Public Act 08-145 **HB 5020**

IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE TOBACCO AND HEALTH TRUST FUND

Effective: July 1, 2008

SUMMARY

This act increases the amount the Tobacco and Health Trust Fund (THTF) trustees can recommend be disbursed annually to programs for tobacco prevention, education, cessation; substance abuse reduction; and unmet physical and mental health needs. Beginning in FY 09, it allows the trustees to recommend disbursement of up to half of the previous year's annual disbursement to the THTF from the Tobacco Settlement Fund, up to $6 million. This is in addition to recommending disbursements from the THTF's annual net earnings on principal, which the trustees can already do. The act specifies that these annual earnings are the prior year's.

By law, the THTF trustees must report annually on the board's activities to the Appropriations and Public Health committees. The act eliminates a mandate that each of the 17 trustees approve this report.

Public Act 08-165 **SB 678**

ESTABLISHING A COMMUNITY-BASED HEALTH AND HUMAN SERVICES CABINET

Effective: Upon passage

SUMMARY

This act establishes a Health and Human Services Cabinet. The cabinet will be located within the Office of Policy and Management for administrative purposes only. For the first two years of the cabinet, the chairpersons of the cabinet will be the Governor or the Governor's designee and the Senate chair of the joint standing committee of the General Assembly having cognizance of matters relating to human services, or the Senate chair's designee. For the final two years of the cabinet, the chairpersons will be the Governor or the Governor's designee and the House of Representatives chair of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations, or the House of Representatives chair's designee.

The cabinet will consist of the Commissioners of the Department of Mental Health and Addiction Services, the Department of Developmental Services, the Department of Social Services, the Department of Public Health, the Department of Children and Families, and

the Department of Correction, or the commissioners' designees, the Secretary of the Office of Policy and Management, or the secretary's designee, the Executive Directors of the Judicial Branch Court Support Services Division and of the Children's Trust Fund or the Executive Directors' designees.

Appointees

All initial appointments to the cabinet will be made not later than August 1, 2008. Any vacancy thereafter will be filled by the appointing authority. The cochairpersons will convene the first meeting of the cabinet not later than September 1, 2008.

On or before December 15, 2008, with respect to not-for-profit community providers providing services under purchase of service agreements, the cabinet will: Identify funding issues, develop proposed budget recommendations, categorize community providers by function, financial status, constituency served or any other relevant category that will demonstrate the financial status of any community provider or groups of community providers, and identify best practices regarding funding and funding structures in this state or other states.

Cabinet Responsibilities

On or before June 30, 2009, the cabinet will conduct a statewide assessment of the system structure serving the state, assess the contracting processes and make suggestions for streamlining, transparency and accountability, identify a sustainable funding structure, and develop results based accountability measures for the human services delivery system.

On or before January 1, 2010, the cabinet will establish an integrated strategic plan for serving Connecticut's health and human service needs that will include, but not be limited to, identifying an integrated, outcome-based service system that maximizes federal and state funding, a sustainable funding structure that specifically addresses long-term funding solutions for not-for-profit community providers providing services under purchase of service contracts, methods for interdepartmental cooperation, methods for collocation of services, cooperative programming, and cooperative purchasing agreements.

No later than December 31, 2012, the cabinet will recommend to the Governor, and the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and human services, a governance plan that identifies the appropriate coordinating entity to implement the statewide Health and Human Services Plan.

The cabinet will terminate upon submission of such recommendations.

Public Act 08-18 **HB 5318**

TECHNICAL REVISIONS TO THE FREEDOM OF INFORMATION ACT

Effective: Upon passage

SUMMARY

This act makes a technical change to the Freedom of Information Act (FOIA), moving the requirement that public agencies make, keep, and maintain records of their meetings from one section of FOIA to another.

REQUIRED ACTIONS

Update internal FOI procedures as necessary. Communications will inform affected employees of any changes needed.

Public Act 08-17 **HB 5125**

A PROHIBITION RELATING TO HOMEMAKER-COMPANION SERVICES

Effective: October 1, 2008

SUMMARY

This act specifies that homemaker-companion agencies can neither offer nor provide homemaker or companion services without a current Department of Consumer Protection certificate of registration. Prior law prohibited agencies only from "offering to provide" services without a certificate.

Public Act 08-21 **HB 5449**

ISSUANCE OF EMERGENCY CERTIFICATES BY LICENSED CLINICAL SOCIAL WORKERS AND ADVANCED PRACTICE REGISTERED NURSES

Effective: Upon passage

SUMMARY

This act permits social workers and advanced practice registered nurses (APRNs) who are members of crisis intervention or advanced supervision and intervention support teams operated by or under contract with the Department of Mental Health and Addiction Services (DMHAS) to issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation. Previously, only social workers and APRNs who were members of a DMHAS-operated or –funded mobile crisis team, jail diversion program, or assertive case management program could issue emergency certificates.

As with social workers and APRNs previously authorized to issue emergency certificates, those working in the newly covered programs must (1) have received at least eight hours of specialized training in conducting direct evaluations and (2) as a result of direct evaluation, believe the person has psychiatric disabilities; is a danger to himself, herself, or others, or gravely disabled; and needs immediate care or treatment.

REQUIRED ACTIONS

Education of providers, practitioners, FLIS and PLIS staff.

Public Act 08-42 **HB 5630**

PROMOTING CONSISTENCY AMONG PEER REVIEW PROCEEDINGS

Effective: October 1, 2008

SUMMARY

This act applies confidentiality and immunity provisions of the medical peer review and public health record laws to the operations of the Department of Developmental Services' (DDS) mortality review teams and the Independent Mortality Review Board (IMRB). The DDS teams are composed of regional department staff who review all client deaths and develop corrective action plans, where appropriate. The DDS commissioner must report to the review board any death in which (1) the DDS teams raise questions about the client's care, (2) abuse or neglect has been alleged, (3) the Office of Chief Medical Examiner has accepted jurisdiction, (4) an autopsy was performed, or (5) the death was unexpected. The board, which was established by executive order, must investigate each report.

The act also changes the names of (1) the council that advises DDS and (2) the department's regions, to reflect the department's 2007 name change from the Department of Mental Retardation.

