2468 supplied by a private well or semipublic well shall be permitted only as  
2469 a temporary measure to alleviate a water supply shortage.

2470 Sec. 61. Subsection (i) of section 19a-180 of the 2022 supplement to the  
2471 general statutes is repealed and the following is substituted in lieu  
2472 thereof (*Effective October 1, 2022*):

2473 (i) Notwithstanding the provisions of subsection (a) of this section,  
2474 any [volunteer, hospital-based or municipal ambulance service or any  
2475 ambulance service or paramedic intercept service operated and  
2476 maintained by a state agency] emergency medical services organization  
2477 that is licensed or certified and is a primary service area responder may  
2478 apply to the commissioner to add one emergency vehicle to its existing  
2479 fleet every three years, on a short form application prescribed by the  
2480 commissioner. No such [volunteer, hospital-based or municipal  
2481 ambulance service or any ambulance service or paramedic intercept  
2482 service] emergency medical services organization operated and  
2483 maintained by a state agency may add more than one emergency vehicle  
2484 to its existing fleet pursuant to this subsection regardless of the number  
2485 of municipalities served by such volunteer, hospital-based or municipal  
2486 ambulance service. Upon making such application, the applicant shall  
2487 notify in writing all other primary service area responders in any  
2488 municipality or abutting municipality in which the applicant proposes  
2489 to add the additional emergency vehicle. Except in the case where a

2490 primary service area responder entitled to receive notification of such  
2491 application objects, in writing, to the commissioner not later than fifteen  
2492 calendar days after receiving such notice, the application shall be  
2493 deemed approved thirty calendar days after filing. If any such primary  
2494 service area responder files an objection with the commissioner within  
2495 the fifteen-calendar-day time period and requests a hearing, the  
2496 applicant shall be required to demonstrate need at a public hearing as  
2497 required under subsection (a) of this section.

2498       Sec. 62. (*Effective from passage*) Not later than July 1, 2022, the  
2499 Commissioner of Public Health shall convene a working group of  
2500 representatives of hospitals, nursing homes and water companies for  
2501 the purpose of identifying issues, evaluating data, determining  
2502 appropriate action timelines and developing solutions regarding the  
2503 prevention and mitigation of legionella in hospitals, nursing homes and  
2504 other health care facilities. Not later than December 31, 2022, the  
2505 Commissioner of Public Health shall report, in accordance with section  
2506 11-4a of the general statutes, to the joint standing committee of the  
2507 General Assembly having cognizance of matters relating to public  
2508 health on the efforts of such working group and its recommendations  
2509 for legislation, regulations or other changes concerning the prevention  
2510 and mitigation of legionella in hospitals, nursing homes and other  
2511 health care facilities. The working group shall terminate on the date it  
2512 submits such report or December 31, 2022, whichever is earlier.

2513       Sec. 63. Section 19a-903b of the general statutes is repealed and the  
2514 following is substituted in lieu thereof (*Effective October 1, 2022*):

2515       A hospital, as defined in section 19a-490b, may designate any  
2516 licensed health care provider and any certified ultrasound or nuclear  
2517 medicine, or polysomnographic technologist to perform the following  
2518 oxygen-related patient care activities in a hospital: (1) Connecting or  
2519 disconnecting oxygen supply; (2) transporting a portable oxygen source;  
2520 (3) connecting, disconnecting or adjusting the mask, tubes and other  
2521 patient oxygen delivery apparatus; and (4) adjusting the rate or flow of  
2522 oxygen consistent with a medical order. Such provider or technologist



2523 may perform such activities only to the extent permitted by hospital  
2524 policies and procedures, including bylaws, rules and regulations  
2525 applicable to the medical staff. A hospital shall document that each  
2526 person designated to perform oxygen-related patient care activities has  
2527 been properly trained, either through such person's professional  
2528 education or through training provided by the hospital. In addition, a  
2529 hospital shall require that such person satisfy annual competency  
2530 testing. Nothing in this section shall be construed to prohibit a hospital  
2531 from designating persons who are authorized to transport a patient with  
2532 a portable oxygen source. The provisions of this section shall not apply  
2533 to any type of ventilator, continuous positive airway pressure or bi-level  
2534 positive airway pressure units or any other noninvasive positive  
2535 pressure ventilation.

