

***State of Connecticut
Department of Public Health***



Legislative Summary 2003

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Acting Commissioner**

Sources of Information

The following summaries have been compiled from the Office of Legislative Research and tailored specifically for the Department of Public Health. Only Public Acts affecting, or of interest to, the Department are included in this issue.

For Further Information

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Availability on the U:/Drive

The 2003 Legislative Summary is available on the LAN at the following site:
u:/legalert/2003legis/summary/summary.doc

Availability on the Internet

The 2003 Public Acts and reports are available through the Connecticut General Assembly's web site:

<http://www.cga.state.ct.us/>

Acknowledgments

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Keeping Connecticut Healthy

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Bureau of Administrative Services

Public Act 03-188

HB 6446

PREMARITAL BLOOD TEST REQUIREMENTS AND MARRIAGE CERTIFICATES

Effective Date: October 1, 2003

Summary:

This act allows couples to obtain a marriage license from the town in which either partner lives and be married in any town in the state. Under current law, they must obtain the license from the clerk of the town where the ceremony is to be performed. The act also repeals requirements that (1) they be tested for syphilis and rubella before getting a license, (2) allow a probate court judge to waive this requirement in some cases, and (3) the public health commissioner adopt regulations related to this testing.

Action required:

Amendment to Section 46b-34(a) of the General Statutes of Connecticut.

Public Act 03-200

SB 853

ADDRESS CONFIDENTIALITY PROGRAM

Effective Date: January 1, 2004

Summary:

To establish an address confidentiality program for victims of family violence sexual assault or stalking.

Action required:

The Department will need to modify the mainframe to flag marriage records that are deemed confidential under this act, in order to omit the record from appearing in a public index. In addition, the Department will also need to personally data enter these marriage records into the mainframe versus sending them out to be keyed by the contractor.

The Department may need to take measures to modify the electronic birth registration system if it appears that birth statistics are being skewed by the use of the confidential address rather than the mother's actual resident address. However, it is anticipated that the number of births to woman participating in the address confidentiality program will be low (based on results in other states) and therefore have no significant impact on the birth statistics. If this proves to be the case, no modification to the electronic birth registration system will be necessary. Vital Records will need to meet with representatives from the Secretary of State's office to understand the true impact to birth records and determine if further action is necessary

Public Act 03-238

HB 6573

VALIDATION OF MARRIAGES

Effective Date: Upon Passage

Summary:

This act validates all marriages performed between June 3, 2002 and the act's effective date that would have been valid except that they were (1) not performed in the town that issued the marriage license or (2) performed by a justice of the peace who represented himself as duly qualified but did not have a valid certificate of qualification, if the couple being married reasonably relied on the representation.

The act also validates all marriages performed between January 1, 2001 and the act's effective date that would have been valid except that they were performed by a justice of the peace who represented himself as duly qualified but whose term of office had expired, if the couple being married reasonably relied on the representation.

Public Act 03-247

HB 6361

BIRTH CERTIFICATES

Effective Date: October 1, 2003

Summary:

This act allows a probate court to issue a decree confirming that a state resident has changed gender if the person needs the decree to amend a birth certificate in the state or country where he or she was born.

A person who has completed gender change treatment can apply for the decree to the probate court in the district where he or she lives. The application must be accompanied by an affidavit from a physician stating that the person has physically changed gender and one from a psychiatrist, psychologist, or clinical social worker stating that the applicant has socially and psychologically changed gender. Once issued, the decree must be transmitted to the birth certificate registration authority where the person was born. The act does not specify who transmits the decree.

The act states that it does not limit the public health commissioner's authority to amend Connecticut birth certificates.

Action Required:

An enhancement will need to be made to the electronic birth registration system by the vendor in order to print out a "Certificate of Foreign Birth".

Public Act 03-249

HB 5549

**LEAVE FOR STATE EMPLOYEES
RESPONDING TO EMERGENCY CALLS**

Effective Date: October 1, 2003

Summary:

This act entitles state employees who are volunteer firefighters or volunteer ambulance company members to receive full pay for any regular work hours spent responding to a fire or ambulance call. It also requires the employee, at the request of his appointing authority, to provide written verification from the volunteer fire chief or ambulance company head stating the date, time, and duration of the fire or call and confirming the employee's response. The written verification is required in order for the employee to receive pay for hours missed. The act eliminates the requirement that an employee can only respond to fires and calls during regular work hours if he received permission to do so from his appointing authority.

The act also prohibits the loss of vacation time, sick leave, or accumulated overtime. Under current law, the loss of vacation time, sick leave, or accumulated overtime is barred only if the employee has received permission to respond to calls on work time.

Background:

State Appointing Authority

Under the State Personnel Act, "appointing authority" means a state board, commission, officer, commissioner, person or group of people having the power to make job appointments by virtue of a statute or by lawfully delegated authority.

Action required:

Revise personnel procedures.

Public Act 03-258

HB 6518

**VOLUNTARY PATERNITY ESTABLISHMENT AND THE JOHN S.
MARTINEZ FATHERHOOD INITIATIVE**

Effective Date: October 1, 2003

Summary:

The act expands the entities that can participate in the Department of Social Services' (DSS) voluntary paternity acknowledgment program, which currently is restricted to hospitals and other childbirth facilities. It also requires more information about putative father's rights and the consequences of signing acknowledgments to be contained in the notice they get before signing a paternity acknowledgment.

Background:

Voluntary Acknowledgment of Paternity Program

Federal law requires states to have hospital-based programs for voluntary paternity acknowledgments. The objective of these programs is to facilitate at-birth paternity establishment for children born to unmarried parents. After receiving training from DSS, hospital staff provide mothers and fathers with written materials and verbal explanations regarding the rights and responsibilities of paternity establishment. They also assist them in completing acknowledgment and affirmation forms.

Action required:

The act is designed to increase participation in the voluntary paternity program. Although the increase in volume is indeterminate at this time, we anticipate that the increased workload will be able to be absorbed with current staffing levels.

Office of Affirmative Action

Public Act 03-151

SB 882

AFFIRMATIVE ACTION OFFICERS

Effective Date: October 1, 2003

Summary:

This act requires state agency affirmative action officers to complete at least 10 hours of annual training in (1) state and federal discrimination laws and (2) internal discrimination investigation techniques. The act also makes these officers responsible for mitigating discriminatory conduct in a state agency and gives them other duties regarding discrimination complaints against the agency. Prior law required the officers to receive training to develop and implement agency affirmative action plans.

The act prohibits the officers from representing their agencies before the Commission on Human Rights and Opportunities (CHRO) or the federal Equal Employment Opportunity Commission (EEOC). It requires (1) the attorney general, or his designee, to represent state agencies in CHRO or EEOC inquiries and (2) the designee to receive the same 10 hours of legal and investigative training that the act requires for affirmative action officers. Previously, the law did not address the affirmative action officer's role in responding to complaints lodged with an outside agency.

AFFIRMATIVE ACTION OFFICERS

Training

The act requires CHRO and the Permanent Commission on the Status of Women to provide at least 10 hours of annual training on state and federal discrimination laws and internal discrimination investigation techniques to all state agency affirmative action officers and to the attorney general's designees. Under prior law, CHRO trained these officers to develop and implement affirmative action plans. By law, each agency, department, board, or commission must designate a full- or part-time affirmative action officer, and, if the officer is an agency employee, the agency's executive head or commissioner must directly supervise him.

Responsibilities

The act makes affirmative action officers responsible for (1) mitigating discriminatory conduct in a state agency, (2) investigating all discrimination complaints against the agency, (3) reporting all investigation findings and recommendations to the agency head, and (4) completing the 10 hours of required training.

Bureau of Community Health

Special Act 03-13

HB 6362

A STUDY OF HIV AND AIDS PROGRAMS

Effective Date: Upon Passage

Summary:

The purpose of this act is to bring together a diverse group of interested persons to evaluate the current system for dealing with AIDS and HIV and to recommend improvements to that system.

Action required:

The Department is responsible for assembling the commission, facilitating meetings, collecting necessary information and to prepare a final report. On or before January 1, 2005, the Commissioner of Public Health shall submit a report on the evaluation and any recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health, appropriations and the budgets of state agencies and human services, in accordance with section 11-4a of the general statutes.

Special Act 03-14

SB 1070

RECOMMENDATIONS FOR STROKE PREVENTION AND MANAGMENT

Effective Date: Upon Passage

Summary:

The purpose of this act is to reduce the number of deaths and disabilities caused by strokes by encouraging the development of, and establishing recommendations for, a coordinated effort to prevent and treat strokes.

Action required:

This act requires that on or before June 30, 2004, the Department of Public Health shall develop a comprehensive heart disease and stroke prevention plan. The plan shall include public health policy strategies effective in preventing and controlling risks for strokes, based on available research, and methods to increase awareness of stroke symptoms. On or before January 1, 2005, the Commissioner of Public Health shall submit a report on the plan, in accordance with section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

**HEALTH INSURANCE COVERAGE
FOR CRANIOFACIAL DISORDERS**

Effective Date: October 1, 2003

Summary:

This act requires certain individual and group health insurance policies to cover medically necessary orthodontic processes and appliances for treatment of craniofacial disorders for persons 18 and younger. These processes and appliances must be prescribed by a craniofacial team recognized by the American Cleft-Palate-Craniofacial Association. Coverage is not required for cosmetic surgery.

The act applies to policies delivered, issued for delivery, amended, continued, or renewed in the state on or after October 1, 2003 that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, (4) hospital or medical expenses, and (5) hospital and medical expenses covered by HMOs.

Background:

Craniofacial Disorders

A craniofacial disorder refers to an abnormality of the face or face and head. Craniofacial differences can result from abnormal growth patterns of the face or skull, which involve soft tissue and bones. Cleft lip and/or palate is a separation of the parts or segments of the lip or roof of the mouth, which are usually joined together during the early weeks of an unborn child's development. A cleft lip is a separation of the two sides of the lip and often includes the bones of the maxilla and/or the upper gum. A cleft palate is an opening in the roof of the mouth and can vary in severity. A cleft palate occurs when the two sides of the palate do not fuse as the baby develops.

Craniofacial Team

A craniofacial team organizes and provides long-term, multidisciplinary, coordinated care for any infant or child with congenital or acquired abnormalities of the craniofacial complex, including structures in the skull, face, and neck. A team generally includes dentists, orthodontists, oral-maxillofacial surgeons, plastic surgeons, pediatricians, otolaryngologists, speech pathologists, social workers, and nurses.

American Cleft Palate-Craniofacial Association (ACPA)

ACPA is an international nonprofit medical society of health care professionals who treat or do research on birth defects of the head and face. It is a multidisciplinary organization of over 2, 500 members representing more than 30 disciplines in 40 countries. In 1991, ACPA received funding from the federal government to develop standards for the special needs of children born with cleft lip/palate and craniofacial anomalies.

GYNECOLOGICAL SERVICES FOR WOMEN WITH DISABILITIES

Effective Date: Upon Passage

Summary:

Overall the objective of this act is to improve access to gynecological care for women with disabilities. This act requires the commissioners of Mental Health and Addiction Services and Mental Retardation to provide pelvic exams and mammographies as needed by women placed in the facilities and institutions they operate. They must provide these services according to the American College of Obstetricians and Gynecology's standards. The act also requires the Public Health Department (DPH) to develop recommendations on providing gynecological services to women with mental and physical disabilities.

Action required:

Report on Recommendations

The DPH, in consultation with the Office of Protection and Advocacy for Persons with Disabilities (OPA), is required to develop recommendations on providing gynecological services to women with mental and physical disabilities. The recommendations must include (1) a description of available services and accommodations; (2) procedures for such services, consent to them, and confidentiality; and (3) policies and procedures for using sedation during routine and gynecological exams, informed consent to sedation, and limiting the use of sedation when not medically necessary. The DPH must report to the Public Health Committee by January 1, 2004.

Public Education Plan of Action

DPH and OPA must develop a plan to educate the public about their recommendations aforementioned. DPH must report to the Public Health Committee by January 1, 2004 on its education plan.

General

DPH must participate as part of a larger committee to develop the plan. The committee should also include parties from Regulatory Services, the Office of Protection and Advocacy for Person with Disabilities, the Connecticut Women's Disability Network, the Department of Mental Retardation, the Department of Mental Health and Addiction Services, and clinical expertise in the area of gynecological practice.

On or before January 1, 2004, the Department shall report, in accordance with section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health on the recommendations and education plan developed pursuant to this act.

Public Act 03-58

SB 918

**HEALTH INSURANCE COVERAGE
FOR INPATIENT DENTAL CARE**

Effective Date: October 1, 2003

Summary:

This act eliminates, in certain individual and group health insurance policies, the requirement that a joint determination of medical necessity be made between a patient's primary care doctor and his treating dentist or oral surgeon before general anesthesia, nursing, and related hospital service coverage is provided for in-patient, outpatient, or one-day dental services.

Under the act, only the treating dental or oral surgeon must make the determination.

The act also specifies that coverage must be provided to any patient with a complex dental condition requiring that dental procedures be performed in a hospital, rather than restricting it to patients under age four as under current law.

Background:

Policies Affected

The coverage mandate applies to individual and group health insurance policies that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, (4) hospital or medical expenses, and (5) hospital and medical expenses paid by HMOs. The policy must be delivered, issued for delivery, renewed, or continued in Connecticut on or after October 1, 2003.

Public Act 03-145

SB 886

**STATE PREVENTION COUNCIL
AND INVESTMENT PRIORITIES**

Effective Date: Upon Passage

Summary:

This act requires the State Prevention Council to determine long-term goals, strategies, and outcome measures to promote the health and well being of children and families. It must design a plan for inter- and intra-agency implementation of these goals and strategies and submit it to the Office of Policy and Management (OPM) secretary and the Appropriations Committee by January 1, 2004.