Public Act 08-25 **HB 5772**

CONTROLLED SUBSTANCE REGISTRATIONS

Effective: October 1, 2008

SUMMARY

This act makes the registration certificate for a controlled substance practitioner valid for two years, rather than one, and makes a corresponding adjustment in the fee, raising it from $10 to $20.

Public Act 08-79 **HB 5902**

HOSPITAL STAFFING

Effective: October 1, 2008

SUMMARY

Beginning July 1, 2009, the act requires each licensed hospital, upon request, to make available to the Department of Public Health (DPH) a prospective nurse staffing plan and a written certification that the plan is sufficient to provide adequate and appropriate patient health care services in the ensuing hospital licensure period.

The plan must promote collaborative practice in the hospital that improves patient care and the level of services that nurses and other hospital patient care team members provide.

The act requires each hospital to establish a staffing committee to assist in preparing the nurse staffing plan. The hospital, in collaboration with the committee, must develop and implement the plan to the best of its ability. Hospitals may use existing committees to assist in plan development under certain conditions.

REQUIRED ACTIONS

Staffing plans as well as staffing committee meeting minutes will be reviewed during routine hospital inspections as applicable. FLIS staff will receive education regarding the requirements of this legislation. Hospitals will be apprised of the requirement.

Public Act 08-125 **SB 167**

BENEFITS FOR INPATIENT TREATMENT OF SERIOUS MENTAL OR NERVOUS CONDITIONS

Effective: January 1, 2009

SUMMARY

This act expands the benefits payable under a group health insurance policy for treatment received in a residential treatment facility by (1) eliminating a three-day hospital stay prerequisite for a child or adolescent with a serious mental illness and (2) extending benefits to adults.

It replaces the term “serious mental illness” with “serious mental or nervous condition” and removes from the term's definition a requirement that the person have shown recent

disturbed behavior. It requires benefits be paid when a physician, psychiatrist, psychologist, or clinical social worker assesses the person and determines that he or she cannot appropriately, safely, or effectively be treated in other specified settings. (Due to federal preemption, state benefit mandates do not apply to self-insured plans.)

Public Act 08-8 **SB 282**

THE STATE METHADONE AUTHORITY

Effective: Upon passage

SUMMARY

This act designates the Department of Mental Health and Addiction Services (DMHAS) as the lead state agency for substance abuse prevention and treatment and, consequently, as the state methadone authority for purposes of federal laws governing the use of methadone and other opioids to treat opiate addictions like heroin. It authorizes DMHAS, as the state methadone authority, to (1) approve exceptions to federal opioid treatment protocols, (2) approve federal certification of all opioid treatment programs in the state, and (3) monitor those programs. It requires DMHAS to adopt implementing regulations.

Public Act 08-115 **SB 382**

TELEPHONE AND CABLE INSTALLATION FEES FOR NURSING HOME RESIDENTS

Effective: October 1, 2008

SUMMARY

This act prohibits the following telephone and cable television providers from charging an installation fee to a resident of a residential care home, nursing home, or rest home when the resident changes rooms within the facility:

1. telephone companies,

2. telecommunications companies,

3. certified telecommunications providers,

4. community antenna television companies,

5. certified competitive video service providers, and

6. cable franchise authority certificate holders.

It specifies that a violation of this provision does not constitute an unfair or deceptive trade practice under the Connecticut Unfair Trade Practices Act (CUTPA). It also prohibits the owner or operator of these facilities from charging a telephone or cable television installation fee when the resident changes rooms.

Public Act 08-31 **SB 462**

LICENSE RENEWAL FEES FOR PHYSICIANS

Effective: October 1, 2008

SUMMARY

This act allows doctors who annually provide at least 100 hours of free service in a mobile health clinic to renew their licenses without charge if they do not practice medicine anywhere else. Doctors who do this in a public health facility (e. g. , hospital, community health center, nursing home, mental health facility, group home, school, or public preschool) and do not practice medicine anywhere else were already exempt from the $450 license renewal fee.

REQUIRED ACTIONS

Update website/license renewal information.

Public Act 08-48 **SB 507**

THE ADMISSIBILITY OF REPORTS PREPARED BY PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE REGISTERED NURSES

Effective: October 1, 2008

SUMMARY

This act applies the same rules in civil cases concerning the admissibility of records, reports, and acts of physician assistants (PA) and advanced practice registered nurses (APRN) as currently apply to physicians, dentists, chiropractors, naturopaths, physical therapists, podiatrists, psychologists, emergency medical technicians, and optometrists.

Specifically, the act allows signed reports and acts of PAs and APRNs to be introduced in any civil action as business entry evidence without calling the professional to testify. The act establishes a presumption that the signature on the report is the PA's or APRNs and that it was made in the ordinary course of business.

Also, the act allows any party in a civil action for personal injuries or death to apply to the court where the action is pending to introduce as a business entry, written records and reports about the injured or deceased patient made by a PA or APRN who (1) died before the trial or (2) is physically or mentally disabled at the time of trial and no longer actively engaged in his or her profession. These records and reports must be about the circumstances under which the patient's injury or death was sustained.

The court must determine whether the PA or APRN is disabled to the extent that he or she cannot testify in person. If the court finds that the person is disabled, it must admit the evidence as a business entry.

Public Act 08-158 **SB 558**

THE AVAILABILITY OF HOSPICE SERVICES UNDER THE MEDICAID PROGRAM

Effective: July 1, 2008

SUMMARY

This act requires the Department of Social Services (DSS) to amend the Medicaid state plan to add hospice services, beginning January 1, 2009. Previously, the state provided Medicaid-funded home health care services but not the full range of hospice-type benefits required by Medicaid law. Under federal Medicaid law, states have the option to cover these services. The act also makes a technical change.

REQUIRED ACTIONS

Inform FLIS staff and hospice providers.

Public Act 08-91 **SB 559**

A PILOT PROGRAM FOR SMALL HOUSE NURSING HOMES AND ADDITIONAL EXCEPTIONS TO THE NURSING HOME BED MORATORIUM

Effective: July 1, 2008

SUMMARY

This act directs the Department of Social Services (DSS) commissioner to establish a pilot program, within existing appropriations, to help develop up to 10 small house nursing homes in the state. The program's goals are to improve the quality of life for nursing home residents and provide nursing home care in home-like, rather than institutional, settings.