2536 Sec. 64. Section 17a-52 of the general statutes is repealed and the  
2537 following is substituted in lieu thereof (*Effective July 1, 2022*):

2538 (a) There is established a [Youth] Connecticut Suicide Advisory  
2539 Board, within the Department of Children and Families, which shall be  
2540 a coordinating source for suicide prevention across a person's lifespan,  
2541 including, but not limited to, youth suicide prevention. The board [shall  
2542 consist of twenty members, which shall include] may include (1)  
2543 representatives from suicide prevention foundations, youth-serving  
2544 organizations, law enforcement agencies, religious or fraternal  
2545 organizations, civic or volunteer groups, state and local government  
2546 agencies, tribal governments or organizations, health care providers or  
2547 local organizations with expertise in the mental health of children or  
2548 adults or mental health issues with a focus on suicide prevention, (2)  
2549 one psychiatrist licensed to practice medicine in this state, (3) one  
2550 psychologist licensed in this state, (4) one representative of a local or  
2551 regional board of education, (5) one high school teacher, (6) one high  
2552 school student, (7) one college or university faculty member, (8) one  
2553 college or university student, [and] (9) one parent, and (10) a person  
2554 who has experienced suicide ideation or loss, all appointed by the  
2555 Commissioner of Children and Families. [,] The board shall include one  
2556 representative of the Department of Public Health appointed by the

2557 Commissioner of Public Health, one representative of the state  
2558 Department of Education appointed by the Commissioner of Education  
2559 and one representative of the Board of Regents for Higher Education  
2560 appointed by the president of the Connecticut State Colleges and  
2561 Universities. [The balance of the board shall be comprised of persons  
2562 with expertise in the mental health of children or mental health issues  
2563 with a focus on suicide prevention and shall be appointed by the  
2564 Commissioner of Children and Families. Members of the board shall  
2565 serve for two-year terms, without compensation. Any member who fails  
2566 to attend three consecutive meetings or fifty per cent of all meetings held  
2567 during any calendar year shall be deemed to have resigned from the  
2568 board. The Commissioner] The Commissioners of Children and  
2569 Families and Mental Health and Addiction Services, or the  
2570 commissioners' designees, shall [be a nonvoting, ex-officio member of  
2571 the board. The board shall elect a chairman, and a vice-chairman to act  
2572 in the chairman's absence] serve as cochairpersons of the board and may  
2573 appoint a representative of a local organization with expertise in mental  
2574 health or a suicide prevention foundation to serve as a third  
2575 cochairperson of the board. The board may adopt bylaws to govern it  
2576 and its meetings.

2577 (b) The board shall: (1) Increase public awareness of the existence of  
2578 [youth] suicide and means of suicide prevention across a person's  
2579 lifespan; (2) make recommendations to the [commissioner]  
2580 Commissioners of Children and Families and Mental Health and  
2581 Addiction Services for the development of state-wide training in the  
2582 prevention of [youth] suicide; (3) develop a state-wide strategic [youth]  
2583 suicide prevention plan; (4) recommend interagency policies and  
2584 procedures for the coordination of services [for youths and families] in  
2585 the area of suicide prevention, intervention and response; (5) make  
2586 recommendations for the establishment and implementation of suicide  
2587 prevention, intervention and response procedures in schools and  
2588 communities; (6) establish a coordinated system for the utilization of  
2589 data for the prevention of [youth] suicide; (7) make recommendations  
2590 concerning the integration of suicide prevention and intervention

2591 strategies into [other] youth-focused prevention and intervention  
2592 programs; and (8) periodically offer, within available appropriations,  
2593 [youth] suicide prevention training and education for health care and  
2594 behavioral health care providers, school employees, faculty members of  
2595 institutions of higher education and other persons who provide services  
2596 to children, [young] adults and families.