The act requires the council to set, the following goals at a minimum:

1. an increase in healthy pregnant women and newborns;
2. a decrease in child abuse and neglect rates;
3. an increase in the number of children who are ready for, and succeed in, school;
4. a decrease in the number of children unsupervised after school;

5. an increase in the number of youth who choose healthy behaviors and become successful working adults;
6. a decrease in juvenile crime and suicide; and
7. an increase in access to health care and stable housing.

The council goals must also include cost-effective, research-based, early intervention strategies.

Background:

State Prevention Council

The council consists of the OPM secretary, who is the chairman, and the heads of state social services, child welfare, health, and education agencies and the chief court administrator, or their designees. Its purpose is to establish a prevention framework for the state, recommend a statewide prevention plan, better coordinate prevention spending across state agencies, and increase fiscal accountability.

Public Act 03-155

SB 212

**DELIVERY OF DENTAL SERVICES
UNDER THE MEDICAID PROGRAM**

Effective Date: Upon Passage

Upon passage, except for the requirement for the commissioner to review eliminating prior authorization and the provisions concerning regulations which take effect July 1, 2003.

Summary:

This act requires the Department of Social Services (DSS) commissioner, by January 1, 2004, to revise the Connecticut Medical Assistance Program Provider Manual to incorporate measures that enhance and expedite dental services delivery to Medicaid-eligible people by January 1, 2004. The measures must include:

1. simplifying the application process for dental providers to the extent permitted by federal law and
2. streamlining the renewal form for current providers whose information has not changed in the preceding two years.

The act also requires the DSS commissioner to amend DSS's federal Medicaid managed care waiver (HUSKY A) by July 1, 2004, and before implementing a state-wide dental plan to administer the dental services portion of the department's medical assistance program.

In addition, the act requires the commissioner, before implementing such a state-wide dental plan, to review eliminating prior authorization requirements for basic and routine dental services.

Public Act 03-265

HB 6698

**DEPARTMENT OF MOTOR VEHICLES, DRUNKEN DRIVING AND THE
LICENSING FOR SIXTEEN AND SEVENTEEN YEAR OLD MOTOR
VEHICLE OPERATORS**

Effective Date: October 1, 2003

Summary:

This act:

1. strengthens drunken driving penalties;
2. allows for the use of ignition interlock devices as court ordered; and requires the offender to bear the cost of installing and maintaining the device;
3. amends licensing for sixteen and seventeen year old motor vehicle operators;
4. allows the Commissioner of Motor Vehicles to issue Childhood Cancer Awareness commemorative number plates;
5. establishes an account to be known as the "Childhood Cancer Awareness account" which shall be a separate, nonlapsing account within the General Fund; and,
6. establishes a task force to study the use and display of flashing, revolving and other nonstandard lighting equipment on motor vehicles. The task force shall study the types of such nonstandard lights, the classes of motor vehicles on which such lights may be installed and the safety risks and benefits of the use of such lights.

Action required:

Consult with the Commissioner of Motor Vehicle concerning the design of the Childhood Cancer Awareness commemorative number plates to ensure a design that will enhance public awareness of state efforts to treat and cure childhood cancer.

Consult with the Commissioner of Motor Vehicles, concerning regulations to establish standards and procedures for the issuance, renewal and replacement of Childhood Cancer Awareness commemorative number plates.

Bureau of Public Health Science

Public Act 03-13

HB 6373

PROOF OF IMMUNIZATION AGAINST MEASLES AND RUBELLA

Effective Date: Upon Passage

Summary:

This act eliminates requirements that higher educational institutions obtain proof of adequate measles and rubella immunization before enrolling any full-time or matriculating students who (1) have graduated from Connecticut public or private high schools in 1999 or after and (2) were not exempt from offering proof of immunization when enrolled in those schools for religious reasons or because immunization would be medically contraindicated.

Currently, these institutions must obtain proof of immunization before enrolment for every full-time or matriculating student born after December 31, 1956 unless the student (1) presents a physician's certificate stating that immunization is medically contraindicated, (2) presents a statement that immunization is contrary to his religious beliefs, (3) presents a statement from a physician or director of health from the student's current or prior town of residence showing that he previously had a confirmed case of measles or rubella, or (4) is enrolled exclusively in a program for which students do not congregate on campus for classes or to participate in institutional-sponsored events. Under the act, proof of immunization would not be required if the student graduated from any Connecticut high school after 1998 and was not exempt from providing proof of immunization when enrolling in school because of the religious or medical contraindication exceptions noted above.

Public Act 03-45

SB 908

SECONDHAND SMOKE IN WORK PLACES

Effective Date: October 1, 2003

Summary:

This act tightens restrictions on smoking in workplaces and buildings open to the public. It bans smoking inside restaurants and other establishments with liquor permits, in state and municipal buildings, most health care institutions, and private college and university dorms. It allows smoking anywhere in outdoor areas of restaurants that do not serve alcohol and under certain conditions in outdoor areas of establishments that do. It limits smoking in most other places where five or more people work to specially ventilated smoking rooms and restricts the number of guest rooms in hotels and motels where smoking is allowed. And it extends the current ban on smoking in public areas of retail food stores to the entire store.

The act reverses the previous scheme of regulating smoking in workplaces and restaurants, which generally permitted smoking in these places except in designated nonsmoking areas. Prior law required employers with 20 or more workers in a facility to set aside nonsmoking areas if their employees asked for one. It permitted smoking anywhere in restaurants that seated fewer than 75 people and allowed larger restaurants to designate smoking areas under certain conditions. It also allowed smoking in designated areas of government buildings and health care institutions.

Background:

SMOKING IN THE WORKPLACE

Where Smoking is Prohibited

The act prohibits smoking in any business facility (a structurally enclosed location) in which five or more employees work, except in a designated smoking room. The air in each smoking room must be exhausted directly to the outside by a fan, with no air from it recirculated to other parts of the facility. The employer must comply with any ventilation standard adopted by (1) the state labor commissioner, (2) the U. S. secretary of Labor under the federal Occupational Safety and Health Act (OSHA), or (3) the U. S. Environmental Protection Agency. A smoking room is only for employees. It must be a nonwork area except for custodial or maintenance work when it is unoccupied, and employees must not be required to go into it as part of their work duties.

Under the act, an employer who designates a smoking room for employees must provide sufficient nonsmoking break rooms for nonsmoking employees. And, by law, any employer can designate an entire facility as a nonsmoking area.

Where Smoking is Permitted

The act exempts from its prohibition on smoking in workplaces with five or more employees (1) areas where businesses that develop and test tobacco products do such work, (2) qualified tobacco bars, (3) private clubs whose liquor permit was issued on or before May 1, 2003, and (4) cafes and taverns until April 1, 2004 (PA 03-235 exempts bowling alleys and racquetball facilities with liquor permits until this date). To qualify for the tobacco bar exemption, a business (1) must have a liquor permit and have generated at least 10% of its annual gross income in 2002 from on-site sales of tobacco products or humidor rentals and (2) cannot have changed its size or location after December 31, 2002. As under prior law, correction facilities and public housing projects are exempt from the smoking ban.

Prior law required an employer to establish nonsmoking areas when employees in business facilities where 20 or more people work asked it to do so. The act reduces this ceiling to facilities with four or fewer employees. It repeals the labor commissioner's authority to exempt employers from this requirement if he finds that (1) they made a good faith effort to comply and (2) further compliance efforts would pose an unreasonable financial burden. It also repeals his authorization to adopt regulations governing exemptions.

SMOKING IN OTHER LOCATIONS

Restaurants and Places that Serve Alcohol

The act prohibits smoking inside any restaurant and place that serves alcohol, except tobacco bars, under any of the following permits: university; hotel; resort; restaurant; café; juice bar; club; tavern; railroad; airline; coliseum or coliseum concession; special sporting facility; nonprofit theater or public museum; bowling establishment and racquetball facility; or airport, airport restaurant, bar, concession, or airline club. The act defines "restaurant" as space in a permanent building that is used and held out to the public as a place where meals are served regularly to the public.

The ban begins October 1, 2003, except for cafes and taverns, where it begins April 1, 2004. (PA 03-235 postpones the ban in bowling alleys and racquetball facilities with liquor permits to the latter date.) It applies to private clubs whose permits are issued after May 1, 2003.

Under prior law, people could smoke (1) in restaurants that seat fewer than 75 people and (2) in larger restaurants, if they posted signs in areas where smoking was permitted and at the entrance indicating that a nonsmoking area was available. Restaurants could prohibit smoking in rooms used for private social functions.

The act allows smoking anywhere outdoors at a restaurant that does not serve alcohol. It allows it outdoors under the following conditions at any of the places with liquor permits where it is prohibited indoors:

1. the smoking area may not have a roof or other ceiling enclosure, and
2. at least 75% of the seats in a food service area must be in a nonsmoking location clearly marked by a sign. This second condition does not apply to temporary seating areas established for special events.

The act extends to places that sell alcohol the requirement that restaurants and others post signs in all buildings and rooms where smoking is prohibited, but it exempts them from the lettering size requirements for these signs. Restaurants are already exempt from the lettering requirement. Smoking where prohibited and failure to post a sign are infractions (see Table on Penalties).

Public Buildings and Health Care Institutions

The act prohibits smoking anywhere in state or local government buildings and health care institutions (e. g. , hospitals, nursing homes, community health care centers, and residential care homes), except designated smoking areas in psychiatric facilities. Prior law allowed smoking anywhere in a psychiatric facility, while allowing it only in designated areas of government buildings and health care institutions. The act keeps the existing exemption from the smoking prohibition for correction facilities, public housing projects, and classrooms where smoking is demonstrated as part of a medical or scientific experiment or lesson.

Hotels, Motels, and Other Lodging Places

The act restricts smoking in hotels, motels, and other lodging places to 25% of guest rooms. It requires such lodging places to post signs in every nonsmoking room, but it exempts them from the existing lettering size requirements for these signs.

Action required:

The Tobacco Use Prevention and Control Program is planning to conduct an education and awareness campaign.

The Office of Local Health Administration will provide guidance to local health departments.

Public Act 03-122**SB 840**

MTBE AS GASOLINE ADDITIVE**Effective Date:** Upon Passage**Summary:**

This act links the state's phaseout of the gasoline additive methyl tertiary butyl ether (MTBE) to New York's plan to eliminate MTBE starting January 1, 2004.

Under prior law, the environmental protection commissioner, working in conjunction with the Northeast Regional Fuels Task Force, was to develop and implement a plan to phase out MTBE starting October 1, 2003. The act extends that deadline by three months, to January 1, 2004, provided New York proceeds with plans to ban MTBE starting then. If New York postpones its ban, the act requires the commissioner to develop and implement a plan to phaseout MTBE in Connecticut starting July 1, 2004.

The phaseout only applies to gasoline intended for sale to Connecticut end users and does not prevent anyone from selling, offering for sale, distributing, or blending motor fuel containing up to one-half of one percent by volume of MTBE. The act extends by one year (through January 1, 2004) a requirement that the commissioner report annually to the Environment Committee on plans to eliminate MTBE.

Background:*MTBE*

MTBE is a chemical first added to gasoline as a replacement for lead. Since 1992, it has been used to increase gasoline oxygen levels, as required by the federal Clean Air Act. The act requires gasoline sold in areas with unhealthy levels of air pollution to contain oxygenates, such as MTBE, because they produce more complete fuel combustion and result in less carbon monoxide and ozone-forming emissions. However, leaks from underground gasoline storage tanks and accidental gasoline spills have caused MTBE contamination of many state drinking water supplies.

New York's MTBE Law

New York law bans the importation and sale of gasoline containing MTBE as of January 1, 2004. Violators are subject to a civil penalty of between \$500 and \$10,000.

Public Act 03-159**SB 1144**

TREATMENT OF DRUG OVERDOSES**Effective Date:** Section 1: July 1, 2003

Section 2: October 1, 2003

The reporting provision takes effect July 1, 2003; the provision on administering an opioid antagonist, on October 1, 2003.

Summary:

This act allows those licensed health care practitioners who can prescribe an opioid antagonist to prescribe, dispense, or administer it to a drug user in need of intervention without being civilly or criminally liable. Under the act, an "opioid antagonist" is naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration (FDA) for treating a drug overdose. By law, physicians and surgeons, physician assistants, dentists, advanced practice registered nurses, and podiatrists may prescribe them.

The act requires the Department of Public Health (DPH) to publish a report on the causes and rates of statewide fatal and nonfatal drug overdoses for at least the past three years. The report must include (1) trends in drug overdose death rates and (2) suggested data collection improvements. DPH must report by January 1, 2004 to the governor and the Public Health Committee.

Background:*Opioid Antagonist*

Opioid antagonists "sit" on the brain's opioid receptor sites, displacing any opioids (such as heroin), reducing cravings for opiates, and blocking their euphoric and other effects. Some opioid antagonists, like naloxone, rapidly reverse the symptoms of overdose when given after a narcotic overdose.

Action required:

On or before January 1, 2004, the Health Care Quality, Health Statistics and Analysis division must publish a report on statewide fatal and nonfatal drug overdoses for at least the past three years

Public Act 03-220**HB 6426**

INDOOR AIR QUALITY IN SCHOOLS**Effective Date:** Upon Passage**Summary:**

This act makes several changes to the school construction and board of education statutes to improve and protect indoor air quality in Connecticut schools. These changes include:

1. making school boards responsible for maintaining their facilities;
2. requiring local and regional school districts to implement an inspection and evaluation program, such as the U. S. Environmental Protection Agency's (EPA) Tools for Schools, for new building construction, extensions, renovations, and replacements;
3. allowing the education commissioner to approve school construction projects for certified school indoor air quality emergencies without putting them on the list for General Assembly approval;
4. requiring districts to conduct Phase I environmental site assessments of proposed school construction sites;

5. prohibiting the State Department of Education (SDE) from approving school construction projects or sites if certain conditions exist;
6. requiring operation and maintenance of heating, ventilating, and air conditioning (HVAC) systems in accordance with prevailing standards;
7. increasing the maximum square footage per pupil limit if necessary to accommodate an HVAC system; and
8. allowing local and regional boards of education to establish indoor air quality committees to increase staff and student awareness of indoor environmental quality.