The act establishes requirements for pilot program guidelines and eligibility. It requires a small house nursing home participating in the pilot to comply with certificate of need (CON) requirements and processes. It also amends the current moratorium on additional nursing home beds.

When reviewing and selecting proposals, the commissioner must consult with the Long-Term Care Planning Committee. He must give priority to proposals that use energy efficiency technology, including fuel cells. And two of the ten proposals selected must develop a small house nursing home in a distressed municipality with more than 100,000 people. Currently, Bridgeport, Hartford, New Haven, and Waterbury meet these criteria.

DEFINITIONS

Small House Nursing Home

The act defines a “small house nursing home” as a facility that:

1. consists of one or more units designed or modeled as a private home,

2. houses up to 10 individuals in each unit,

3. includes private rooms and bathrooms,

4. provides an increased role for support staff in resident care,

5. incorporates a philosophy of individualized care, and

6. is licensed as a nursing home.

PILOT PROGRAM GUIDELINES

The act requires the DSS commissioner to develop program guidelines for design specifications and requirements and submit them to the Human Services Committee by October 1, 2008. If the committee does not approve, deny or modify the guidelines within 30 days of receiving them, they are deemed approved. It authorizes the commissioner to establish additional criteria for homes and requires him to make all guidelines and criteria, once approved, available to applicants. It requires each participating home to seek Medicare and Medicaid certification.

ELIGIBILITY

A licensed nursing home may apply to the DSS commissioner to participate in the pilot program and to relocate existing Medicaid certified beds from its facility to the small house nursing home. An applicant must submit to DSS (1) a description of the proposed project, (2) information on the applicant's financial and technical capacity to undertake the project, (3) a project budget, (4) information that the relocation of beds results in a reduction in the number of the state's nursing home beds, and (5) any additional information the commissioner determines necessary.

CERTIFICATE OF NEED

The act requires a small house nursing home participating in the pilot to comply with CON requirements and processes.

It exempts Medicaid-certified beds relocated from a licensed nursing facility to a small house nursing home from the current moratorium on additional nursing home beds. (Current law already exempts the transfer of Medicaid-certified beds from one licensed nursing facility to another.)

It also exempts from the current moratorium on additional nursing home beds the relocation of up to 60 new or existing Medicaid-certified beds from a licensed nursing home in a city with a 2004 estimated population of 125,000 to another location within that city. (New Haven is the closest with 125,012.) The act appears to apply only to existing beds since it is not clear how new beds can be relocated.

Public Act 08-180 **SB 561**

MONEY FOLLOWS THE PERSON AND OTHER LONG TERM CARE INITIATIVES

Effective: July 1, 2008, except the changes in the MFP demonstrations are effective upon passage.

SUMMARY

This act increases, from 700 to 5,000, the number of individuals who can be served under the state's plan for participating in the federal Money Follows the Person (MFP) demonstration program. MFP is a five-year program that permits states to move individuals out of nursing homes or other institutional settings and into less-restrictive, community-based settings and not jeopardize federal funding. The act requires, instead of allows, the Department of Social Services (DSS) commissioner to submit an application to the federal government. DSS has developed a protocol for the demonstration, which needs federal approval before it can be implemented.

The act also requires the DSS commissioner to develop a plan to establish and administer a similar home- and community-based services (HCBS) project for adults who may not meet the MFP institutionalization requirement.

And it establishes a separate, nonlapsing General Fund account to hold the enhanced federal matching funds the state receives for MFP. It specifies the uses of funds in the account and requires a report on expenditures from it.

Public Act 08-61 **HB 5629**

WORKERS' COMPENSATION COVERAGE FOR FIREFIGHTERS AND POLICE OFFICERS

Effective: July 1, 2009

SUMMARY

This act establishes a rebuttable presumption under workers' compensation law for municipal firefighters, police, and constables hired after July 1, 1996 who suffer a cardiac emergency while on duty after July 1, 2009.

To be covered by the act, the cardiac emergency must result in lost work time due to total or partial incapacity or death. The presumption that the ailment is due to the occupation is rebuttable, meaning it is presumed to be job related unless a preponderance of evidence shows it is not. Until the act takes effect, such an ailment is compensable, but it is the employee's burden to prove the ailment is job related.

Public Act 08-131 **HB 5646**

VOLUNTEER SERVICE BY PAID EMERGENCY PERSONNEL OR PAID FIREFIGHTERS

Effective: Upon passage

SUMMARY

This act allows municipalities with paid emergency personnel and municipalities with volunteer emergency personnel to enter into agreements authorizing paid personnel to serve during personal time as active members of volunteer fire departments in the municipality where they live.

In developing the agreements, municipalities must consider the model guidelines, which the state fire administrator must develop under existing law. (The guidelines that the office developed do not define “emergency personnel,” but they cover firefighters.)

The act allows municipalities to ask the labor commissioner to help resolve any issues arising from the agreements. He must do this within available appropriations and as he deems appropriate.

The act bars municipalities from entering into any contract prohibiting paid firefighters or paid emergency personnel from serving as active volunteer fire department members, during personal time, in the municipality where they live.

Public Act 08-24 **HB 5706**

THE PLACEMENT OF IDENTIFYING MARKS ON DENTAL PROSTHESES

Effective: October 1, 2008

SUMMARY

This act requires state-licensed dentists to offer to those patients who need removable prosthetic dentures, bridges, appliances, or other structures the opportunity to have the patient's name or initials placed on the prosthesis. This applies to dentists who either make or direct the prosthesis to be made.

The markings must be done when the prosthesis is made with the location and methods used to apply or implant the markings determined by the dentist or person acting on his or her behalf. The markings must be permanent, legible, and cosmetically acceptable.

The dentist must advise the patient of any additional charges for the prosthesis markings. The act allows the markings to be omitted if the dentist or entity making the prosthesis determines it is not practicable or clinically safe.

REQUIRED ACTIONS

PLIS will provide information to the provider community.

Public Act 08-54 **HB5033**

SEXUAL OFFENDER NAME CHANGES

SUMMARY

This act prohibits superior and probate courts from issuing orders or otherwise allowing people required to register as sex offenders to change their names unless they:

1. notify the public safety commissioner of their intent to seek a name change before filing a name change application with the court;

2. include in the notice the new name being sought; and

3. include in the application a sworn statement that the change is not being sought to avoid the legal consequences of a criminal conviction, including registration as a sex offender.