2597 Sec. 65. Subsection (b) of section 20-10b of the general statutes is  
2598 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2599 *2022*):

2600 (b) Except as otherwise provided in subsections (d), (e) and (f) of this  
2601 section, a licensee applying for license renewal shall earn a minimum of  
2602 fifty contact hours of continuing medical education within the  
2603 preceding twenty-four-month period. Such continuing medical  
2604 education shall (1) be in an area of the physician's practice; (2) reflect the  
2605 professional needs of the licensee in order to meet the health care needs  
2606 of the public; and (3) during the first renewal period in which continuing  
2607 medical education is required and not less than once every six years  
2608 thereafter, include at least one contact hour of training or education in  
2609 each of the following topics: (A) Infectious diseases, including, but not  
2610 limited to, acquired immune deficiency syndrome and human  
2611 immunodeficiency virus, (B) risk management, including, but not  
2612 limited to, prescribing controlled substances and pain management,  
2613 and, for registration periods beginning on or after October 1, 2019, such  
2614 risk management continuing medical education may also include  
2615 screening for inflammatory breast cancer and gastrointestinal cancers,  
2616 including colon, gastric, pancreatic and neuroendocrine cancers and  
2617 other rare gastrointestinal tumors, (C) sexual assault, (D) domestic  
2618 violence, (E) cultural competency, and (F) behavioral health, provided  
2619 further that on and after January 1, 2016, such behavioral health  
2620 continuing medical education may include, but not be limited to, at least  
2621 two contact hours of training or education during the first renewal  
2622 period in which continuing education is required and not less than once  
2623 every six years thereafter, on (i) suicide prevention, or (ii) diagnosing  
2624 and treating [(i)] (I) cognitive conditions, including, but not limited to,

2625 Alzheimer's disease, dementia, delirium, related cognitive impairments  
2626 and geriatric depression, or [(ii)] (II) mental health conditions,  
2627 including, but not limited to, mental health conditions common to  
2628 veterans and family members of veterans. Training for mental health  
2629 conditions common to veterans and family members of veterans shall  
2630 include best practices for [(I)] determining whether a patient is a veteran  
2631 or family member of a veteran, [(II)] screening for conditions such as  
2632 post-traumatic stress disorder, risk of suicide, depression and grief, and  
2633 [(III)] suicide prevention training. For purposes of this section,  
2634 qualifying continuing medical education activities include, but are not  
2635 limited to, courses offered or approved by the American Medical  
2636 Association, American Osteopathic Association, Connecticut Hospital  
2637 Association, Connecticut State Medical Society, Connecticut  
2638 Osteopathic Medical Society, county medical societies or equivalent  
2639 organizations in another jurisdiction, educational offerings sponsored  
2640 by a hospital or other health care institution or courses offered by a  
2641 regionally accredited academic institution or a state or local health  
2642 department. The commissioner, or the commissioner's designee, may  
2643 grant a waiver for not more than ten contact hours of continuing medical  
2644 education for a physician who [:(I) Engages] engages in activities  
2645 related to the physician's service as a member of the Connecticut  
2646 Medical Examining Board, established pursuant to section 20-8a<sub>2</sub> [:(II)]  
2647 engages in activities related to the physician's service as a member of a  
2648 medical hearing panel, pursuant to section 20-8a<sub>2</sub> [:(III)] or assists the  
2649 department with its duties to boards and commissions as described in  
2650 section 19a-14.

2651 Sec. 66. Subdivision (6) of subsection (b) of section 10-222q of the  
2652 general statutes is repealed and the following is substituted in lieu  
2653 thereof (*Effective July 1, 2022*):

2654 (6) Three appointed by the minority leader of the Senate, one of  
2655 whom is a representative of the Connecticut Education Association; one  
2656 of whom is a representative of the National Alliance on Mental Illness,  
2657 Connecticut; and one of whom is a representative of the [Youth]  
2658 Connecticut Suicide Advisory Board established pursuant to section

2659 17a-52, as amended by this act;

2660 Sec. 67. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

2661 (1) "Hospital" means an establishment licensed pursuant to chapter  
2662 368v of the general statutes for the lodging, care and treatment of  
2663 persons suffering from disease or other abnormal physical or mental  
2664 conditions;

2665 (2) "Outpatient surgical facility" means any entity, individual, firm,  
2666 partnership, corporation, limited liability company or association, other  
2667 than a hospital, licensed pursuant to chapter 368v of the general statutes  
2668 to engage in providing surgical services or diagnostic procedures for  
2669 human health conditions that include the use of moderate or deep  
2670 sedation, moderate or deep analgesia or general anesthesia, as such  
2671 levels of anesthesia are defined from time to time by the American  
2672 Society of Anesthesiologists, or by such other professional or accrediting  
2673 entity recognized by the Department of Public Health;