Background:**FACILITY MAINTENANCE**

The act (1) makes local and regional boards of education responsible for maintaining their facilities, (2) requires them to adopt and implement an indoor air quality program that provides for ongoing maintenance and facility reviews necessary to maintain and improve their facilities' indoor air quality, and (3) requires school boards annually to report to the education commissioner on their indoor air quality program as well as their school building program.

INSPECTION AND EVALUATION PROGRAMS

Before January 1, 2008 and every five years after that, the act requires local and regional boards of education to provide for a uniform inspection and evaluation program for the indoor air quality for every school building constructed, extended, renovated, or replaced on or after January 1, 2003. The program must include a review, inspection, or evaluation of:

1. the HVAC systems;
2. radon levels in the air and water;
3. potential for exposure to microbiological airborne particles, including fungi, mold, and bacteria;
4. chemical compounds of concern to indoor air quality, including volatile organic compounds;
5. pest infestation, including insects and rodents;
6. degree of pesticide usage;
7. the presence and plans for removing certain hazardous substances identified under federal law;
8. ventilation systems;
9. plumbing, including water distribution systems, drainage systems, and fixtures;
10. water leaks;
11. the facilities' overall cleanliness;
12. building structural elements, including roofing, basements, and slabs;
13. the use of space, particularly in areas designed to be unoccupied; and
14. the provision of indoor air quality maintenance training for building staff.

The act requires each school board conducting evaluations to make the results available for public inspection at a regularly scheduled board meeting.

CERTIFIED SCHOOL INDOOR AIR QUALITY EMERGENCIES

The act adds projects to remedy "certified school indoor air quality emergencies" to the list of school construction project grant applications that the commissioner can approve at any time without putting them on an annual school construction priority list for legislative approval. It defines a "certified school indoor air quality emergency" as a building condition that the Department of Public Health determines presents a substantial and imminent adverse health risk that requires remediation costing more than \$100,000. The commissioner may

already approve applications for grants to remedy code violations and fire damage, replace roofs, or purchase and install portable classrooms without putting these projects on the list.

For projects approved to remedy certified indoor air quality emergencies, the act specifies that the school construction grant amount will be the eligible percentage of what the commissioner determines to be the project's eligible cost.

PHASE I ENVIRONMENTAL SITE ASSESSMENT

Before approving the architectural plans for school construction projects for new buildings, building extensions, or building replacements, the act requires the school board and building committee to provide for a Phase I environmental site assessment in accordance with the American Society for Testing and Materials (ASTM) Standard #1527, Standard Practice for Environmental Site Assessments: Phase I Environmental Suite Assessment Process. The cost of performing the assessment is eligible for reimbursement as part of the school construction project.

SDE APPROVAL

The act prohibits SDE from approving a school building project plan or site if:

1. the site is in an area of moderate or high radon potential, as indicated in the Department of Environmental Protection's Radon Potential Map, except where the plan incorporates construction techniques to mitigate radon levels in the facility's air;
2. the plans incorporate new roof construction or total replacement of an existing roof and do not provide (A) for a minimum roof pitch of one-half inch per foot; (B) for a minimum 20-year unlimited manufacturer's guarantee for water tightness covering the entire roofing system's material and workmanship; (C) for vapor retarders, insulation, bitumen, felts, membranes, flashings, metals, decks, or any other feature the roof design requires; and (D) that all manufacturer's material to be used meet the latest ASTM standards for individual roofing system components;
3. for major alterations, renovations, or extensions of a building to be used for public school purposes, the plans do not incorporate the Sheet Metal and Air Conditioning Contractors National Association's publication entitled "Indoor Air Quality Guidelines for Occupied Buildings Under Construction" or similar subsequent publications; and
4. for new building construction, extensions, renovations, or replacements, the plans do not include a strategy for training building maintenance staff responsible for the facility in the appropriate areas of plant operations, including HVAC systems, with specific indoor air quality training.

HVAC SYSTEMS

The act requires school boards to ensure that their HVAC systems are (1) maintained and operated in accordance with the prevailing maintenance standards, such as Standard 62, at the time the system was installed or renovated and (2) operated continuously during school activity hours, except (A) during scheduled maintenance and emergency repairs and (B) during periods when school officials can demonstrate to the school board's satisfaction that outdoor air is sufficient. It defines "Standard 62" as the American Society of Heating, Ventilating, and Air Conditioning Engineers Standard 62, entitled "Ventilation for Acceptable Indoor Air Quality," as referenced by the State Building Code. The act requires school boards to maintain their HVAC system maintenance records for at least five years.

SCHOOL CONSTRUCTION GRANT AMOUNT

The act specifies that the maximum square footage per pupil limit for a school building project the General Assembly authorizes after January 1, 2004 will be increased by up to 1% if needed to accommodate an HVAC system.

INDOOR AIR QUALITY COMMITTEE

The act allows school boards to establish an indoor air quality committee for each school district or facility to increase staff and student awareness of environmental facets affecting the health of school facility occupants, including air quality, water quality, and radon. These committees must include at least (1) one administrator, (2) one maintenance staff member, (3) one teacher, (4) one school health staff member, (5) one parent of a student, and (6) two members-at-large from the school district. The act prohibits any school board, superintendent, or school administrator from preventing a school safety committee established under existing law from addressing indoor air quality issues affecting the health of school facility occupants.

Action required:

The Environmental Epidemiology and Occupational Health Division will have to certify an IAQ emergency and develop guidelines. This will result in increased demand for tools for schools training conducted by EEOH.

Bureau of Health Care Systems

Public Act 03-8

SB 250

ADVANCED NURSING PRACTICE

Effective Date: October 1, 2003

Summary:

This act specifies that registered nurses can implement the medical orders for a patient under the direction of an advanced practice registered nurse, as well as under the direction of a physician or dentist.

Public Act 03-32

HB 6359

OUT OF STATE COSMETICIAN LICENSES

Effective Date: October 1, 2003

Summary:

This act allows hairdressers and cosmeticians licensed in any U.S. commonwealth (e.g., Puerto Rico) or territory (e.g., Virgin Islands and Guam) to become licensed in Connecticut without taking the Connecticut licensing test if the territory or commonwealth (1) has licensing requirements at least equivalent to Connecticut's and (2) provides reciprocal privileges to Connecticut licensees.

Action required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website.

Public Act 03-92

SB 442

NURSING HOME INSPECTIONS

Effective Date: Upon Passage

Summary:

This act prohibits prior disclosure of the time and place of Department of Public Health (DPH) dual nursing home inspections. It also requires the inspections to be conducted randomly as to date, time of day, and geographic location of the facilities. Current law, unchanged by the act, requires DPH, whenever possible, to conduct both state and federally

required inspections at the same time (1) when required for state licensing and for federal Medicaid or Medicare certification and (2) in at least 70% of the facilities.

Background:

Federal Inspection Schedules

To receive federal Medicare or Medicaid reimbursement, nursing homes must become federally certified and periodically undergo federally mandated inspections (called "surveys" under federal law). In Connecticut, DPH conducts these surveys for the federal government under a contract with the federal Centers for Medicare and Medicaid Services. The surveys must take place, on average, every 12 months, and the time between inspections cannot be more than 15 months. Federal law prohibits advance notice of the survey to the nursing home and imposes civil penalties on anyone giving the homes advance notice. Federal regulations require that the surveys be unannounced (42 U.S.C. § 1395i-3(g) (2) and 42 C.F.R. §§ 488.307 and 488.308).

State Requirements

By law, DPH must renew nursing home licenses every two years after an unscheduled inspection and the nursing home's submission to the commissioner of evidence that it is in compliance with state law, as well as other information the commissioner requires. The law generally prohibits DPH employees, Department of Social Services employees, and regional long-term care ombudsmen from notifying a nursing home that an inspection or other investigation is being considered or is about to take place. If they give such notice, they are guilty of a class B misdemeanor and can be dismissed, suspended, or demoted, unless federal or state law specifically requires advance notice. A class B misdemeanor has a penalty of up to six months imprisonment, a fine of up to \$1, 000, or both.

Public Act 03-118

HB 6678

**CONTINUING EDUCATION FOR PROFESSIONS
REGULATED BY THE DEPARTMENT OF PUBLIC HEALTH**

Effective Date: October 1, 2003

Summary:

This act establishes continuing education requirements for funeral directors and embalmers, alcohol and drug counselors, nursing home administrators, and massage therapists. The act defines acceptable continuing education courses and activities for these health professions, requires participants to document their continuing education and maintain records for a set period, and gives the Department of Public Health (DPH) authority to discipline individuals not complying with its requirements. DPH can grant continuing education waivers or extensions under certain circumstances. The act also clarifies that DPH has disciplinary authority over marital and family therapists who violate licensure laws and regulations.

Background:

FUNERAL DIRECTORS AND EMBALMERS

The act requires licensed funeral directors and embalmers to complete at least six hours of continuing education annually in order to renew their license. The continuing education must be in areas such as bereavement care; business management and administration; funeral-related religious customs and traditions; pre-need; cremation; and cemetery services;

natural sciences; restorative arts and embalming; federal and state laws; counseling; funeral service merchandising; sanitation and infection control; organ donation; and hospice care. Continuing education must be in courses offered or approved by the Academy of Professional Funeral Service Practice, educational offerings sponsored by a hospital or other licensed health care institution, or courses offered by a regionally accredited higher education institution.

A licensee must get a certificate of completion from the continuing education provider for all successfully completed continuing education hours. He must keep the certificate for at least three years following the license renewal date. The licensee must provide DPH with the certificate if requested.

Failure to meet the act's continuing education requirements can result in disciplinary action against the licensee, including the refusal, revocation, or suspension of a license.

DPH must waive the continuing education requirements for licensees applying for their first license renewal. It can waive the requirement for a specific period or give a licensee an extension to meet the requirements because he has a medical disability or illness.

ALCOHOL AND DRUG COUNSELORS

Beginning October 1, 2004, licensed or certified alcohol and drug counselors must complete a minimum 20 hours of continuing education annually. Continuing education must be in areas related to the individual's practice and include educational offerings sponsored by a hospital or other licensed health care institution or courses offered by (1) regionally accredited higher education institutions or (2) individuals or organizations on a list of approved continuing education providers maintained by the Connecticut Certification Board, Inc.

The act imposes the same certificate of completion, retention period, submittal of information, disciplinary action, and waiver requirements described above for funeral directors and embalmers.

NURSING HOME ADMINISTRATORS

Beginning October 1, 2004, nursing home administrator licensees must complete at least 20 hours of continuing education annually in areas related to their practice. These activities can include courses offered or approved by the Connecticut Association of Healthcare Facilities, the Connecticut Association of Not-for-Profit Providers, the Connecticut Chapter of the American College of Health Care Administrators, accredited colleges, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, or by state and federal agencies.

The act imposes the same certificate of completion, retention period, DPH submission requirements, and waiver provisions described above for the other professions. A licensee failing to complete continuing education requirements is subject to disciplinary action as described above.

MASSAGE THERAPISTS

The act requires massage therapists to complete a minimum 24 hours of continuing education every four years, beginning on the first renewal date after October 1, 2003. It must be in areas related to the individual's practice, including courses offered by providers approved by the National Certification Board for Therapeutic Massage and Bodywork. No more than 6 units can be completed via the Internet or distance learning, and up to 12 units

can be from providers not approved by the national board. The act defines a continuing education unit as 50 to 60 minutes of participation in accredited continuing education. Under the act, DPH can require the licensee to submit evidence of continuing educating on forms it may prescribe. The act requires the licensee to keep records, certificates, or other evidence of compliance with the continuing education requirements for six years. A licensee's failure to demonstrate meeting the continuing education requirements can be grounds for DPH to take disciplinary action against him.

Under the act, the continuing education requirements do not apply to people continuously licensed since October 1, 1993, or to those applying for their first renewal. The act allows DPH to waive the continuing education requirements for a specific time period or give the person an extension because of medical disability or illness.

Action Required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website; including staff training and the development of exemption forms.

Public Act 03-124

HB 5612

RETIRED DENTISTS

Effective Date: October 1, 2003

Summary:

This act establishes a reduced annual license fee of \$100 for dentists who practice for no fee and for at least 100 hours per year at a public health facility, but do not otherwise practice dentistry. The regular annual license fee for a practicing dentist is \$450.

"Public health facility" includes community health centers, group homes, and schools and preschools operated by a local board of education or a Head Start program. It also includes other facilities such as hospitals, rest homes, health care facilities for the handicapped, nursing homes, residential care homes, mental health facilities, home health care agencies, homemaker-home health aide agencies, substance abuse treatment agencies, infirmaries operated by educational institutions, and intermediate care facilities for the mentally retarded.

Action Required:

The Office of Practitioner Licensing and Certification will develop application materials and provide statutes to the public via mail and website, create additional license type in licensing database, notify Webster Bank and vendor of new license type, train staff and notify CT State Dental Commission.

Public Act 03-164

SB 1151

**COLLABORATIVE PRACTICE BETWEEN
PHYSICIANS AND PHARMACISTS**

Effective Date: October 1, 2003

Summary:

This act adds pharmacists working in nursing homes to those pharmacists who can establish collaborative agreements with physicians to manage the drug therapy of patients. Current law allows physicians and hospital pharmacists to enter into collaborative agreements to manage the drug therapy of individuals receiving inpatient hospital services. The agreements must be based on written protocols and approved by the hospital. They can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes for a patient. The pharmacist can also order associated lab tests and administer drugs. All treatments must be based on a written protocol specific to each patient.