The act gives the commissioner standing, through the attorney general, to challenge the application in the court where the name change is being sought. The court may deny the application if it finds, by a preponderance of the evidence, that the applicant is seeking the name change to avoid the legal consequences of a criminal conviction.

The law, unchanged by the act, requires people required to register as sex offenders to notify the commissioner of any name change in writing and without undue delay. It also requires the clerk of any court to notify the commissioner whenever the court orders a name change for a person required to register. By law, anyone convicted or acquitted by reason of insanity of a criminal offense against a minor, nonviolent sexual offense, sexually violent offense, or felony committed for a sexual purpose must register as a sex offender with the Department of Public Safety.

Public Act 08-166 **HB 5321**

ESTABLISHING AN ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION

Effective: July 1, 2009

SUMMARY

This act establishes a 13-member Asian Pacific American Affairs Commission within the Legislative Branch.

DUTIES

The act requires the commission, within available appropriations, to:

1. develop a plan before each legislative session that outlines its priorities for the session and strategies for accomplishing them;

2. work with state agencies to develop plans and programs for addressing areas that affect the Asian Pacific American community, including health care access, housing, job training, access to the legal system, mental health and addiction services, economic development, workplace justice and equality, immigration, education, English language instruction, international trade, and economic cooperation with Asian countries;

3. work with the Legislative Management Committee to establish a plan of short- and long-term initiatives based on the needs of people of Asian Pacific descent;

4. review, comment, and testify on any proposed state legislation and regulations that would affect the state's Asian Pacific American population;

5. advise and provide information to the governor and legislature on the state's policies concerning Asian Pacific American communities;

6. advise the Governor and Legislature on the coordination and administration of state programs that serve these communities;

7. maintain a liaison between the communities and government entities;

8. promote the political empowerment of the communities through voter registration, voting rights, and citizenship training;

9. encourage the communities' representation at all levels of state government, including on state boards and commissions, and help develop these representatives, including by maintaining an accessible list of prospective appointees from these communities;

10. secure appropriate recognition of their accomplishments and contributions to the state;

11. support state efforts to develop (a) international trade and cross-border economic cooperation with Asia and the Pacific Rim and (b) effective foreign language and cultural programs for education and economic development; and

12. prepare and submit to the Governor and Legislature an annual report on the commission's activities with any appropriate recommendations concerning the state's Asian Pacific American population.

The act authorizes the commission to (1) use any available funds and enter into contracts to carry out its purposes and (2) employ necessary staff within available appropriations in compliance with the State Personnel Act.

MEMBERS AND MEETINGS

The governor appoints three members; the Senate president pro tempore and minority leader and the House speaker and minority leader each appoint two members; and the Senate and House majority leaders each appoint one member. The members must have experience in Asian Pacific American affairs and either represent the public or have expertise in the following areas:

Appointing Authority	*Expertise or Representation*
Governor	Education Human services Small business and economic development
Senate president pro tempore	Children and youth development Health
Senate majority leader	Public
Senate minority leader	Environment Arts and culture
House speaker	Housing Public safety
House majority leader	Public
House minority leader	Transportation Public

Commission members are not paid; however, they may be reimbursed for necessary expenses they incur while performing their duties.

REQUIRED ACTIONS

The Planning Branch, Office of Multicultural Health will keep abreast of actions to move forward the development and work of the Commission. Through existing networks with external partners, we may be apprised of plans and strategies under consideration.

Public Act 08-182 **HB 5324**

IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE STUDY OF REGIONAL PLANNING ORGANIZATIONS

Effective: October 1, 2008

SUMMARY

This bill expands the capacity for state and regional planning. It requires the Office of Policy and Management (OPM) secretary to (1) rank the state's policies for developing and conserving land and (2) track the extent to which the state's principles for managing growth are being implemented. These policies and principles are specified in the State Plan of Conservation and Development (Plan of C&D), which serves as the basis for state agencies deciding whether to fund major physical development projects.

The bill also requires the secretary to reassess the boundaries of the state's planning regions at least once every 20 years and change them if necessary. The law allows towns within these regions to form three types of regional planning bodies. The rules governing these bodies vary. The bill gives them largely the same powers and duties and refers to them collectively as regional planning organizations (RPOs). It also makes many conforming technical changes regarding RPOs.

By law, most RPOs must prepare a 10-year regional plan of development. These plans do not have to be consistent with the state plan, but the law requires the secretary to review them to determine if they are not inconsistent with the state plan. The bill requires the secretary to develop uniform criteria for reviewing regional plans.

The bill requires municipal zoning commissions to notify RPOs about projects that could affect a region and specifies a procedure for doing so. The secretary must adopt regulatory criteria commissions must use to determine if a project could affect the region.

Lastly, the bill expands the range of projects eligible for regional performance incentive grants, which are currently available for delivering an existing municipal service on a regional basis. The bill extends eligibility to new services that are not being provided anywhere in the region. It also drops the requirement that proposed projects increase local purchasing power or lower tax rates but requires the secretary to give priority to those that do.

BACKGROUND

Responsible Growth Interagency Steering Council

The governor created this interagency council under Executive Order 15 to coordinate state policies and programs aimed at revitalizing cities and preserving open spaces. It

consists of OPM; the departments of Agriculture, Transportation, Environment Protection, Public Health, and Economic and Community Development; the Connecticut Housing Finance Authority; and the Connecticut Development Authority.

REQUIRED ACTIONS

Input as requested by OPM. Participate on steering council and provide input as necessary.

Public Act 08-56 **HB 5535**

ADOPTING THE UNIFORM REAL PROPERTY ELECTRONIC RECORDING ACT

Effective: October 1, 2009

SUMMARY

This act, with respect to documents eligible to be recorded in municipal land records, authorizes town clerks to:

1. receive, index, store, archive, and transmit electronic documents;

2. provide electronic access to, and search and retrieval of, documents and information;

3. convert paper documents accepted for recording into electronic form;

4. convert into electronic form information recorded before they began to record electronic documents;

5. accept electronically any fee or tax that they are authorized to collect; and

6. agree with federal and other state and local officials on (a) procedures or processes to facilitate the electronic satisfaction of prior conditions on recording and prior approvals by other officials, and (b) the electronic payment of fees and taxes.