2674 (3) "Surgical smoke" means the by-product of the use of an energy-  
2675 generating device during surgery, including, but not limited to, surgical  
2676 plume, smoke plume, bioaerosols, laser-generated airborne  
2677 contaminants and lung-damaging dust. "Surgical smoke" does not  
2678 include the by-product of the use of an energy-generating device during  
2679 a gastroenterological or ophthalmic procedure, which by-product is not  
2680 emitted into the operating room during surgery; and

2681 (4) "Surgical smoke evacuation system" means a system, including,  
2682 but not limited to, a smoke evacuator, laser plume evacuator or local  
2683 exhaust ventilator that captures and neutralizes surgical smoke (A) at  
2684 the site of origin of such surgical smoke, and (B) before the surgical  
2685 smoke makes contact with the eyes or respiratory tract of any person in  
2686 an operating room during surgery.

2687 (b) Not later than January 1, 2024, each hospital and outpatient  
2688 surgical facility shall develop a policy for the use of a surgical smoke  
2689 evacuation system to prevent a person's exposure to surgical smoke.

2690 Not later than January 1, 2024, each hospital and outpatient facility shall  
2691 implement such policy and, upon request, provide a copy of such policy  
2692 to the Department of Public Health.

2693 Sec. 68. Section 19a-7o of the general statutes is repealed and the  
2694 following is substituted in lieu thereof (*Effective October 1, 2022*):

2695 (a) For purposes of this section:

2696 (1) "Hepatitis C screening test" means a laboratory test that detects  
2697 the presence of hepatitis C virus antibodies in the blood;

2698 (2) "Hepatitis C diagnostic test" means a laboratory test that detects  
2699 the presence of hepatitis C virus in the blood and provides confirmation  
2700 of whether the person whose blood is being tested has a hepatitis C virus  
2701 infection;

2702 (3) "HIV infection" means infection with the human  
2703 immunodeficiency virus or any other related virus identified as a  
2704 probable causative agent of acquired immune deficiency syndrome, as  
2705 defined by the Centers for Disease Control of the United States Public  
2706 Health Service;

2707 (4) "HIV-related test" means any laboratory test or series of tests for  
2708 any virus, antibody, antigen or etiologic agent whatsoever thought to  
2709 cause or indicate the presence of HIV infection;

2710 [(3)] (5) "Primary care provider" means a physician, advanced  
2711 practice registered nurse or physician assistant who provides primary  
2712 care services and is licensed by the Department of Public Health  
2713 pursuant to title 20; and

2714 [(4)] (6) "Primary care" means the medical fields of family medicine,  
2715 general pediatrics, primary care, internal medicine, primary care  
2716 obstetrics or primary care gynecology, without regard to board  
2717 certification.

2718 (b) [On and after October 1, 2014, a] A primary care provider shall

2719 offer to provide to, or order for, each patient who was born between  
2720 1945 to 1965, inclusive, a hepatitis C screening test or hepatitis C  
2721 diagnostic test at the time the primary care provider provides services  
2722 to such patient, except a primary care provider is not required to offer  
2723 to provide to, or order for, such patient a hepatitis C screening test or  
2724 hepatitis C diagnostic test when the primary care provider reasonably  
2725 believes: (1) Such patient is being treated for a life-threatening  
2726 emergency; (2) such patient has previously been offered or has received  
2727 a hepatitis C screening test; or (3) such patient lacks the capacity to  
2728 consent to a hepatitis C screening test.

2729 (c) On and after January 1, 2023, a primary care provider, or such  
2730 provider's designee, shall offer to provide to, order for, or arrange for  
2731 the order for, each patient who is thirteen years of age or older, an HIV-  
2732 related test, except a primary care provider, or such provider's designee,  
2733 is not required to offer to provide to, or order for, such patient an HIV-  
2734 related test when the primary care provider reasonably believes: (1)  
2735 Such patient is being treated for a life-threatening emergency; (2) such  
2736 patient has previously been offered or has received an HIV-related test;  
2737 or (3) such patient lacks the capacity to consent to an HIV-related test.  
2738 The primary care provider, or such provider's designee, shall comply  
2739 with all requirements concerning HIV-related testing and HIV-related  
2740 information prescribed in chapter 368x.