This act expands this by also allowing pharmacists employed by or under contract with a nursing home to enter into collaborative drug therapy management agreements with physicians. The agreements must be based on written protocols for purposes of managing the drug therapy of individual patients in nursing homes, and are subject to the nursing home's approval. Each patient's collaborative drug therapy management must be based on a written protocol specific to that patient and developed by the treating physician in consultation with the pharmacist.

Under the act, the nursing home that employs the pharmacist must determine that he is competent to participate in each collaborative agreement. Under existing law, hospitals must determine the competency of hospital pharmacists participating in collaborative arrangements with physicians. The nursing home, as a hospital must currently do with its collaborative agreements, must file a copy of the criteria it uses to judge competence with the Commission of Pharmacy.

Action required:

The Division of Health Systems Regulation will be responsible for monitoring during onsite inspections and may develop permissive regulations.

Public Act 03-166

SB 1123

ACCESS TO LOW-COST PRESCRIPTION DRUGS

Effective Date: October 1, 2003

Summary:

This act establishes a revolving loan program to provide loans to federally qualified health centers (FQHCs) to establish pharmacies or enter into partnerships with community pharmacies. The loan program is administered by the Connecticut Health and Educational

Facilities Authority (CHEFA), which can capitalize it with up to \$500, 000. The act specifies that up to four pharmacy facilities can be established under this program.

FQHCs are community health centers that receive federal funding and meet specific federal criteria including the services they provide. Federal law (see BACKGROUND) allows certain entities, such as FQHCs, to purchase drugs at discounted prices through creation of an in-house pharmacy or through a contractual agreement with a retail pharmacy.

The Department of Social Services (DSS) must assist FQHCs applying for a loan and must report on the program to various legislative committees.

Background:

§ 340B Drug Program

Section 340B of the federal Public Health Service Act requires drug manufacturers to enter into agreements with the Department of Health and Human Services (HHS) to provide outpatient drugs to covered entities at discounted prices. FQHCs are specifically included under the federal law as covered entities eligible to purchase drugs at discounted prices. Generally, these prices are at least as good as the prices paid by state Medicaid agencies. An FQHC must adhere to certain requirements to receive the discounted pricing. It must be the purchaser and owner of the covered drugs, and these drugs must be dispensed only to patients of the health center.

Most FQHCs with their own licensed in-house pharmacy purchase drugs at these discounted prices. Other FQHCs, which do not operate in-house pharmacies, purchase drugs at these prices through contractual agreements, which they have developed with retail pharmacies, that meet certain federal "contracted pharmacy guidelines."

Public Act 03-195

HB 6570

**SUBSTANCE ABUSE COUNSELORS EMPLOYED BY THE
DEPARTMENT OF CORRECTION**

Effective Date: October 1, 2003

Summary:

This act exempts from the law requiring licensure of Department of Correction (DOC) alcohol and drug counselors (substance abuse counselors) employees counseling DOC clients in order to satisfy the license and certification law's supervised, paid work experience requirement. Prior law exempted only supervised student trainees and interns.

By law, substance abuse counselors must (1) complete an accredited master's degree program or be certified clinical supervisors and (2) be certified by the Department of Public Health (DPH). One of the criteria for DPH certification is completion of three years of supervised, paid work experience or acceptable unpaid internships.

Action required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website.

ADOPTION OF ANIMALS FROM THE CONNECTICUT HUMANE SOCIETY

Effective Date: October 1, 2003

Summary:

This act exempts the Connecticut Humane Society (CHS) from paying a pound the required \$45 fee for a voucher to sterilize (i.e., spay or neuter) and vaccinate cats or dogs when the pound gives it an animal, if CHS (1) sterilizes the animal before adoption or (2) subjects adoptive owners to a penalty for not sterilizing a cat and dog that was previously unfit for surgery 30 days after a veterinarian says it is fit.

The act also allows CHS veterinary technicians to vaccinate CHS-owned animals, under the supervision of a veterinarian, without violating the prohibition on the practice of veterinarian medicine without a license.

Background:

MEDICALLY UNFIT ANIMALS

Failure to Sterilize 30 Days after Animal is Medically Fit for Surgery

By law, people who adopt a dog or cat from a state or town pound or a veterinary clinic or commercial kennel where a town or animal rescue organization has placed it must pay a \$45 fee. Towns must deposit quarterly into the state animal population control account for payment to participating veterinarians.

When someone adopts a dog or cat, the pound gives him a voucher for payment toward the animal's sterilization. If he has paid the \$45 fee he can use the voucher in the 60 days following the date he acquired the animal to pay a veterinarian to sterilize and vaccinate it. But surgery can be postponed for an animal that is not fit for the procedure.

A dog or cat is considered medically unfit for surgery if a veterinarian certifies that surgery may place its life in danger or it is under six months old. The veterinarian must specify when the animal may be ready for sterilization, and the voucher becomes void if surgery is not performed within 30 days of that date.

The pet owner may apply for a refund of the \$45 fee if an adopted dog or cat was previously sterilized or a veterinarian determines it is permanently unfit for the procedure.

Under the act, CHS must give the owner a voucher to use for sterilization if a CHS veterinarian certifies the animal is medically unfit for surgery at the time of adoption. The voucher must specify a date when the animal will be fit, and the owner must pay CHS \$45 if he fails to have the animal sterilized 30 days after that date. The voucher is also voided. CHS must transfer the \$45 to the pound that gave it the animal. If a CHS veterinarian determines an animal is permanently unfit, no fee is charged.

Action required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website and inform the CT Board of Veterinary Medicine.

Public Act 03-209

SB 1107

PRACTICE OF PHYSICAL THERAPY

Effective Date: October 1, 2003

Effective October 1, 2003 with the sections that apply to licensed physical therapist assistants taking effect on the date the public health commissioner publishes notice in the Connecticut Law Journal of intent to implement their licensure and the licensure of athletic trainers, as authorized by PA 00-226.

Summary:

This act adds "wellness care" to physical therapists' scope of practice and allows them and their assistants to provide such care to anyone without symptoms of illness or injury with or without a referral from a physician, podiatrist, naturopath, chiropractor, dentist, advanced practice nurse, or physician assistant. The act defines wellness care as services related to conditioning and fitness, strength training, workplace ergonomics, or injury prevention. Under current law, physical therapists and their assistants can only treat a patient referred by one of these licensed providers.

Action required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website and inform the CT Board of Physical Therapy.

Public Act 03-240

SB 1120

**RADIOGRAPHERS, ACUPUNCTURISTS, PROFESSIONAL
COUNSELORS AND COSMETICIANS**

Effective Date: October 1, 2003

Summary:

This act establishes alternative licensure routes for certain radiographers, acupuncturists, professional counselors, hearing instrument specialists, and hairdressers and cosmeticians. Specifically, it requires the Department of Public Health (DPH) commissioner to issue licenses, only during October 2003.

Action required:

The Office of Practitioner Licensing and Certification will identify and monitor applicants eligible for licensure pursuant to this act.

**REVISIONS TO CERTAIN DEPARTMENT OF PUBLIC HEALTH
STATUTES**

Effective Date: October 1, 2003

Summary:

This act makes a number of substantive and technical changes to Department of Public Health (DPH) statutes. It exempts dental clinics operated by the UCONN Health Center and its divisions, from the requirement that health care facilities with public employees use only safe needle devices until manufacturers design and make needles with self-contained secondary, precautionary-type sheathing devices for dental medicine.

The act also:

1. gives DPH the authority to promulgate regulations on retail food, catering, and itinerant food vending establishments;
2. gives someone aggrieved by an order of a local health director three business days after receiving the order, instead of 48 hours after the order is issued, to appeal to DPH;
3. defines "homeopathic physician" and establishes training requirements for them;
4. allows DPH to license by endorsement a naturopathic physician licensed in another state with requirements substantially similar to Connecticut's, and sets a \$450 license fee;
5. allows DPH to license by endorsement occupational therapists and occupational therapy assistants licensed or certified in another state with standards substantially similar to Connecticut's;
6. limits the time a physician living and licensed in another state who is employed in this state by an individual to treat his ailment, injury, or disease can practice in the state without a Connecticut license to 30 consecutive days;
7. allows a physician licensed in another state who is board-certified in pediatrics or family medicine to practice as a youth camp physician in Connecticut without a Connecticut license for up to nine weeks, even if the other state's licensure standards are not equivalent to Connecticut's;
8. adds an alternative for clinical social workers to meet continuing education requirements;
9. recognizes certification by the Program for the Assessment of Veterinary Education equivalence when licensing foreign-educated veterinarians, in addition to the already recognized Educational Commission for Foreign Veterinary Graduates;
10. allows DPH to license by endorsement a veterinarian licensed in another state with requirements substantially similar to Connecticut's;
11. clarifies that DPH can investigate and take disciplinary action against marital and family therapists for violating statutes and regulations concerning their licensure, and provides an alternative licensure route for marital and family therapists for a limited period;
12. clarifies the deadline by which a nurse's aide can appeal a complaint against her;
13. gives DPH the authority to certify people who test backflow prevention devices and perform cross-connection surveys, and requires DPH to adopt related regulations;

14. requires DPH to maintain a list of companies and individuals performing radon analytical measurement services and residential mitigation services, instead of a list based on a federal program;
15. changes criteria related to DPH's determination of fees for water supply testing;
16. repeals a requirement that DPH adopt regulations on certification criteria and procedures for lead inspectors and lead abatement and removal contractors;
17. specifies that religious educational activities administered by a religious institution exclusively for children whose parents or guardians are members is not "child day care services" for license and registration purposes;
18. repeals a requirement for DPH to annually report to the governor and legislature on recommendations for executive and legislative action beneficial to the public interest;
19. amends the membership and term duration for cemetery association members;
20. repeals an apparently obsolete provision requiring DPH to annually inspect certain facilities; and
21. makes technical changes.

Background:

HOMEOPATHIC PHYSICIANS

Homeopathy is a system of medicine that attempts to stimulate the body to recover itself. It is based on the "law of similars" which looks for the one substance that, if administered in minute doses to a sick person, would produce similar symptoms in a healthy person if administered in large doses. Under the act, a homeopathic physician must be licensed to practice medicine and surgery and successfully complete at least 120 hours of post-graduate medical training in homeopathy in an approved institution or 120 hours of post-graduate medical training under the direct supervision of a licensed homeopathic physician. The latter training must include 30 hours of theory and 90 hours of clinical practice. The existing Homeopathic Medical Examining Board must approve the training done under a licensed homeopathic physician.

BACKFLOW PREVENTION DEVICES

The act gives DPH the authority to certify people who test backflow prevention devices and perform cross-connection surveys. DPH must adopt regulations on standards and procedures for issuing and renewing certificates for these activities. The act also allows DPH to take a variety of disciplinary actions against testers of backflow devices and those doing cross-connection surveys for incompetence, illegal performance, negligence, fraud in obtaining a certificate, fraud or material deception in performing professional activities, a felony conviction, or failure to complete training.

Backflow devices prevent contamination of a public water supply when the system's pressure is low.

WATER SUPPLY TESTING FEES

DPH performs examinations and analyses of water samples submitted by local health directors when they believe public health is threatened. DPH makes these examinations without charge unless the town is to be reimbursed for its costs. In that case, DPH charges a fee according to a schedule of fees it establishes directly that is related to operating costs. This act removes the requirement that the fees be directly related to operating costs, but requires that they be based on nationally recognized standards and performance measures for examination and analysis.

RADON SERVICE COMPANIES

Prior law required DPH to publish a list of companies performing radon mitigation or diagnosis, and radon testing companies who were listed with the federal Environmental

Protection Agency's (EPA) Radon Proficiency Program. Apparently, EPA has not provided this service since 1998. Instead, the act requires DPH to maintain a list of companies or individuals doing radon analytical measurement services and residential mitigation services. The list must contain only those who are included on current lists of national radon proficiency programs approved by DPH. The act also makes related definitional changes concerning radon service providers.

CLINICAL SOCIAL WORKERS

The act specifies that a licensed clinical social worker holding a professional educator certificate with a school social worker endorsement issued by the State Board of Education can meet continuing education requirements for social workers by completing continuing education activities required for the educator certificate. The number of continuing education hours for maintaining the educator certificate must equal that required for social worker continuing education over a one-year period.

CEMETERY ASSOCIATIONS

If a cemetery association fails to comply with the law on managing a perpetual fund, the law specifies that the selectman where the town of the cemetery is located must take over care of the fund and annually report to the Probate Court. The law allows the selectman to appoint a three-member cemetery commission with members serving two-, four-, and six-year terms, respectively.

The act specifies that the committee can have from three to seven members. If three members are appointed, the terms are the same as prior law. If four members, one member serves two years; one, four years; and two, six years. If five members, one serves two years; two, four years; and two, six years. If six members, two serve two years; two serve four; and two serve six. Finally, if seven members are appointed, two serve two years; two serve four years; and three serve six years.

MARITAL AND FAMILY THERAPISTS' ALTERNATIVE LICENSURE

The act authorizes DPH, during October 2003, to issue a marital and family therapist license to any applicant who (1) earned a masters degree in guidance and personal services before 1992; (2) has current clinical membership in the American Association of Marital and Family Therapists originally issued before 1992; and (3) has provided counseling services for at least 10 years within the 15-year-period immediately before applying for licensure.

Action Required:

The Radon Program may from time to time need to contact the Department of Consumer Protection to verify information or request an investigation if the individuals or companies are not listed with a national radon proficiency program and/or the Department of Consumer Protection to perform radon mitigation work in Connecticut.

The Drinking Water Division will promulgate regulations pursuant to section 15 of this act.

The Office of Practitioner Licensing and Certification will identify and monitor applicants eligible for licensure as a Marital and Family Therapist pursuant to this act.

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website and inform the following CT Boards: Homeopathic, Naturopathic and Veterinary.