The act requires town clerks who exercise the authority the act grants to (1) comply with regulations adopted by the State Librarian under the act and (2) continue to accept paper documents as authorized by state law after beginning to accept electronic documents for recording and place entries for both types of documents in the same index.

Public Act 08-167 **HB 5658**

THE CONFIDENTIALITY OF SOCIAL SECURITY NUMBERS

Effective: October 1, 2008

SUMMARY

This act requires anyone possessing personal information about another person to safeguard it and the computer files and documents that contain it. "Personal information" is information that can be associated with an individual through an identifier like a Social Security number.

It requires a business that collects Social Security numbers to create a privacy protection policy that must ensure confidentiality of Social Security numbers.

The act exempts state agencies and political subdivisions from the duty to safeguard personal information.

It subjects violators to a civil penalty of $500 for each violation, up to a maximum of $500,000 per event. It provides that a violation is not a violation if it is unintentional. Civil penalties must be deposited into the Privacy Protection Guaranty and Enforcement Account. (Because legislation establishing the account was not enacted, penalties will presumably be deposited into the General Fund.).

Public Act 08-66 **HB 5808 and 5701**

***SOCIAL SECURITY NUMBERS ON VITAL* RECORDS**

Effective: October 1, 2008

SUMMARY

Federal law makes confidential any Social Security numbers (SSNs) and related records obtained under any law enacted on or after October 1, 1990 and prohibits state or local officials from disclosing them. This act tightens access to SSNs on birth and fetal death certificates recorded before that date and on marriage and death certificates recorded after July 1, 1997 when state law first required recording them.

This act bars disclosure of parents' SSNs recorded on birth and fetal death certificates and records unless authorized by state or federal law or by the Public Health Department (DPH) for statistical or research purposes. Prior law permitted disclosure of parents' SSNs to various parties under certain circumstances. The act also requires registrars of

vital statistics to record this information in the confidential portion of the certificates instead of the “information for statistical purposes only” section.

The act extends several marriage license laws to civil union licenses and limits access to SSNs on both marriage and civil union licenses. And it limits those who can get a certified copy of certain death certificates containing an SSN.

SOCIAL SECURITY NUMBERS ON VITAL RECORDS

Birth and Fetal Death Certificates

Under prior law, parents' SSNs were recorded in the “information for statistical purposes only” section of birth and fetal death certificates, and SSNs on certificates recorded before October 1, 1990 that were less than 100 years old could be disclosed to various parties. These parties included the child's close relatives; the chief elected official or health director of the town where the birth or fetal death occurred; attorneys representing the child, the child's parents, children, or surviving spouse; genealogists; authorized federal and state officials; and people DPH specifically authorized for statistical or research purposes.

The act requires parents' SSNs to be recorded in these forms' confidential section. It specifies that the law governing access to birth and fetal death records and information is not be construed to permit disclosure of these SSNs, unless authorized by state or federal law or by DPH for statistical or research purposes. By law, information in the confidential section may be used:

1. by DPH or local health directors as authorized by DPH for statistical and health purposes,

2. by local health directors for town-related records,

3. by the birthing hospital for statistical, health, and quality assurance.

By law, DPH can authorize disclosure of otherwise confidential information in the “information for medical and health use only” and the “information for statistical purposes only” sections for statistical or research purposes. The act also permits disclosure if state or federal law authorizes it for these purposes. In practice neither of these sections is issued with a copy of the certificate.

Marriage and Civil Union Licenses

The act applies existing law governing recording SSNs on marriage licenses to civil union licenses. It requires the SSNs of parties to a civil union to be (1) recorded in the “administrative purposes” section of the license application and the license and (2) redacted or removed from any copy of a license given to (a) people not otherwise authorized to obtain the number or (b) a state or federal agency that requests one.

For both marriages and civil unions, the act (1) specifies that the officiator's and the local registrar's access to the parties' SSNs is only for processing the license, (2) eliminates the DPH commissioner's ability to authorize other people to have access to the parties' SSNs on the license, and (3) allows only the parties to the marriage or civil union to get a certified copy of the license containing their SSNs.

Death Certificates

The law requires recording decedents' SSNs on the death certificate, but for people who died after December 31, 2001 this information is recorded in an “administrative purposes” section. The act specifies that the people listed on the death certificate, including the funeral director, embalmer, surviving spouse, conservator, physician, and town clerk can have access to the SSN and other information in the “administrative purposes” section only to process the certificate.

For deaths occurring after July 1, 1997, the act permits:

1. only the surviving spouse or next of kin to get a certified copy of a death certificate with the decedent's SSN or with the complete administrative purposes section and

2. any researcher requesting a certified or uncertified copy of a death certificate to obtain the information in the “administrative purposes” section with the decedent's SSN redacted.

Under prior law, if anyone other than the parties listed on the death certificate asked for a copy the registrar could redact or remove the SSN or omit the administrative purposes section.

Vital Records and Genealogists

The law gives members of genealogical societies that the secretary of the state recognizes full access to all vital records, except certain confidential files. The act adds records containing SSNs protected from disclosure by federal law to those exceptions and requires registrars to redact federally protected SSNs from any certified copy of any vital record they issue to a genealogist.

BACKGROUND

Related Law

PA 08-184 amends several provisions of this act. Among other changes, it repeals the provision that requires recording the mother and father's SSN in the confidential portion of the birth certificate; prohibits releasing a parent's SSN to any person or entity that is not authorized by state or federal law; specifies that the law is not to be construed to permit disclosure of any information contained in the “health and statistical use only” and “administrative purposes only” sections to anyone unless DPH specifically authorizes it

for statistical or research purposes; and allows entities authorized by state or federal law to receive marriage, civil union, and death records.

Federal Law

Federal law requires states or their political subdivisions to obtain parents' SSNs in administering their laws governing birth certificate issuance, but it prohibits them from recording this information on the birth certificate (42 USC 405 (c)(2)(c)(ii)). The law also makes confidential any SSNs and related records obtained under any law enacted on or after October 1, 1990 and prohibits state or local officials from disclosing them (42 USC 405 (c)(2)(c)(viii)(I)).