2741 Sec. 69. (NEW) (Effective October 1, 2022) (a) On and after January 1,  
2742 2024, an employee or a staff member of a hospital licensed under chapter  
2743 386v of the general statutes who is treating a patient thirteen years of  
2744 age or older in the emergency department shall offer the patient an HIV-  
2745 related test unless the employee or staff member documents that any of  
2746 the following conditions have been met: (1) The patient is being treated  
2747 for a life-threatening emergency; (2) the patient received an HIV-related  
2748 test in the preceding year; (3) the patient lacks the capacity to provide  
2749 general consent to the HIV-related test as required under subsection (a)  
2750 of section 19a-582 of the general statutes; or (4) the patient declines the  
2751 HIV-related test. Any hospital employee or staff member offering an  
2752 HIV-related test under this subsection shall comply with all

2753 requirements concerning HIV-testing and HIV-related information  
2754 prescribed in chapter 368x of the general statutes.

2755 (b) Prior to January 1, 2024, each hospital shall develop protocols, in  
2756 accordance with the provisions of section 19a-582 of the general statutes,  
2757 for implementing the HIV-related testing required under subsection (a)  
2758 of this section, including, but not limited to, the following: (1) Offering  
2759 and providing such testing to a patient and notifying the patient of the  
2760 results of such testing; (2) tracking and documenting the number of  
2761 HIV-related tests that were performed, the number of HIV-related tests  
2762 that were declined, and the results of the HIV-related tests; (3) reporting  
2763 of positive HIV-related test results to the Department of Public Health  
2764 pursuant to section 19a-215 of the general statutes, as amended by this  
2765 act; and (4) referring patients who test positive for the human  
2766 immunodeficiency virus to an appropriate health care provider for  
2767 treatment of such virus. A hospital may collaborate with a municipal  
2768 health department, district department of health, regional mental health  
2769 board, emergency medical services council or community organization  
2770 in developing and implementing such protocols.

2771 Sec. 70. (*Effective from passage*) The Commissioner of Public Health  
2772 shall conduct a review of statutes and regulations pertaining to, or  
2773 otherwise impacting, the practice of plasmapheresis, clinical  
2774 laboratories, and blood donation centers in the state. For purposes of  
2775 such review, the commissioner shall (1) consult clinical laboratories,  
2776 businesses and nonprofit organizations with expertise in the practice of  
2777 clinical laboratory operations and facilities, plasmapheresis and blood  
2778 collection, and (2) review the federal regulations governing the practice  
2779 of plasmapheresis and blood collections. Not later than January 1, 2023,  
2780 the commissioner shall report, in accordance with the provisions of  
2781 section 11-4a of the general statutes, regarding such review and make  
2782 recommendations regarding how the state may better align with federal  
2783 requirements for clinical laboratories, plasmapheresis and blood  
2784 collection while maintaining a high level of donor safety.

2785 Sec. 71. Subsection (g) of section 17b-451 of the 2022 supplement to



2786 the general statutes, as amended by section 12 of substitute house bill  
2787 5313 of the current session, as amended by House Amendment Schedule  
2788 "A", is repealed and the following is substituted in lieu thereof (*Effective*  
2789 *from passage*):

2790 (g) The Commissioner of Social Services shall develop an educational  
2791 training program to promote and encourage the accurate and prompt  
2792 identification and reporting of abuse, neglect, exploitation and  
2793 abandonment of elderly persons. Such training program shall be made  
2794 available on the Internet web site of the Department of Social Services  
2795 to mandatory reporters and other interested persons. The commissioner  
2796 shall also make such training available in person or otherwise at various  
2797 times and locations throughout the state as determined by the  
2798 commissioner. Except for a mandatory reporter who has received  
2799 training from an institution, organization, agency or facility required to  
2800 provide such training pursuant to subsection (a) of this section, a  
2801 mandatory reporter shall complete the educational training program  
2802 developed by the commissioner, or an alternate program approved by  
2803 the commissioner, not later than [December 31, 2022] June 30, 2023, or  
2804 not later than ninety days after becoming a mandatory reporter.