Public Act 03-267

SB 901

REPORTS OF SUSPECTED ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS OR PERSONS IN LONG-TERM CARE FACILITIES AND ESTABLISHING THE CRIME OF ABUSE OF ELDERLY, BLIND, DISABLED OR MENTALLY RETARDED PERSONS

Effective Date: October 3, 2003

Summary:

This act makes failure to report elder abuse a crime, rather than a violation, and shortens the time that mandated elder abuse reporters have to notify the Department of Social Services (DSS) commissioner about a suspected case of abuse. It also authorizes legal remedies for anyone who is subjected to discrimination or retaliation for, in good faith, (1) reporting elder abuse or (2) complaining to DSS about a nursing or board-and-care home or similar adult care homes.

The act also specifies that an elderly person's refusal of treatment for religious reasons is not of itself grounds for implementing protective services through DSS's Elderly Protective Services Unit.

Background:

Elder Abuse Reporters

The law makes the following mandated elder abuse reporters:

1. licensed physicians and surgeons and licensed or unlicensed residents and interns;
2. registered and licensed practical nurses;
3. nursing home administrators, nurse's aides, orderlies, and anyone else paid for providing care in a nursing home;
4. patient advocates;
5. medical examiners;
6. dentists;
7. osteopaths, optometrists, chiropractors, and podiatrists;
8. psychologists, social workers, and sexual assault or battered women's counselors;
9. clergy;
10. police officers;
11. pharmacists; and
12. physical therapists.

Anyone else who suspects abuse, neglect, exploitation or abandonment can also report it to DSS.

Action Required:

An existing Department of Public Health Policy statement will require revision.

Public Act 03-272

SB 1146

RECOMMENDATIONS FOR ROOM TEMPERATURES IN NURSING HOME FACILITIES, WHISTLE-BLOWING BY HEALTH CARE FACILITY EMPLOYEES AND REPORTS BY EMPLOYERS REGARDING HEALTH EMERGENCIES, DISEASES OR HAZARDS IN A WORKPLACE

Effective Date: October 1, 2003

Summary:

This act requires employers to notify employees of potential risks from a health emergency, disease cluster, or imminent hazard and recommended measures to reduce the associated risks.

It also provides protections against discriminatory treatment of, or retaliation against, health care facility employees who submit a complaint, or initiate or cooperate in a government investigation or proceeding, related to conditions, care, or service issues at that facility. The act defines "discriminatory treatment" as discharge, demotion, suspension, or any other detrimental changes in employment terms or conditions, or the threat of any such actions. A "health care facility" is any facility or institution primarily providing services for the prevention, diagnosis, or treatment of human health conditions.

It requires a health care facility that discriminates or retaliates against an employee to reinstate him and reimburse him for lost wages, lost work benefits, and any reasonable legal costs he incurs. The act's provisions and remedies are in addition to others available in statute or common law.

Action Required:

The Division of Health Systems Regulation will adopt recommendations on minimum and maximum temperatures for areas in nursing homes and rest homes. The recommendations must be made available to nursing homes, rest homes, and the public, and posted on the website.

Public Act 03-274

SB 1148

OUTPATIENT SURGICAL FACILITIES

Effective Date: Upon Passage

Summary:

This act requires certain outpatient surgical facilities using specified levels of sedation or anesthesia to obtain a license from the Department of Public Health (DPH). The licensure requirement applies to outpatient surgical facilities (1) established, operated, or maintained by an entity, individual, firm, partnership, corporation, limited liability company, or association, but not one operated by a hospital (hospital-based outpatient surgical facilities are already subject to DPH and Office of Health Care Access (OHCA) requirements), and (2) providing surgical services for human health conditions that include the use of moderate or

deep sedation or analgesia or general anesthesia, as these levels are defined by the American Society of Anesthesiologists or other entity recognized by DPH.

The act provides initial exceptions from licensure based on certain OHCA determinations, but facilities initially receiving an exception must become licensed by March 30, 2007. No facility can be established between July 1, 2003, and July 1, 2004, unless it satisfies one of these exceptions.

The act specifies that outpatient surgical facilities that have received anesthesia accreditation continue to be subject to such accreditation requirements (see BACKGROUND). The act's provisions do not apply to licensed dentists and licensed outpatient clinics.

Finally, the act establishes an advisory committee to address various outpatient surgical facility issues.

LICENSURE OF OUTPATIENT SURGICAL FACILITIES

Exceptions to Licensure

The act requires an outpatient surgical facility to obtain a license from DPH unless the entity operating the facility (1) provides evidence to OHCA that it was operating on or before July 1, 2003; (2) obtains from OHCA by July 1, 2003, a determination that a certificate of need (CON) is not required and provides OHCA with satisfactory evidence that it began developing the facility before that date; or (3) between July 1, 2003, and June 30, 2004, obtains a CON based on OHCA's policies and procedures in effect as of July 1, 2003.

If an outpatient surgical facility meets any of the exceptions, the act allows it to operate without a license until March 30, 2007. But it must obtain a license from DPH by March 30, 2007.

OHCA Determinations for Exceptions For Facilities in Development

For purposes of meeting the second licensure exemption above, the act specifies the factors OHCA must consider in determining whether facility development has begun. These are whether the applicant has (1) contractually committed to a site; (2) spent significant funds on predevelopment, such as for consultation and equipment; or (3) contracted with third-party payers for services related to the facility's operation.

The applicant may ask for a review and reconsideration by OHCA if the agency denies its exception request. OHCA must give notice of the grounds for its denial and hold a hearing according to the Uniform Administrative Procedure Act (UAPA).

APPLICABILITY OF EXISTING LAW

The act prohibits an entity from establishing or operating an outpatient facility without complying with OHCA statutes, including CON. It also specifies that beginning July 1, 2004, any entity meeting the definition of outpatient surgical facility is subject to the rights and obligations existing in law as of June 30, 2003. The act prohibits the use or introduction of its provisions into any proceeding to suggest, infer, or otherwise indicate or imply that the entity is or is not a free-standing outpatient surgical facility under OHCA statutes. It specifically provides that it creates no implication or should be used in any manner in any proceeding concerning whether a CON is required on or after July 1, 2004.

WAIVER FROM PHYSICAL PLANT AND STAFFING REQUIREMENTS

The act allows DPH to grant a waiver to outpatient surgical facilities from existing licensure requirements concerning physical plant and staffing, but only if the patients' health, safety, and welfare is ensured.

ADVISORY COMMITTEE

The act directs the DPH and OHCA commissioners to develop an advisory committee to (1) review laws, regulations, standards, policies, and practices; (2) analyze alternatives; and (3) make recommendations on issues related to licensure and regulation of outpatient surgical facilities to ensure patient access and safe operation.

The committee must include the presidents of the Connecticut Hospital Association and Connecticut State Medical Society or their designees and can include representatives from hospitals, physicians, patients, and others as the commissioners find necessary.

The commissioners must report their findings and recommendations to the Public Health Committee by January 1, 2004.

Background:*Anesthesia Accreditation*

PA 01-50 (CGS § 19a-691) establishes accreditation requirements for certain unlicensed health care facilities (e. g. physicians' offices) where various levels of anesthesia and sedation are administered. Health care practitioners or practitioner groups operating unlicensed facilities must meet at least one of four specified accreditation standards before using moderate or deep sedation or analgesia or general anesthesia. Dentists with DPH-issued permits to use general anesthesia or conscious sedation are exempt from these requirements. The act required accreditation by the later of January 1, 2003, or 18 months after the date on which such anesthesia is first administered at the facility.

Action Required:

The Division of Health Systems Regulation will establish a waiver program, establish an Advisory Committee and establish resources for future licensure inspections effective July 1, 2004.

Public Act 03-275**SB 1150**

**DEMONSTRATION PROJECT FOR LONG-TERM
ACUTE CARE HOSPITALS****Effective Date:** Upon Passage**Summary:**

Under this act, The Office of Health Care Access (OHCA), in consultation with the departments of public health (DPH) and social services (DSS), can authorize up to four demonstration projects allowing a nonprofit, chronic disease hospital and a licensed, short-term acute care general hospital or a children's hospital to enter into a partnership to create a distinct long-term acute care hospital within the short-term hospital. The purpose of the demonstration project is to study quality of service, patient outcomes, and cost effectiveness of long-term acute care hospitals. The demonstration must be designed to serve people needing long-term hospitalization in an acute care setting.

Background:

Certificate of Need (CON)

CON is a regulatory process, administered by the OHCA, for review of certain proposed capital expenditures by health care facilities, acquisition of major medical equipment,

institution of new services or functions, termination of services, transfer of ownership, and decreases in bed capacity. Generally, a CON is a formal OHCA statement that a health care facility, medical equipment purchase, or service change is needed.

Those parties interested in the demonstration project can apply to OHCA for a certificate of need (CON). Each authorized project must collect and report data on the project's cost effectiveness and effect on quality and patient outcomes. Data must include (1) length of stay, (2) number of intensive care days per patient, (3) cost of stay, (4) type of discharge, and (5) other data requested by OHCA. OHCA determines how the data is reported.

OHCA must report, by January 1, 2007, to the Public Health and Human Services committees on recommendations concerning long-term acute care hospitals within short-term acute care or children's hospitals. OHCA must consult with DPH and DSS on the report.

Action required:

The Division of Health Systems Regulation will license long-term acute care hospitals established as separate institutions even though they are located in licensed short-term or children's hospitals.

The Division of Health Systems Regulation will consult OHCA as required pursuant to this act for purposes of authorization of the demonstration projects; and, for completion of the January 1, 2007 report to the Public Health and Human Services committees.

Public Act 03-277

HB 6683

MYOFASCIAL TRIGGER POINT THERAPY ON ANIMALS

Effective Date: October 1, 2003

Summary:

This act allows people with experience performing myofascial trigger point therapy who practice it on animals to do so without violating the ban on practicing veterinary medicine without a license.

The act defines "myofascial trigger point therapy" as the use of specific palpation (examining by touch), compression, stretching, and corrective exercise for promoting optimum athleticism. It defines "experienced people" as those who, before October 1, 2003, have attended at least 200 hours of classroom, lecture, and hands-on practice in myofascial trigger point therapy, including:

1. animal musculoskeletal anatomy and biomechanics,
2. theory and application of myofascial trigger point therapy technique,
3. factors that cause a condition to reoccur, and
4. corrective exercise.

Action required:

The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website and inform the Inform CT Board of Veterinary Medicine.

Office of Planning, Promotion and Communications

Public Act 03-80

SB 944

COMMUNITY BENEFIT PROGRAMS

Effective Date: October 1, 2003

Summary:

This act requires each hospital and managed care organization (MCO) to submit a biennial, rather than an annual, report to the Department of Public Health (DPH) on whether it has a "community benefits" program. The next report is due January 1, 2005. By law, if the MCO or hospital has such a program, the report must describe the status of the program and the extent to which it has met certain guidelines.

The act also authorizes the DPH commissioner to impose a civil penalty of up to \$50 a day on MCOs and hospitals for each day the report is not submitted.

The law requires DPH to summarize and analyze the required reports annually and make summaries available to the public. The act instead makes this a biennial requirement, with the next summary report due October 1, 2005.

"Community benefits," under the law, means a voluntary program to promote preventive care and to improve the health status of working families and populations at risk in the communities within the geographic service areas of an MCO or hospital.

Action required:

The Office of Health Planning and Professional Development shall develop a summary and analysis of the community benefits program reports submitted by managed care organizations and hospitals pursuant to the act.

The Office of Health Planning and Professional Development shall not later than October 1, 2005, and biennially thereafter, make such summary and analysis available to the public upon request.

Bureau of Regulatory Services

Special Act 03-7

SB 482

ELECTION OF MEMBERS TO THE SOUTHEASTERN CONNECTICUT WATER AUTHORITY

Effective Date: Upon Passage

Summary:

The purpose of this act is to change the requirements for the appointment of members of the Southeastern Connecticut Water Authority to say that members shall be appointed directly by a majority of those members of the representative advisory board present and voting at a meeting.

Special Act 03-10

HB 6642

EXPANSION OF EXISTING STRUCTURES ON WATER COMPANY LAND

Effective Date: Upon Passage

Summary:

This act allows for decisions by the city of Groton to change the use of its water company-owned class II lands to allow the Pequot Medical Center to expand its existing facilities on water company land included leased land as of January 1, 2003, from the city of Groton by the Pequot Medical Center, and to allow for storm water drainage facilities on water company-owned land outside of such leased area to provide for such expansion. Review of the expansion plans shall be done by the Department of Public Health for the purpose of advising the city of Groton as to the best management practices applicable to this project.

Action required:

The Drinking Water Division will review the expansion plans and advise the city of Groton on the best management practices applicable to the project.

Special Act 03-11

HB 5566

TOWN OF WOLCOTT

Effective Date: From Passage

Summary:

Enable the town of Wolcott to join the South Central Connecticut Regional Water Authority.

Special Act 03-12

HB 6073

**EXISTING DWELLING HOUSES ON LAND OWNED BY SOUTH
CENTRAL CONNECTICUT REGIONAL WATER AUTHORITY**

Effective Date: Upon Passage

Summary:

This act allows the South Central Connecticut Regional Water Authority to sell existing homes and barns on their property under certain conditions.

Public Act 03-68

HB 6585

WELL DRILLERS AND WELL CASING EXTENSIONS

Effective Date: July 1, 2003

Summary:

This act authorizes the consumer protection commissioner, with the advice and assistance of the plumbing and piping work examining board, to establish by regulation limited contractor and limited journeyman certificates permitting licensed plumbers and others licensed to perform plumbing and piping work to extend, repair, and maintain well casings and extensions. Applicants must demonstrate their knowledge of well casing extension, repair, and maintenance by passing a licensing examination administered by the consumer protection department. Registration certificates are nontransferable and expire annually. The act establishes a \$25 initial registration fee and an annual \$25 certificate renewal fee.