REQUIRED ACTIONS

Town Clerk and Registrar's of Vital Statistics will be notified of the requirement for redaction of Social Security Numbers on all certified copies being issued as of the effective date, October 1, 2008.

Public Act 08-163 **SB 465**

Effective: July 1, 2008

ESTABLISHING AN ADULT LITERACY BOARD

SUMMARY

This act requires the Office of Workforce Competitiveness (OWC) to establish a 17-member Adult Literacy Leadership Board as a standing committee of the Connecticut Employment and Training Commission (CETC) to review and advise the commission on workforce investment and adult literacy programs and services. It requires the board, among other things, to (1) develop a three-year strategic plan for an adult literacy system, (2) prepare an annual report card on the status of adult literacy in the state, and (3) report annually to the governor and legislature on its activities. The board terminates as a standing committee on July 1, 2012.

ADULT LITERACY LEADERSHIP BOARD

Board Membership

The board consists of seven voting members and 10 ex-officio nonvoting members. Under the act, voting members apparently consist of a:

1. community literacy program director,

2. regional literacy program director,

3. public library representative,

4. literacy outcome study director from a private university,

5. literacy outcome study director from a public university,

6. adult literacy advocacy group representative, and

7. person with experience in literacy research, planning, and evaluation.

(But the act literally ascribes these qualifications to one member.) The governor appoints the chairperson, who must be one of the enumerated voting members.

The chairperson, in consultation with the OWC director, must appoint the other six voting members.

The ex-officio nonvoting members are the:

1. correction commissioner,

2. education commissioner,

3. higher education commissioner,

4. economic and community development commissioner,

5. social services commissioner,

6. labor commissioner,

7. Office of Workforce Competitiveness director,

8. Office of Policy and Management secretary,

9. regional community-technical colleges chancellor, and

10. State Librarian.

The voting members serve four-year terms. The board chairperson may create other positions the board deems necessary for its members. Any four members of the board constitute a quorum and can exercise the board's powers. (The act does not specify whether they must be voting members.) The OWC may solicit and receive funds on the board's and commission's behalf from public or private sources to carry out its activities.

Strategic Plan

The act requires the board to develop a three-year strategic plan for an adult literacy system in the state by July 1, 2009. The plan must:

1. be consistent with and guided by the planning requirements established by Title I and Title II of the 1988 federal Workforce Investment Act;

2. integrate adult education and literacy with workforce training to establish a comprehensive approach to the state's adult workforce education;

3. include goals for an adult literacy system, including reducing the number of adults in the state lacking a high school diploma or English proficiency by a certain percentage each year for a specified time;

4. define the roles of adult literacy service providers in the state, particularly the (a) governance responsibility for adult education, (b) discrepancies in service delivery and ways to promote regionalized service delivery and community partnerships, and (c) resources for system-wide administration, management, research, and coordination;

5. prioritize services that improve quality of instruction, access, and retention, and identify target populations for services;

6. analyze funding requirements and identify (a) estimated resources needed to implement the plan's goals, (b) current funding sources and reallocation possibilities, and (c) alternatives and new funding sources; and

7. outline funding policies that provide (a) financial support and incentives supporting collaborative service delivery, and (b) adequate resources for state-funded agencies with adult literacy responsibilities, including public libraries, to collect, analyze, and evaluate data and conduct research on program effectiveness and best practices.

The board must annually review the plan's implementation and make any necessary revisions. It must update the plan every three years, but the board expires in four years. It must also designate regional planning workgroups, under the regional workforce development boards' direction, consisting of adult literacy service provider representatives and adult literacy service recipients to help develop and review the plan.

Health Literacy

Although the act has no direct impact on the agency, the legislation is of interest and is favorable as the lack of adult literacy is an issue that is raised in context to workforce shortage issues both for allied health and public health shortage areas. It is an issue related to public health in terms of its relationship to health literacy and general health status.

Public Act 08-171 **SB 681**

Effective: Upon passage

ESTABLISHING A COMMISSION ON HEALTH EQUITY

SUMMARY

This act establishes a 32-member Commission on Health Equity within the Office of the Health Care Advocate for administrative purposes. The commission must work to (1) eliminate disparities in health status based on race, ethnicity, and linguistic ability and (2) improve the quality of health for all state residents.

The commission may (1) employ necessary staff within available appropriations and in compliance with the State Personnel Act; (2) use any funds available from federal, state, or other sources; and (3) enter contracts to carry out its duties.

The act repeals the Advisory Commission on Multicultural Health. That commission's mission was the elimination of disparities in health status among the state's cultural and ethnic communities and the overall improvement of state residents' health.

COMMISSION

In a preamble to the establishment of the commission, the act states the legislature's finding that (1) equal enjoyment of the highest attainable standard of health is a human right and one of the state's priorities; (2) research and experience show that the state's inhabitants experience barriers to good health based on race, ethnicity, national origin, and linguistic ability; and (3) it requires a variety of actions to address these barriers and others that may arise, including the collection, analysis, and reporting of information; identification of causes; and the development and implementation of policy solutions.

Duties

The commission must:

1. review and comment on any proposed state legislation and regulations that would affect the health of the state's populations experiencing racial, ethnic, cultural, and linguistic disparities in health status;

2. advise and provide information to the governor and legislature on the state policies concerning the health of these populations;

3. work as a liaison between these populations and state agencies to eliminate health disparities;

4. evaluate the impact of policies, procedures, activities, and resource allocations on eliminating these health disparities;

5. review and comment on the Department of Public Health's health disparities performance measures;

6. explore successful programs in other sectors and states and (b) pilot and provide grants for new creative programs that may diminish or contribute to the elimination of health disparities in this state and culturally appropriate health education demonstration projects that the commission funds with public and private funds; and

7. submit to the Governor and Legislature an annual report on both a retrospective and prospective view of health disparities and the state's efforts to ameliorate those among the state's populations experiencing racial, ethnic, cultural, and linguistic disparities in health status.