2805 Sec. 72. Subsection (i) of section 17a-412 of the 2022 supplement to the  
2806 general statutes, as amended by section 13 of substitute house bill 5313  
2807 of the current session, as amended by House Amendment Schedule "A",  
2808 is repealed and the following is substituted in lieu thereof (*Effective from*  
2809 *passage*):

2810 (i) Any person required to report suspected abuse, neglect,  
2811 exploitation or abandonment pursuant to subsection (a) of this section  
2812 shall complete the educational training program provided by the  
2813 Commissioner of Social Services pursuant to subsection (g) of section  
2814 17b-451, as amended by [this act] substitute house bill 5313 of the  
2815 current session, as amended by House Amendment Schedule "A", or an  
2816 alternate program approved by the commissioner, not later than  
2817 [December 31, 2022] June 30, 2023, or not later than ninety days after  
2818 beginning employment as a person required to report suspected abuse,

2819 neglect, exploitation or abandonment pursuant to subsection (a) of this  
2820 section.

2821 Sec. 73. (NEW) (*Effective from passage*) (a) As used in this section: (1)  
2822 "Health care facility" means a hospital or an outpatient clinic, as such  
2823 terms are defined in section 19a-490 of the general statutes, a long-term  
2824 care facility, as defined in section 17a-405 of the general statutes, and a  
2825 hospice facility, licensed pursuant to section 19a-122b of the general  
2826 statutes; and (2) "medical diagnostic equipment" means (A) an  
2827 examination table, (B) an examination chair, (C) a weight scale, (D)  
2828 mammography equipment, and (E) x-ray, imaging and other  
2829 radiological diagnostic equipment.

2830 (b) On and after January 1, 2023, each health care facility shall take  
2831 into consideration the technical standards for accessibility developed by  
2832 the federal Architectural and Transportation Barriers Compliance Board  
2833 in accordance with Section 4203 of the Patient Protection and Affordable  
2834 Care Act, P.L. 111-148, as amended from time to time, when purchasing  
2835 medical diagnostic equipment.

2836 (c) Not later than December 1, 2022, and annually thereafter, the  
2837 Commissioner of Public Health shall notify each health care facility,  
2838 physician licensed pursuant to chapter 370 of the general statutes,  
2839 physician assistant licensed pursuant to chapter 370 of the general  
2840 statutes and advanced practice registered nurse licensed pursuant to  
2841 chapter 378 of the general statutes, of information pertaining to the  
2842 provision of health care to individuals with accessibility needs,  
2843 including, but not limited to, the technical standards for accessibility  
2844 developed by the federal Architectural and Transportation Barriers  
2845 Compliance Board in accordance with Section 4203 of the Patient  
2846 Protection and Affordable Care Act, P.L. 111-148, as amended from time  
2847 to time, for medical diagnostic equipment. The Department of Public  
2848 Health shall post such information on its Internet web site.

2849 Sec. 74. (*Effective from passage*) (a) There is established a task force to  
2850 study assisted living services agencies that provide services as a

2851 dementia special care unit or program, as defined in section 19a-562 of  
2852 the general statutes. Such study shall include, but need not be limited  
2853 to, an examination of (1) the regulation of such agencies by the  
2854 Department of Public Health and whether additional oversight by the  
2855 department is required, (2) whether minimum staffing levels for such  
2856 agencies should be required, and (3) the maintenance of records by such  
2857 agencies of meals served to, bathing of, administration of medication to  
2858 and the overall health of each resident.

2859 (b) The task force shall consist of the following members:

2860 (1) Two appointed by the speaker of the House of Representatives;

2861 (2) Two appointed by the president pro tempore of the Senate;

2862 (3) One appointed by the majority leader of the House of  
2863 Representatives;

2864 (4) One appointed by the majority leader of the Senate;

2865 (5) One appointed by the minority leader of the House of  
2866 Representatives;

2867 (6) One appointed by the minority leader of the Senate; and

2868 (7) The Commissioner of Public Health, or the commissioner's  
2869 designee.

2870 (c) Any member of the task force appointed under subdivision (1),  
2871 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member  
2872 of the General Assembly.

2873 (d) All initial appointments to the task force shall be made not later  
2874 than thirty days after the effective date of this section. Any vacancy shall  
2875 be filled by the appointing authority.

2876 (e) The speaker of the House of Representatives and the president pro  
2877 tempore of the Senate shall select the chairpersons of the task force from  
2878 among the members of the task force. Such chairpersons shall schedule

2879 the first meeting of the task force, which shall be held not later than sixty  
2880 days after the effective date of this section.

2881 (f) The administrative staff of the joint standing committee of the  
2882 General Assembly having cognizance of matters relating to public  
2883 health shall serve as administrative staff of the task force.