Public Act 03-87

HB 6447

ASBESTOS ABATEMENT WORKERS, SITE SUPERVISORS AND TRAINING PROGRAMS

Effective Date: October 1, 2003

Summary:

This act establishes fees for the certification of asbestos abatement workers and site supervisors, as well as for the approval of asbestos-related training and refresher training programs. It also allows for Connecticut certification by endorsement for certain out-of-state workers and supervisors.

By law, asbestos abatement workers and asbestos abatement site supervisors must complete a Department of Public Health (DPH) -approved training program and be certified by DPH. The act establishes initial and annual renewal license fees of \$25 for an asbestos worker certificate and \$50 for a site supervisor certificate. It allows DPH to certify a person licensed or certified in another state with standards substantially similar to Connecticut's and who is not facing any unresolved complaints or pending disciplinary actions.

The act also establishes a \$500 fee for each application or reapplication to DPH for approval of training programs for asbestos abatement workers, asbestos abatement site supervisors, and asbestos consultants. It also establishes a \$250 application fee for DPH's approval or re-approval of refresher training programs.

Action required:

The Division of Environmental Health will coordinate with the Office of Practitioner Licensing and Certification to establish the necessary procedures to implement and process the required fees. The Office of Practitioner Licensing and Certification will update application materials and statutes that are provided to the public via mail and website.

Public Act 03-141

HB 6551

EXEMPTIONS FROM THE WATER DIVERSION PERMITTING PROCESS

Effective Date: Upon Passage

Summary:

This act adds water diversions necessary for the security of public water supplies to the list of diversions exempt from permit and notification provisions of the Connecticut Water Diversion Policy Act (CWDPA) and makes these and other diversions exempt from general permit for minor activity requirements.

The act allows, instead of requires, a general permit for minor activities under CWDPA to contain a provision requiring any person or town intending to undertake an activity covered by the permit to give written notice to certain local agencies and it eliminates the

requirement that the person or town that plans to conduct an activity covered by the general permit give at least 60 days written notice before the action. It also eliminates (1) the requirement that the Department of Environmental Protection (DEP) receive and make the notice publicly available and (2) authorizations for agencies or people to submit comments about the action to the commissioner 25 days before the activity's proposed start.

The act requires the Water Planning Council, by February 1, 2004, to issue recommendations for (1) a water allocation plan, based on water budgets for each watershed; (2) funding for water budget planning, giving priority to the most highly stressed watersheds; and (3) the feasibility of merging the data collection and regulatory functions of the DEP Inland Water Resources program and the public health department's water supplies section. The council was created in 2001 to address issues involving water companies, water resources, and state policies regarding the future of the state's drinking water supply. By law, it must report its preliminary findings and any proposed legislative changes annually to the Environment, Public Health, and Energy and Technology committees.

The act also makes technical changes. House Amendment "A" (1) extends the requirements from which certain diversions and diversions necessary to protect the security of public water supplies are exempt and adds restrictions and reporting requirements for the latter, (2) adds reporting requirements for the Water Planning Council, (3) changes notice and reporting requirements for general permits, and (4) eliminates (a) authorization for the DEP commissioner to make exemption qualification regulations and (b) certain emergency water supply intake modifications.

Public Act 03-175

HB 5059

**WATER SERVICE CONNECTIONS, AUTOMATIC SPRINKLERS AND
WATER SERVICE TO A SCHOOL ADMINSTRATION BUILDING**

Effective Date: Upon passage for the municipal water utility exemption and October 1, 2003, for the remaining provisions.

Summary:

This act generally exempts municipal water utilities in municipalities that meet narrow criteria from most of the laws governing water utilities, notably the public health laws.

The act makes private water companies with annual revenue of \$20,000 or more financially responsible for all service connection replacements and repairs, regardless of when the connection was installed. Under Department of Public Utility Control (DPUC) regulations, such companies have been financially responsible for maintaining and repairing all new service connections installed since 1966; customers were responsible for older service connections. The regulations define a service connection as the part of the service pipe that runs from the water main to the curb stop that is at or near the street line or the customer's property line. The connection also includes other valves or fittings that the company may require at or between the water main and the curb stop, but it does not include the curb box.

Finally, the act requires businesses and state agencies that begin installing automatic lawn sprinkling systems on or after October 1, 2003 to equip the system with a sensor that overrides it when adequate rainfall has occurred. It allows municipalities to adopt parallel

ordinances that can apply to all entities installing such systems on or after October 1, 2003, rather than just businesses and state agencies.

EXEMPTION FROM WATER UTILITY LAWS

Municipal water utilities are subject to the laws administered by the departments of Public Health (DPH), Environmental Protection (DEP), and, to a limited extent, DPUC. DPH regulates water quality and adequacy, DEP regulates diversions from water bodies and aquifers, and DPUC, in the context of municipal utilities, enforces consumer protection laws.

The act exempts municipal water utilities that meet two criteria from most of the DPH laws and all of the DPUC laws. The criteria are that the municipality has (1) a population between 38,000 and 43,000 according to the 2000 census and (2) a school administration building housing fewer than 75 employees that is served by a well. Groton, Shelton, and Southington meet the population criterion; it is not known which town meets the second criterion.

The act exempts municipal water utilities in the town or towns that meet both criteria from DPH laws (except as they require testing of well water) and DPUC laws. Among other things, the act exempts the affected utilities from DPH laws including:

1. restricting the sale and use of utility-owned land;
2. requiring large utilities (those with 250 or more customers or serving 1,000 or more individuals) to submit water supply plans to DPH;
3. subjecting utilities that violate drinking water laws and regulations to civil penalties;
4. providing grants for the construction and modification of water facilities;
5. requiring utilities to participate in the water utility coordinating committee process, which assigns exclusive service territories to utilities; and
6. requiring a DPH permit to sell or abandon a water supply source.

The act also exempts the affected water utilities from DPUC laws including those:

1. requiring DPUC and DPH approval to build new water supply systems and, in the case of smaller utilities, to expand existing systems;
2. subjecting water utilities that violate DPH or DPUC orders regarding water availability, portability, or adequacy to a possible take-over by the public or private entity that the DPUC, in consultation with DPH, services is most appropriate;
3. governing DPUC's rate regulation of management services a private water company provides to a municipal water utility;

The act also appears to exempt the affected municipal water utilities from the law providing for the court's appointment of a receiver in cases in which a landlord fails to pay his water bill.

Public Act 03-186

HB 6036

RADON MITIGATORS

Effective Date: October 1, 2003

Summary:

This act changes the certification requirement for contractors who advertise themselves as radon mitigators. Under current law, radon mitigators must attend a program and pass an

examination that the public health commissioner approved before the consumer protection commissioner can certify them as radon mitigation contractors. The act instead requires people to provide satisfactory proof of certification from the National Radon Safety Board or the National Environmental Health Association before they can be certified.

It also sets a \$250 minimum fine for violators of the certification requirement and makes a conforming technical change. Under current law, the fines range from up to \$500 for the first violation, up to \$750 for the second violation occurring within three years of the first, and up to \$1,500 for the third and subsequent violations occurring within three years of the prior violation.

By law, anyone who advertises himself as a contractor or salesperson must first obtain a certificate of registration from the consumer protection commissioner. The law exempts certain corporate officials already registered as contractors from also being certified as salespeople.

Public Act 3-206

HB 5723

AFTER SCHOOL PROGRAMS

Effective Date: Upon Passage

Summary:

This act requires the education commissioner to establish and appoint an after school committee, in consultation with the social services commissioner and Children's Commission executive director. The committee's members must include people who operate, or are experts in, after school programs; local elected officials; members of community agencies; business people; and professional educators.

The committee may report and make recommendations on some or all of these topics:

1. existing government and private resources to support after school programs,
2. ways to improve goal setting and coordination among state agencies to achieve efficiencies and encourage training and local technical assistance for after school programs,
3. best practices,
4. ways to encourage community-based providers,
5. professional development and joint training,
6. ways to address barriers to after school programs, and
7. a public and private governance structure that ensures after school programs are sustainable.

The committee must report its findings to the General Assembly by February 1, 2004. To support the committee, the act allows the education commissioner to seek and accept funds from private organizations that do not receive grants or other funds from the Education Department.

Action required:

The Division of Community Based Regulation staff should be included on the after school committee.

Public Act 03-211**SB 5931**

PROVISION OF MEDICAL CARE FOR STUDENT'S HEALTH CARE NEEDS

Effective Date: Upon Passage

Summary:

This act:

1. requires school boards to let diabetic students test their own glucose levels in school if a physician's or advanced practice registered nurse's (APRN) written order states the student needs to self-test and is capable of doing so;
2. expands the types of school personnel who can administer medication to students under specified circumstances, expands the scope of the regulations that govern administration, and shifts authority to adopt regulations from the public health commissioner to the State Board of Education (SBE);
3. specifies the school personnel who can recommend medical evaluations for students, requires school board policies to address procedures for recommending such evaluations, and clarifies and expands the provisions of the law requiring school boards to adopt policies prohibiting school personnel from recommending psychotropic drugs for a child;
4. requires health care providers to report to school districts when they immunize or conduct a health care assessment on a child seeking to enroll in a public school and to report on immunizations and assessments for each child enrolled in that school;
5. immunizes from civil liability volunteers and certain nonprofit organizations when, under specified conditions, a volunteer uses an automatic prefilled cartridge injector on a child who apparently needs an injection due to an allergic reaction;
6. prohibits school boards from denying a student access to school transportation solely because he needs to carry an automatic cartridge injector or similar equipment to deliver epinephrine to treat allergic reactions;
7. requires school boards to honor APRNs' orders restricting a student's physical activity in school; and
8. explicitly requires in-service programs on the development of exceptional children that school districts must offer for certified school personnel to cover students with attention-deficit hyperactivity disorder (ADHD) and learning disabilities.

Background:**GLUCOSE SELF-TESTING IN SCHOOL (§ 7)**

The act bars school boards from prohibiting a child with diabetes from testing his own blood glucose level if the student has a physician's or APRN's written order saying he needs to conduct, and is capable of conducting, the self-testing. It requires the education commissioner to consult with the public health commissioner and adopt guidelines for policies and practices for children's glucose self-testing. It bars the guidelines from being considered as state regulations.

ADMINISTERING MEDICATION IN SCHOOL (§§ 4 & 5)*School Paraprofessionals and Students with Allergies*

The act allows a school nurse supervisor and school medical advisor jointly to approve a plan for a specific school paraprofessional to give medication, including medication administered with a cartridge injector, to a particular student who has a diagnosed allergy that may require prompt treatment to avoid serious harm or death. The plan may be approved only (1)

with the written authorization of the student's parents and (2) pursuant to a written order from the student's doctor or an APRN or physician assistant authorized by law to prescribe medication.

Under the act, a "cartridge injector" is a prefilled, automatic device for delivering a standard dose of epinephrine for emergency first aid in response to allergic reactions.

Physical and Occupational Therapists

The act allows a licensed physical or occupational therapist employed by a school district, in the absence of the school nurse and under the nurse's general supervision, to give a student medicine according to the (1) written order of a licensed physician, dentist, APRN, or physician assistant and (2) written authorization by the student's parent or guardian. The act adds these therapists to the following school personnel who can give medicine under these circumstances: any licensed nurse, the principal, any teacher, or an intramural or interscholastic athletic coach.

Immunity

The act extends the existing immunity from liability for negligent acts or omissions by school personnel giving medicine under the specified circumstances to include licensed physical and occupational therapists and school paraprofessionals giving medication under the act. The immunity does not extend to acts or omissions that constitute gross, willful, or wanton negligence.

Regulations on Giving Medication

Prior law allowed the public health commissioner to adopt regulations specifying the conditions under which coaches can give medicine to students participating in intramural or interscholastic athletics. This act shifts the authority for adopting those regulations to the SBE, in consultation with the commissioner, and expands the coverage of the regulations.

Under the act, SBE can adopt regulations it considers necessary to administer the medication provisions of both existing law and the act. It allows SBE's regulations to specify (1) conditions and procedures for all authorized school personnel, not just coaches, to administer medicine to any student, not just student athletes, and (2) conditions for students to give themselves medicine.

The act specifies that SBE must any amendments made on and after July 1, 2003 to existing public health regulations concerning administering medication in school.

Controlled Substance Regulations

The school personnel specified in both the law and the act may administer controlled drugs to students under the conditions described above. The act specifies that the controlled drugs covered are those designated in regulations the consumer protection commissioner, rather than the public health commissioner adopts. It also requires schools to store those drugs as required by the consumer protection commissioner's, instead of the public health commissioner's, regulations.

Nurse Qualification Regulations (§ 3)

The act requires SBE to consult with the Department of Public Health, rather than receive its technical advice and assistance, when it adopts regulations governing school nurse qualifications.

SCHOOL POLICIES ON RECOMMENDING PUPIL MEDICAL EVALUATIONS AND PSYCHOTROPIC DRUGS (§ 8)

The act requires previously mandated school board policies prohibiting school personnel from recommending psychotropic drugs for children to include procedures (1) for school health or mental health personnel and other school personnel to communicate with each other about children who may need to be recommended for a medical evaluation, (2) establishing how school health or mental health personnel should communicate the need for evaluation to a child's parents or guardian, and (3) for obtaining proper consent from parents or guardians for the school health or mental health personnel to talk about a child with outside medical practitioners.

Under the act, the school health and mental health personnel who can communicate about medical evaluations are (1) nurses; (2) nurse practitioners; (3) medical advisors, (4) school psychologists, social workers, and school counselors; and (5) other school personnel whom a school board identifies in its policy as responsible for communicating with a parent or guardian about a child's need for medical evaluation.

Prior law stated that it did not prohibit school "medical staff" from recommending appropriate medical evaluation of a child. The act specifies that it is the personnel listed above who may recommend the medical evaluations.