The commission also has the authority to:

1. collect and analyze government and other data regarding the health status of state inhabitants based on race, ethnicity, national origin, and linguistic ability, including access, services, and outcomes in private and public health care institutions within the state, including the data collected by the Connecticut Health Information Network;

2. draft and recommend proposed legislation, regulations, and other policies designed to address disparities in health status;

3. conduct hearings and interviews, and receive testimony, regarding matters pertinent to its mission; and

4. convene the directors of state agencies with purview over the elimination of health disparities, including the Office of Health Care Access, Housing Finance Authority, and departments of the Public Health, Social Services, Children and Families, Developmental Services, Education, Mental Health and Addiction Services, Labor, and Transportation to advise and direct them in the implementation of policies, procedures, activities, and resource allocations to eliminate these health disparities;

Additionally, the commission is required to determine if its duties are duplicated by any other state agency, office, bureau, or commission and include information on the duplication in a report to the governor and legislature by June 1, 2010.

Members and Meetings

The commission consists of the:

1. Commissioners of Public Health, Mental Health and Addiction Services, Developmental Services, Social Services, Correction, Children and Families, and Education;

2. Deans of UConn Health Center, Yale University Medical School, and Public Health and the School of Epidemiology at Yale University, or their designees;

3. Directors of UConn Health Center, Center for Public Health and Health Policy, and Hispanic Health Council, or their designees; and

4. Chairpersons of the Office of the Health Care Advocate; Permanent Commission on the Status of Women; and African-American Affairs, Latino and Puerto Rican Affairs, and Asian Pacific American Affairs commissions, or their designees.

The membership also consists of the following members appointed by the following authorities.

Members	*Appointing Authority*
Member of a National Urban League affiliate Two public members*	Senate President Pro Tempore
Member of the National Association for the Advancement of Colored People Two public members*	House Speaker
Representative of the Native American community	Senate Majority Leader with the advice of the Native American Heritage Advisory Council or the chairperson of the Indian Affairs Council
Member of the legislative Black and Puerto Rican Caucus	House Majority Leader
Representative of an advocacy group for Hispanics Two public members*	Senate Minority Leader
Representative of the state-wide Multicultural Health Network Two public members*	House Minority Leader

*These members must represent communities facing disparities in health status based on race, ethnicity, and linguistic ability.

The appointing authority fills vacancies. The commission elects its own chairperson and vice-chairperson from its members and meets as often as the chairperson or a commission majority deems necessary, but at least quarterly. Members are considered to have resigned if they miss three consecutive meetings or half of the meetings in a calendar year.

Commission members are not paid but may be reimbursed for necessary expenses they incur while performing their duties.

Public Act 08-12 **SB 579**

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

SUMMARY

By January 1, 2009, this act requires each licensed hospital to develop a plan to reduce the incidence of methicillin-resistant staphylococcus aureus (MRSA) infection at the hospital. The MRSA plan must at least include the hospital's strategies for reducing such infections. Each hospital must provide its plan, which is a public record, to the Department of Public Health.

MRSA means the strain of staphylococcus aureus bacteria that is resistant to oxacillin or methicillin and detected and defined according to the Clinical and Laboratory Standards Institute's (CLSI) Performance Standards for Antimicrobial Susceptibility Testing.

The act applies to licensed hospitals which, by law, are establishments for the lodging, care, and treatment of people suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals.

BACKGROUND

CLSI

CLSI is a global, nonprofit standards-developing organization that promotes the development and use of voluntary consensus standards and guidelines within the health care community. It includes over 2,000 member organizations concerned with improving health care quality.

In 1977, CLSI was first accredited by the American National Standards Institute as a voluntary consensus standards organization. At about the same time, CLSI became the home of the National Reference System for the Clinical Laboratory—a collection of broadly understood reference systems intended to improve the comparability of test results consistent with the needs of medical practice.

REQUIRED ACTIONS

The infectious disease section should distribute guidance to the hospitals on what to include in the report, to whom to submit the report, and who to contact for questions. They will need to log in the reports and follow up with any late submitters. Finally, they will need to store and make the plans available to the public, upon request.

Public Act 08-106 **HB 5650**

CHILD PRODUCT SAFETY

Effective: October 1, 2008 except the provisions concerning the certificate of disposition and the interstate clearinghouse, which are effective upon passage

SUMMARY

This bill establishes limits for lead in children's products by amending the State Child Protection Act, the state's counterpart to the Federal Hazardous Substances Act (FHSA). With certain exceptions, it makes children's products that fail to comply with the limits banned hazardous substances. It also prohibits the sale of toys or other articles marketed for children under age 16 that contain asbestos.

The bill requires retailers and other businesses selling a banned hazardous substance to complete a certificate of disposition to account for its disposal. It requires the Department of Consumer Protection (DCP) commissioner, who administers the State Child Protection Act, to post on the department's website a list of toys and other articles intended for use by children that are banned hazardous substances. The commissioner must also consult with the departments of Public Health (DPH) and Environmental Protection (DEP) to compile a list of other toxic substances and safer alternatives. The commissioner may adopt regulations requiring certain consumer products to have warning labels if they bear lead-containing paint.

The bill also:

1. increases related criminal and civil penalties;

2. requires stores to post notices when DCP designates an article as a banned hazardous substance, making failure to do so an unfair trade practice; and

3. makes failure to allow a DCP inspector or investigator to inspect an establishment where hazardous substances are manufactured or obtain a sample an unfair trade practice.

The bill authorizes the DEP commissioner to take part in an interstate clearinghouse to classify chemicals according to the risks they pose.

Finally, the bill makes technical changes.

*House Amendment "A" makes a number of changes to the underlying bill. Among other things, it changes the lead limits and their implementation dates. It adds the provisions concerning unfair trade practices, civil and criminal penalties, and the interstate clearinghouse. It deletes a provision requiring retailers to submit a final disposition report to DCP and replaces it with one requiring them to complete a certificate of disposition. It

allows, rather than requires, the DCP commissioner to adopt regulations requiring warning labels for certain consumer products.

LEAD LIMITS FOR CHILDREN'S PRODUCTS

The State Child Protection Act prohibits placing a banned hazardous substance in the stream of commerce. Beginning July 1, 2009, the bill establishes limits for lead in children's products. Products that fail to comply with these limits are banned hazardous substances and thus subject to the prohibition. The bill defines “children's product” as a consumer product designed or intended primarily for children under age 12, including toys, jewelry, decorative objects, clothing, candy, food, dietary supplements or other chewable items, furniture, or other articles used by or intended to be used by children.