2884 (g) Not later than January 1, 2023, the task force shall submit a report  
2885 on its findings and recommendations to the joint standing committee of  
2886 the General Assembly having cognizance of matters relating to public  
2887 health, in accordance with the provisions of section 11-4a of the general  
2888 statutes. The task force shall terminate on the date that it submits such  
2889 report or January 1, 2023, whichever is later.

2890 Sec. 75. Section 19a-59i of the 2022 supplement to the general statutes  
2891 is amended by adding subsection (g) as follows (*Effective from passage*):

2892 (NEW) (g) Not later than January 1, 2023, the maternal mortality  
2893 review committee shall develop educational materials regarding:

2894 (1) The health and safety of pregnant and postpartum persons with  
2895 mental health disorders, including, but not limited to, perinatal mood  
2896 and anxiety disorders, for distribution by the Department of Public  
2897 Health to each birthing hospital in the state. As used in this subdivision,  
2898 "birthing hospital" means a health care facility, as defined in section 19a-  
2899 630, operated and maintained in whole or in part for the purpose of  
2900 caring for patients during the delivery of a child and for a postpartum  
2901 person and such person's newborn following birth;

2902 (2) Evidence-based screening tools for screening patients for intimate  
2903 partner violence, peripartum mood disorders and substance use  
2904 disorder for distribution by the Department of Public Health to  
2905 obstetricians and other health care providers who practice obstetrics;  
2906 and

2907 (3) Indicators of intimate partner violence for distribution by the  
2908 Department of Public Health to (A) hospitals for use by health care

2909 providers in the emergency department and hospital social workers,  
2910 and (B) obstetricians and other health care providers who practice  
2911 obstetrics.

2912 Sec. 76. (NEW) (*Effective July 1, 2022*) (a) As used in this section,  
2913 "birthing hospital" means a health care facility, as defined in section 19a-  
2914 630 of the general statutes, operated and maintained in whole or in part  
2915 for the purpose of caring for a person during the delivery of a child and  
2916 for a postpartum person and such person's newborn following birth.

2917 (b) On and after October 1, 2022, each birthing hospital shall provide  
2918 to each patient who has undergone a caesarean section written  
2919 information regarding the importance of mobility following a caesarean  
2920 section and the risks associated with immobility following a caesarean  
2921 section.

2922 (c) Not later than January 1, 2023, each birthing hospital shall  
2923 establish a patient portal through which a postpartum patient can  
2924 virtually access, through an Internet web site or application, any  
2925 educational materials and other information that the birthing hospital  
2926 provided to the patient during the patient's stay at the birthing hospital  
2927 and at the time of the patient's discharge from the birthing hospital.

2928 (d) On and after January 1, 2023, each birthing hospital shall provide  
2929 to each postpartum patient the educational materials regarding the  
2930 health and safety of pregnant and postpartum persons with mental  
2931 health disorders, including, but not limited to, perinatal mood and  
2932 anxiety disorders, developed by the maternal mortality review  
2933 committee pursuant to subsection (g) of section 19a-59i of the general  
2934 statutes, as amended by this act.

2935 Sec. 77. Subsection (a) of section 10-29a of the 2022 supplement to the  
2936 general statutes is amended by adding subdivisions (104) and (105) as  
2937 follows (*Effective from passage*):

2938 (NEW) (104) Maternal Mental Health Month. The Governor shall  
2939 proclaim the month of May of each year to be Maternal Mental Health

2940 Month, to raise awareness of issues surrounding maternal mental  
 2941 health. Suitable exercises may be held in the State Capitol and elsewhere  
 2942 as the Governor designates for the observance of the month.

2943 (NEW) (105) Maternal Mental Health Day. The Governor shall  
 2944 proclaim May fifth of each year to be Maternal Mental Health Day, to  
 2945 raise awareness of issues surrounding maternal mental health. Suitable  
 2946 exercises may be held in the State Capitol and elsewhere as the  
 2947 Governor designates for the observance of the day.