The act also specifies that neither its policies nor a school board's procedures prevent a child's planning and placement team from recommending a medical evaluation as part of an initial evaluation or reevaluation needed to determine a child's (1) eligibility for special education and related services or (2) educational needs for an individualized education program.

Finally, the act defines the psychotropic drugs covered by the school recommendation ban as prescription medications, including stimulants and anti-depressants, for behavioral or social-emotional concerns such as (1) attention deficit, (2) impulsivity, (3) anxiety, (4) depression, and (5) thought disorders.

REPORTING IMMUNIZATIONS AND HEALTH ASSESSMENTS (§ 9)

By law, children must be immunized against certain diseases before they can enroll in a public or private school and must have their health assessed before they can enroll in a public school. Public school students must also have their health assessed in either sixth or seventh grade and again in 10th or 11th grade.

The act requires health care providers who immunize or assess the health of a child seeking to enroll in a public school to report this to a designated representative of the school district for the school in which the child is enrolling. It also requires them to report to the district representative on immunizations and the health assessment results for each child enrolled in that school. Each school board must annually designate a representative to receive these reports.

The act applies to health care providers who are "legally qualified practitioners of medicine." These include physicians, registered nurses, APRNs, nurse midwives, and physician assistants.

IMMUNIZING NONPROFIT VOLUNTEERS (§ 10)

The act immunizes from civil liability volunteers associated with certain nonprofit organizations who, under specified conditions, administer a cartridge injector to a child who

apparently needs an injection. The nonprofit organizations, which cannot be licensed health care providers, must offer programs to children under age 17. Volunteers must have (1) been trained in using cartridge injectors by a licensed physician, physician assistant, registered nurse, or APRN and (2) obtained parental or guardian consent to use an injector on the child. If a trained volunteer uses an injector on a child whose parent or guardian has consented and the child is injured or dies, the act immunizes both the volunteer and the nonprofit that trained him against civil damage claims by the child, parent, or guardian that arise from acts or omissions that constitute ordinary negligence. The immunity does not extend to acts or omissions that constitute gross, willful, or wanton negligence.

ORDERS RESTRICTING SCHOOL PHYSICAL ACTIVITY (§ 2)

The act allows an APRN to give a local or regional school board written notice placing restrictions on a particular pupil's physical activities in school. Under prior law, only medical doctors, surgeons, osteopaths, naturopaths, and podiatrists could give the notice. By law, boards must honor such restrictions.

IN-SERVICE PROGRAMS (§ 6)

The act explicitly requires the in-service training program on the growth and development of exceptional children that each local and regional board of education must provide for its teachers, administrators, and pupil personnel to cover children with attention deficit hyperactivity disorder or learning disabilities. By law, the program must cover gifted and talented children and children who may require special education and methods for identifying, planning for, and working effectively in a regular classroom with children with special needs.

Office of Emergency Medical Services

Special Act 03-9

HB 5627

RECOMMENDATIONS BY THE DEPARTMENT OF PUBLIC HEALTH REGARDING COMMUNITY ACCESS TO AUTOMATIC EXTERNAL DEFIBRILLATORS

Effective Date: Upon Passage

Summary:

The Department of Public Health shall develop recommendations that maximize community access to automatic external defibrillators. Such recommendations shall include strategies to (1) develop public access to defibrillation training programs, (2) utilize the existing emergency medical service agencies, and (3) provide cardiopulmonary resuscitation and automatic external defibrillation to cardiac arrest victims in public settings, including, but not limited to, state facilities, municipal facilities and mass public gatherings.

Action required:

The Office of Emergency Medical Services shall report, in accordance with section 11-4a of the general statutes, on the recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health on or before January 1, 2004.

Public Act 03-46

HB 5617

AMBULANCE SERVICES

Effective Date: October 1, 2003

Summary:

By law, the Department of Public Health (DPH) sets the maximum allowable rates for ambulance services. This act removes a requirement that ambulance services file with DPH an audited financial statement or an accountant's review report for the most recently completed fiscal year if they (1) do not apply for a rate increase in excess of the Medical Care Services Consumer Price Index for the prior year, or (2) accept the maximum allowable rates in a voluntary statewide rate schedule established by DPH.

Office of Public Health Preparedness

Public Act 03-236**HB 6676**

PUBLIC HEALTH EMERGENCY RESPONSE AUTHORITY

Effective Date: Upon Passage

Summary:

This act strengthens the governor's, the Department of Public Health (DPH) commissioner's, and local health directors' powers to respond to public health emergencies. It:

1. authorizes the governor, subject to disapproval by legislative leaders, to declare a public health emergency and order the DPH commissioner to take certain actions;
2. authorizes the commissioner to quarantine, isolate, and vaccinate people during a public health emergency;
3. allows people to refuse vaccination for any reason, including on medical, religious, or conscientious grounds, and allows those who do so to be quarantined or isolated;
4. requires DPH to develop a public health emergency response plan, which legislative leaders must review before it is approved;
5. broadens local health directors' existing quarantine authority, but specifies that they must follow the commissioner's orders during a declared emergency;
6. allows the governor to seize antitoxins and pharmaceutical or other biologic products when there is a shortage during a public health or civil preparedness emergency;
7. immunizes state and local officials and others against liability for damages from their actions or inactions during a public health emergency and requires the state to defend them and indemnify them for their expenses;
8. allows DPH to suspend temporarily license requirements for out-of-state health professionals who work in Connecticut during a public health emergency; and
9. allows DPH to authorize people to register death certificates and carry out related duties during an emergency.

Background:

GOVERNOR'S AUTHORITY

Declaring a Public Health Emergency (§§ 1 & 2)

The act authorizes the governor to declare a statewide or regional public health emergency after he makes a good faith effort to inform legislative leaders (see below). He can do this when a communicable disease, other than a sexually transmitted disease, or contamination that poses a substantial risk of a significant number of human fatalities or permanent or long-term disabilities occurs or is an imminent threat. The disease or contamination must be caused by, or the governor must believe it is caused by, bioterrorism, an epidemic or pandemic disease, a natural disaster, or a chemical or nuclear attack or accident.

A communicable disease under the act and existing law is a disease or condition that can be directly or indirectly passed or carried from one person or animal to another. Contamination occurs when a biological toxin or chemical, radioactive, or other substance is sufficient to pose a substantial risk of death, disability, injury, or harm to others.

The governor's declaration must state the nature of the emergency, the towns or geographic areas subject to the declaration, the conditions that create the emergency, how long it will last, and the public health authority responding to the emergency. A "public health authority" under the act is any person or entity authorized to respond under the emergency plan the act requires the public health commissioner to prepare (see below). It could include local or district health directors and licensed health care providers.

The governor's declaration takes effect when filed with the secretary of the state and the House and Senate clerks. The act allows six members of a 10-member legislative committee to vote to disapprove and nullify the declaration. The committee is composed of the House speaker, Senate president pro tempore, the House and Senate majority and minority leaders, and the Public Health Committee's chairmen and ranking members. Their disapproval is effective only if they file it with the secretary of the state within the 72 hours after the governor files the declaration. A similar disapproval process applies under existing law when the governor declares a civil preparedness emergency.

The governor can terminate the declaration before its original end date if, after informing legislative leaders, he finds the circumstances no longer pose a substantial risk of human death or disability. He can renew a declaration by following the process for initially declaring an emergency.

Orders Under A Declaration

When he declares a public health emergency, the governor can (1) order the DPH commissioner to implement all or part of the public health emergency response plan and vaccinate people and (2) authorize him to isolate or quarantine people. He can also apply for and receive federal help.

The governor must ensure that the declaration and any orders issued pursuant to it are published in full at least once in a newspaper with general circulation in each county, provided to news media, and posted on the state's website. But failure to take any of these actions does not invalidate the declaration or orders.

The act allows the DPH commissioner to ask the attorney general to apply to Superior Court for an order to enforce his orders and to provide any other equitable relief it deems appropriate. It allows the commissioner to delegate some or all of his authority to a DPH employee or any local health director, who then acts as the commissioner's agent.

The act subjects anyone who violates an order issued during a public health emergency to a \$1,000 fine, up to one year in prison, or both for each offense. It imposes the same penalties on anyone who intentionally obstructs, resists, hinders, or endangers any authorized person carrying out any provision of an order.

Seizing Pharmaceuticals and Other Property (§ 13)

The law allows the governor to seize certain types of private property in short supply during a civil preparedness emergency. The act allows him to seize (1) antitoxins, pharmaceuticals, vaccines, or other biological products during a public health or civil preparedness emergency and (2) land and buildings, vehicles, fuel, livestock and animals, and other property during a public health emergency.

DEPARTMENT OF PUBLIC HEALTH AUTHORITY

Public Health Emergency Response Plan (§ 8)

The act requires the commissioner to establish a Public Health Preparedness Advisory Committee to develop a plan to respond to a public health emergency, which may include an

emergency notification service. The committee consists of the commissioner; the six top legislative leaders; the chairmen and ranking members of the Public Health, Public Safety, and Judiciary committees; the Office of Emergency Management director; representatives of local and district health directors who the commissioner appoints; and any other organizations or individuals the commissioner considers relevant to the effort. It must report annually, beginning by January 1, 2004, on the status of the emergency plan and the resources needed to implement it.

Quarantine and Isolation Authority (§ 3(a))

The act allows the commissioner to quarantine or isolate people when the governor authorizes him to do so when he declares a public health emergency. (Local health directors already have this authority without an emergency declaration, see below.) The act defines "isolation" as the physical separation and confinement of one or more people, singly, in groups, or in a geographic area, who are, or who the commissioner reasonably believes to be, infected with a communicable disease or contaminated. It defines "quarantine" as the physical separation and confinement of one or more people, singly, in groups, or in a geographic area, who (1) are exposed to a communicable disease or contaminated or (2) the commissioner reasonably believes have been directly exposed or contaminated or exposed to others who have been exposed or contaminated. Isolation and quarantine must be used to prevent or limit the transmission of the disease or contamination to the public.

The commissioner can order someone quarantined or isolated if he has reasonable grounds to believe (1) the person is infected with a communicable disease, is contaminated, or has a reasonable risk of having a communicable disease or being contaminated or of passing the disease or contamination to other people; (2) the person poses a significant threat to the public health; and (3) quarantine or isolation is needed and the least restrictive alternative to protect the public health. The act bars isolating or quarantining anyone who does not meet these conditions.

Isolation and Quarantine Orders (§3 (c) & (d))

The commissioner's order must be in writing and contain (1) the name of the person or people to be quarantined or isolated or the geographic area where the communicable disease or contamination exists, (2) the basis for his belief that a communicable disease or contamination exists in that area, (3) the duration of the isolation or quarantine, (4) where it will take place, and (5) other necessary terms and conditions. In determining the length of the order, the commissioner must consider, to the extent he knows it, the incubation period of the disease or contamination, when the individual was exposed, and the person's risk of exposing others.

An order is effective for up to 20 days. The commissioner can issue further orders for successive periods of up to 20 days, but he must do so before the last business day of the confinement period. The order must inform the people affected (1) that they have a right to consult an attorney and have a court hearing; (2) how to ask for a hearing; and (3) that if they ask for a hearing, they have the right to counsel, which the state will pay for if they cannot afford it, and court fees will be waived. Each person affected must receive a copy of the order, or a notice must be provided by a means most likely to reach him.

Isolation and Quarantine Conditions (§ 3(b)& (e); § 5))

The act requires the commissioner to adhere to the following conditions and principles when he isolates or quarantines anyone or any group.

1. The isolation or quarantine must be by the least restrictive means needed to prevent the spread of the disease or contamination to others. It may include confinement in private homes or other private or public places.
2. People who are quarantined must be separated from those isolated.
3. The health status of people in quarantine and isolation must be monitored frequently to determine if they need to stay there.
4. If someone in quarantine becomes infected or contaminated or is reasonably believed to have become so, he must be isolated promptly.
5. People in quarantine or isolation must be released immediately when they are no longer infectious or capable of contaminating others or when a court orders their release.
6. The needs of people in isolation or quarantine must be addressed systematically and competently. This includes providing them with adequate food, clothing, shelter, medication and competent medical care, and a way to communicate with others.
7. The places used for isolation or quarantine must be kept hygienic and safe. They must be designed to prevent further disease transmission.
8. Family and household members and guardians and their wards must be kept together to the extent possible.
9. Cultural and religious beliefs must, to the extent possible, be considered in establishing and maintaining isolation and quarantine sites and in addressing the needs of people placed there.

Isolation or quarantine must be in a place the commissioner determines. It continues until he determines the person is no longer infectious or capable of infecting others or is released by court order. A person wanting treatment by prayer or spiritual means through principles and teachings of an incorporated church and without the use of drugs or material remedies, or through any other religious or spiritual practice, may receive such treatment during confinement.

Only individuals the commissioner authorizes can enter a quarantine or isolation site. These can include physicians; other health care providers; or other people, including family and household members, he decides are needed to meet the needs of the confined people.

Appealing Orders (§ 3 (f)-(m))

A person ordered into quarantine or isolation has the right to a probate court hearing to contest the order. The act applies existing due process procedures governing appeals of municipal health directors' confinement orders to appeals of the commissioner's orders. These include (1) notice requirements, including notice of the respondent's right to counsel and to cross-examine witnesses; (2) the process by which counsel is appointed for indigent respondents and compensated; (3) the respondent's right to access all records; and (4) procedures that apply if the respondent is hospitalized when the hearing occurs.

The hearing must be held in the probate court where the person is isolated or quarantined. It must occur within 72 hours after the court receives his written request (excluding weekends and holidays), which may include submission by mail, fax, or the Internet. The Judicial Department must pay the court fees for the hearing, but if no funds have been budgeted for this purpose, the court must waive the fees. The request does not stay the confinement order. The act makes the commissioner a party to the proceeding. If an individual could infect or contaminate others, the hearing can be held by any means that allow all the parties to participate fully. If the individual cannot appear personally, the hearing can take place only if his attorney is present. The act also allows the court to extend the hearing for extraordinary circumstances.

The hearing must determine if (1) the person is (a) infected with a communicable disease or contaminated, (b) reasonably believed to have been exposed to such a disease or contamination, or (c) at reasonable risk of having a communicable disease, of having been contaminated, or of passing the disease or contamination to other people; (2) the person poses a reasonable threat to the public health; and (3) quarantine or isolation is needed and is the least restrictive alternative to prevent the spread of disease or contamination and protect the public health. The commissioner must show by a preponderance of the evidence that these conditions are met.

If a person appealing the order is indigent, the act, following existing law for appealing municipal health directors' orders, establishes a process for an attorney to be appointed for him. Under prior law, only the Judicial Department paid for such attorneys, but the act permits payment from the Probate Court Administration Fund, if the Judicial Department budget does not include funds for court-appointed attorneys in these cases. When an order applies to people in a designated geographic area, the act allows the court to authorize one or more attorneys to represent them all when they have a common interest. But in this circumstance, an individual can choose to be represented by his own lawyer.

As under existing law, the act gives the individual and his attorney access to all records before the hearing, including the individual's hospital records. The act gives the commissioner access to these and allows the parties to take notes from these records. Under the act, if any party requests it, all records related to the person's condition must be admitted at the hearing.

The act requires the court to record the hearing. A transcript must be made if someone appeals. It must be made available for free to an indigent appellant. In such cases, the Judicial Department pays for the transcript, unless its budget does not include funds for this purpose, in which case the Probate Court Administration Fund must pay.

If the court finds that the above three conditions are met (i.e., reasonable risk of disease or contamination, reasonable threat to public health, and confinement is needed and the least restrictive alternative), it must:

1. order continued confinement under terms and conditions it finds necessary to prevent exposing others until the time the commissioner determines that the person's release would not pose a reasonable threat to public health or
2. release the person under terms and conditions it believes appropriate to protect the public health.

The court must order the person's immediate release if the conditions required for a confinement order are not proven.

The act permits a person who is quarantined or isolated to ask the probate court every 30 days to modify or terminate its order. After a hearing, the court can continue confinement; modify it if it finds that, although the conditions for confinement still exist, a different remedy is appropriate; or order the person's release if it finds that conditions for the confinement no longer exist. The same process is available under existing law to people the court quarantines or isolates after a municipal health director's order.

The act permits anyone aggrieved by a probate court decision to appeal to Superior Court. The appeal is confined to the record, that is, the transcript and any evidence the probate court received or considered.

Enforcing Orders (§ 4)

The act allows the commissioner to direct law enforcement officers to quarantine or isolate anyone who refuses to obey his confinement order during a public health emergency. He must notify these officers and others about any infection control procedures they may need.

Vaccinations (§ 6)

The act authorizes the commissioner to issue vaccination orders if the governor authorizes him to do so when he declares a public health emergency. The commissioner can order vaccinations for people, including those who were present in a specific geographic area, as he deems reasonable and necessary to prevent the introduction or stop the progress of the disease or contamination that caused the emergency. He must inform those subject to vaccination orders (1) of the vaccine's benefits and risks and (2) that they can refuse the vaccination for any reason, including health, religion, or conscience. Adults, and parents or guardians for minor children, must give written consent before they or the children are vaccinated.

If a person or group cannot or will not be vaccinated, the act allows the commissioner to order them into quarantine or isolation, as appropriate. A parent may refuse vaccination on behalf of a child under age 18. But refusing vaccination is not grounds for confinement without a reasonable belief that the individual or group poses a reasonable threat to public health because they (1) are infected or contaminated; (2) may be, have been, or become exposed to the disease or contamination; or (3) are at reasonable risk of having a communicable disease or having been contaminated.

A person can appeal a vaccination order to the probate court within 48 hours after receiving it by submitting a written request, which can include submission by mail, fax, Internet, or other means, and the court must hold the hearing within 72 hours of receiving this request. The Judicial Department must pay the court fees unless no funds have been budgeted for this purpose, in which case the court must waive the fees.

The act allows the commissioner to ask the court to extend the time for the hearing based on extraordinary circumstances. (The court may do this on its own in quarantine and isolation appeals.) In deciding whether to grant the extension, the court must consider the rights of those affected by the order, the public's health, the severity of the need, and the availability of witnesses and evidence.

The act gives people appealing vaccination orders the same due process rights it gives those who appeal quarantine and isolation orders. It also applies the same due process procedures on (1) notice, (2) hearing extensions, (3) access to hospital and other records, (4) appointment and payment of counsel for indigent people, (5) appointment of attorneys to represent groups in a geographic area, and (6) recording and transcribing hearings. In addition, the act allows appellants to present testimony from any licensed healing arts practitioner.

At the hearing, the commissioner has the burden of showing by a preponderance of the evidence that the individual was present in a specific geographic area, and vaccination is reasonable and necessary to prevent the introduction or stop the progress of the disease or contamination that caused the emergency. The court must order the vaccination, or confinement for those who are unable or refuse to be vaccinated, if it finds vaccination is needed and the least restrictive way to protect the public health. If it does not find this, it must vacate the vaccination order.

The act permits anyone aggrieved by the probate court's decision to appeal to Superior Court. The appeal is confined to the record, that is, the transcript and any evidence the probate court received or considered.

Administering Vaccinations (§ 7)

During a public health emergency, the act allows the commissioner to authorize any qualified person, including dentists, veterinarians, and paramedics, to administer vaccinations if he determines this is needed to protect the public's health, safety, and welfare. (Physicians, nurses, and physicians' assistants are also qualified to administer injections.) His authorization must be written, specify how long it lasts, and contain the categories of people covered and any additional training they need before administering vaccinations.

Registering Deaths (§ 9)

In a public health emergency, the act allows the commissioner, in consultation with the chief medical examiner, to designate people to register death certificates as needed and perform other related duties, including issuing burial transit, removal, and cremation permits. These are functions normally performed by local registrars of vital statistics.

Out-of-State Health Care Providers Allowed In Emergency (§ 11)

The act allows various health care practitioners licensed, certified, or registered in another state, territory, or the District of Columbia to work in Connecticut during a declared emergency. They can work only within the scope of their practice as permitted by Connecticut law. The act allows the commissioner to suspend, for up to 60 days, state licensing, certification, or registration requirements that apply to them. The act covers emergency medical personnel, physicians and physician assistants, physical therapists, nurses and nurses' aides, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, paramedics, embalmers and funeral directors, sanitarians, asbestos contractors and consultants, and pharmacists.

The act specifies that it does not protect these practitioners from liability for damages for deaths or injuries that result from their acts or omissions during the ordinary course of their work.

Issuing Potassium Iodide (§ 15)

The act allows the commissioner in a public health emergency to authorize nursing homes, child day care centers and group and family day care homes, and youth camps to provide potassium iodide (which prevents or decreases the likelihood of developing thyroid cancer following exposure to radiation) to their residents, clients, staff, and others present. The facility can do this if:

1. it has obtained prior written permission from the individual, or a parent or guardian for a minor, and
2. each person providing permission has been advised in writing that taking the potassium iodide is voluntary and about the contraindications and potential side effects of taking it.

The act requires the commissioner to adopt regulations establishing criteria and procedures for obtaining written permission and for storing and distributing the potassium iodide.

IMMUNITY FROM LIABILITY (§ 10)

The act applies existing state statutes governing the immunity from personal liability of state officials and employees and the duty of the state to defend and indemnify them for the

costs of their defense to anyone who acts within the scope of his practice on behalf of the state during a declared public health emergency. It does not cover out-of-state providers rendering temporary assistance.

Existing law immunizes state officers and employees against personal liability for damage or injury caused while discharging their duties or in the scope of their employment as long as they did not act wantonly, recklessly, or maliciously. It indemnifies them against financial loss or expenses arising from a negligence or civil rights claim against them and requires the attorney general to defend them.

LOCAL HEALTH DIRECTORS' AUTHORITY (§ 12)

Existing law authorizes municipal health directors to confine people; the act extends this authority to district health directors. It specifies that, in a declared public health emergency, these local health directors must comply with the public health commissioner's orders. But their authority applies even if the governor has not declared an emergency. The act establishes parallel processes for ordering and contesting quarantine and isolation orders. One operates during a declared emergency, the other when a health director acts on his own.

Under prior law, a health director could confine someone he reasonably believed was infected with a communicable disease or constituted a radiation hazard, if he determined the person posed a substantial public health threat and confinement was needed to protect public health. The act replaces the reference to radiation with the more general term, contamination. It changes the general and previously undefined term "confinement" to quarantine and isolation, and gives them the same meanings as they have during a public health emergency. And, by eliminating the previous restriction on directors' confinement authority to cases where people are unable or unwilling to behave in a way so as not to expose others to danger, the act allows directors to isolate or quarantine a person whenever conditions warrant it, regardless of the person's behavior.

The act applies the law's prior requirements for directors' confinement orders to isolation or quarantine orders and generally makes them parallel to the orders the act permits the commissioner to issue during a public health emergency. It extends, from 15 to 20 days, the period for which an order can be effective, and similarly extends the duration of further confinement orders.

The act applies to local directors' decisions the same conditions for isolation and quarantine that apply when the public health commissioner confines people. It also makes most of the notice, hearing, and other due process rights and procedures that previously applied to appeals of orders directors could issue on their own parallel those it establishes for public health emergencies. But the two processes are not identical. The following are the principal differences between them.

1. The hearing on a local director's order is to determine whether a person poses a substantial, rather than a reasonable, threat to public health.
2. The probate court in the appeal of a local director's order appoints a three-judge panel only if the respondent requests it. Prior law required three probate judges to hear an appeal from a confinement order.
3. Such a hearing cannot be extended under extraordinary circumstances, nor does the act prohibit holding a hearing if the respondent or his attorney is not present.
4. The parties do not have specific authorization to ask that all records relating to the respondent be admissible.
5. The court does not have to record the hearing or transcribe it for appeals, and an appeal to Superior Court is not limited to the record.

6. There is no limit on the frequency with which a person can ask the court to modify or terminate a local director's isolation or quarantine order.
7. Alternative treatment during isolation or quarantine does not extend to unincorporated religions and other spiritual practices.

Action required:

This act requires the Commissioner to establish a Public Health Advisory Committee (currently called the Advisory Committee for Bioterrorism Preparedness and Planning) and to develop an emergency response plan.

The Advisory Committee for Bioterrorism Preparedness and Planning must report on or before January 1, 2004, a report to the Governor and standing committees for public health and safety on status of the plan and resources needed for implementation.

Regulations regarding the distribution of potassium iodide by nursing homes, child day care services and youth camps if necessitated by a Public Health Emergency are required.

Analysis of Agency Proposals

OFFICE OF GOVERNMENT RELATIONS **June 2003**

House Bill 6446 - AN ACT CONCERNING PREMARITAL BLOOD TEST REQUIREMENTS AND MARRIAGE CERTIFICATES.

To repeal the mandatory blood tests required for persons intending to apply for a marriage license in the state of Connecticut.

Status: Public Act 03-188

House Bill 6447 - AN ACT CONCERNING ASBESTOS ABATEMENT WORKERS, SITE SUPERVISORS AND TRAINING PROGRAMS.

To establish a process and a fee schedule for certificate applications and training programs for asbestos workers and site supervisors.

Status: Public Act 03-87

House Bill 6457 - AN ACT CONCERNING WATER USE RESTRICTION.

To permit the Governor to declare a public drinking water supply emergency, and to allow state officials, upon declaration of such an emergency to take appropriate measures to address any such emergency.

Status: DEAD

House Bill 6458 - AN ACT CONCERNING CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

To revise the statutory requirements for reporting on children with special health care needs.

Status: DEAD

House Bill 6465 - AN ACT CONCERNING YOUTH CAMPS.

As amended on March 27, 2003, assists in the timeliness of the submission of youth camp applications and to authorize disciplinary remedies for violation of statutes and regulations pertaining to youth camps.

Status: DEAD

House Bill 6677 - AN ACT CONCERNING REVISIONS TO CERTAIN DEPARTMENT OF PUBLIC HEALTH STATUTES.

As amended on April 8, 2003, repeals an obsolete statute that requires the Department of Public Health to annually inspect all public hospitals, asylums, prisons, schools and other institution; requires the Department to maintain a list of companies or individuals providing radon services; repeals the requirement that a person who detects a toxic lead level report to the Department; clarifies the Department's authority to develop regulations for food establishments; and extends the appeal time to three business days for an individual aggrieved by an order from a health director. The act also makes various conforming and streamlining changes, including allowing the Department to license certain professionals who hold current licenses in good standing in another state with similar licensure standards, establishing uniformity in the regulation of health professions, allowing the Department to license certain foreign-trained veterinarians, defining the scope of practice of homeopathic medicine and establishing minimum training requirements in that area.

Status: Public Act 03-252

House Bill 6678 - AN ACT CONCERNING CONTINUING EDUCATION FOR PROFESSIONS REGULATED BY THE DEPARTMENT OF PUBLIC HEALTH.

As amended on May 14, 2003, provides continuing education requirements for funeral directors or embalmers, alcohol and drug counselors, massage therapists and nursing home administrators.

Status: Public Act 03-118

Senate Bill 704 - AN ACT CONCERNING CHILD RESTRAINT SYSTEMS.

To require age and size appropriate child restraint systems for children under the age of seven years, weighing less than sixty pounds.

Status: DEAD

Senate Bill 944 - AN ACT CONCERNING COMMUNITY BENEFIT PROGRAMS.

As amended on April 3, 2003, changes the reporting date of community benefit activities from annually to biennially. Each managed care organization and each hospital must submit to the commissioner, or the commissioner's designee, a report on whether the managed care organization or hospital has in place a community benefits program.

Status: Public Act 03-80

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