2948 Sec. 78. Section 19a-6f of the general statutes is repealed. (*Effective*  
 2949 *October 1, 2022*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	19a-490
Sec. 2	<i>October 1, 2022</i>	19a-491c(a)
Sec. 3	<i>October 1, 2022</i>	19a-535b
Sec. 4	<i>October 1, 2022</i>	19a-537(a)
Sec. 5	<i>October 1, 2022</i>	19a-550(a)
Sec. 6	<i>October 1, 2022</i>	20-185r(a) to (e)
Sec. 7	<i>October 1, 2022</i>	12-20a(a)
Sec. 8	<i>October 1, 2022</i>	17b-368
Sec. 9	<i>from passage</i>	19a-491(a)
Sec. 10	<i>July 1, 2022</i>	19a-497(a)
Sec. 11	<i>from passage</i>	19a-515(a) and (b)
Sec. 12	<i>October 1, 2022</i>	19a-492e(a)
Sec. 13	<i>October 1, 2022</i>	19a-495a(a) and (b)
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	20-90
Sec. 16	<i>from passage</i>	19a-16d(c) and (d)
Sec. 17	<i>from passage</i>	19a-16e(a)
Sec. 18	<i>from passage</i>	20-132a(c)
Sec. 19	<i>from passage</i>	19a-14c(b)
Sec. 20	<i>from passage</i>	20-12j(b)
Sec. 21	<i>from passage</i>	19a-177(8)(B)
Sec. 22	<i>from passage</i>	14-1(5)
Sec. 23	<i>October 1, 2022</i>	19a-30(a)
Sec. 24	<i>October 1, 2022</i>	19a-31b

Sec. 25	October 1, 2022	19a-72(a)(1) and (2)
Sec. 26	October 1, 2022	19a-215(a)(1)
Sec. 27	October 1, 2022	19a-269b(a)
Sec. 28	October 1, 2022	20-7a(d)
Sec. 29	October 1, 2022	20-7c(a)
Sec. 30	October 1, 2022	38a-477aa(a)(6)(A)
Sec. 31	from passage	7-51a
Sec. 32	from passage	7-74
Sec. 33	from passage	19a-36m(c) and (d)
Sec. 34	from passage	16-245n(c)(2)(A)
Sec. 35	July 1, 2022	20-191c(b)
Sec. 36	from passage	19a-563h
Sec. 37	from passage	17b-59d
Sec. 38	from passage	17b-59e
Sec. 39	from passage	19a-495(c)
Sec. 40	from passage	New section
Sec. 41	from passage	New section
Sec. 42	October 1, 2022	19a-498(c)
Sec. 43	October 1, 2022	19a-509g
Sec. 44	October 1, 2022	38a-493(b)(1)
Sec. 45	October 1, 2022	38a-520(b)(1)
Sec. 46	October 1, 2022	19a-535a
Sec. 47	October 1, 2022	New section
Sec. 48	July 1, 2022	New section
Sec. 49	from passage	2-119
Sec. 50	January 1, 2023	19a-127k
Sec. 51	from passage	New section
Sec. 52	July 1, 2022	19a-563
Sec. 53	July 1, 2022	19a-693(2)
Sec. 54	July 1, 2022	19a-564
Sec. 55	from passage	19a-16d(a)
Sec. 56	October 1, 2022	19a-408
Sec. 57	October 1, 2022	45a-318(d)
Sec. 58	October 1, 2022	17b-131
Sec. 59	October 1, 2022	19a-401
Sec. 60	October 1, 2022	19a-37
Sec. 61	October 1, 2022	19a-180(i)
Sec. 62	from passage	New section
Sec. 63	October 1, 2022	19a-903b
Sec. 64	July 1, 2022	17a-52

Sec. 65	<i>July 1, 2022</i>	20-10b(b)
Sec. 66	<i>July 1, 2022</i>	10-222q(b)(6)
Sec. 67	<i>July 1, 2022</i>	New section
Sec. 68	<i>October 1, 2022</i>	19a-7o
Sec. 69	<i>October 1, 2022</i>	New section
Sec. 70	<i>from passage</i>	New section
Sec. 71	<i>from passage</i>	17b-451(g)
Sec. 72	<i>from passage</i>	17a-412(i)
Sec. 73	<i>from passage</i>	New section
Sec. 74	<i>from passage</i>	New section
Sec. 75	<i>from passage</i>	19a-59i
Sec. 76	<i>July 1, 2022</i>	New section
Sec. 77	<i>from passage</i>	10-29a(a)
Sec. 78	<i>October 1, 2022</i>	Repealer section