Under the bill, a children's product is considered a banned hazardous substance if:

> 1. from July 1, 2009 to June 30, 2011, any part of the product contains more than 300 parts per million (ppm) total lead content by weight and (b) on and after July 1, 2011, any part of the product contains more than 100 ppm total lead content by weight;
>
> 2. on and after July 1, 2009, it bears lead-containing paint and the paint has more than 90 ppm total lead content by weight; or
>
> 3. on and after July 1, 2009, it bears lead-containing paint and the paint contains more than . 009 milligrams of lead per centimeter squared (see BACKGROUND).

The bill authorizes the DCP commissioner to adopt regulations if he determines that is it feasible for a children's product to comply with a standard that is stricter than 100 ppm total lead content by weight for any part of the product. Under these regulations, the commissioner may require a children's product to comply with a limit as low as 40 ppm total lead content by weight.

Current law does not establish limits for lead in children's products. However, the DCP commissioner has, by regulation, declared lead-containing paints with 0. 06% lead by weight or more (600 ppm) to be banned hazardous substances (Conn. Agencies Regs. § 21a-336-1).

The bill defines “lead-containing paint” as paint or other similar surface coating materials containing detectable lead or lead compounds. “Paint and other similar surface-coating materials” means a fluid, semi-fluid, or other material applied to a metal, wood, stone, paper, leather, cloth, plastic, or other surface. It does not include printing inks, materials that become part of the substrate (e. g. , pigment in a plastic article), or materials that are bonded to the substrate (e. g. , through electroplating or ceramic glazing).

EXCEPTIONS

Inaccessible Components. The bill creates an exception for a children's product containing a component that exceeds the bill's limits if the component (1) is not accessible to a child because it is enclosed by a covering or casing and (2) will not become physically exposed through normal and reasonably foreseeable use and abuse of the product (see BACKGROUND). Under the bill, paint, coatings, or electroplating cannot be considered barriers that would render the substrate inaccessible to a child through normal and reasonably foreseeable use and abuse.

Electronic Devices. The bill creates a temporary exception for children's products that are electronic devices, including batteries, if the DCP commissioner determines that it is not feasible for such products to meet the bill's standards by July 1, 2009. It requires the commissioner, through regulation, to (1) set interim standards to reduce the exposure of, and accessibility to, lead in these electronic devices and (2) establish a schedule for the devices to comply fully with the bill's stricter standards applicable to all other children's products.

PROHIBITED ACTS

The bill prohibits introducing or delivering for introduction into commerce any toy or other article for sale in Connecticut containing asbestos and marketed for use by children under age 16.

The bill prohibits manufacturing; distributing; selling at wholesale or retail; contracting to sell or resell, lease, sublet, or otherwise place in the stream of commerce any children's product that:

1. is a banned hazardous substance under state law or FHSA;

2. is the subject of voluntary or mandatory corrective action taken under the direction of, or in cooperation with, a federal agency but the defect in the product has not been corrected; or

3. does not otherwise conform to applicable consumer product safety standards under the State Child Protection Act, any similar state law, or any similar federal laws or regulations.

CERTIFICATE OF DISPOSITION

By law, manufacturers, distributors, and retailers must repurchase an article they sell that is a banned hazardous substance, whether or not the article was banned at the time of sale. The bill requires retailers and other businesses in the state selling a banned hazardous substance to account for its disposal.

Under the bill, the DCP commissioner must develop a certificate of disposition by October 1, 2008 for retailers and wholesalers prohibited from selling or placing into the stream of commerce any children's product that is subject to a recall or voluntary corrective action. The certificate must require these retailers and wholesalers to specify the make, model, type, quantity, and final disposition of the affected children's products and sign an affidavit verifying the authenticity of the information. The certificate must contain any other information the commissioner requires.

If a retailer or wholesaler receives notification or information that a children's product has been recalled or subject to voluntary corrective action, the bill requires it to inspect its premises and immediately dispose of all such products in its possession. Retailers and wholesalers must complete the certificate of disposition within seven calendar days after receiving the notice or information concerning a recall or voluntary corrective action. They must maintain signed and dated certification forms, which are subject to inspection by the commissioner or his designated agents, for at least three years.

The bill subjects retailers or wholesalers to the penalties of the State Child Protection Act, as amended by the bill, if they fail to dispose of products properly, complete the certificate of disposition, or maintain certification forms.

LISTS

Banned Children's Products Internet List

The bill requires, rather than allows, the DCP commissioner to compile a list of toys and other articles that are intended for use by children and that are banned hazardous substances. It additionally requires the commissioner to post the list in a conspicuous place on DCP's website. The list must be publicly accessible and searchable.

Other Toxic Substances List

The bill also requires the DCP commissioner, in consultation with the commissioners of DPH and DEP, to compile a list of other toxic substances and the recommended maximum amount that may be present in children's products. They must amend the list from time to time. The DCP commissioner must establish and update a corresponding list of safer alternatives to the toxic substances.

WARNING LABELS FOR CERTAIN CONSUMER PRODUCTS

The bill defines “consumer product” as any article that is used primarily for personal, family, or household purposes. The bill allows the DCP commissioner to adopt regulations requiring certain consumer products to carry warning labels.

Under the bill, the commissioner may identify consumer products with which a child may reasonably or foreseeably come into contact and that bear lead-containing paint and, on a case-by-case basis, require them to carry such a warning label. The bill prohibits anyone

engaged in commerce, including individuals, firms, and businesses, from having, offering for sale, selling, or giving away any consumer product identified in the regulations that bears lead-containing paint, unless the product has a warning label required by federal regulation.

If federal regulations do not prescribe a warning label, the bill specifies how the statement must read. For products with lead-containing paint, the statement must read:

"WARNING—CONTAINS LEAD. DRIED FILM OF THIS SURFACE MAY BE HARMFUL IF EATEN OR CHEWED. See Other Cautions on (Side or Back) Panel. Do not apply on toys, or other children's articles, furniture, or interior or exterior exposed surfaces or any residential building or facility that may be occupied or used by children. KEEP OUT OF THE REACH OF CHILDREN. "

For products with a form of lead other than lead-containing paint, the statement must read:

"WARNING CONTAINS LEAD. MAY BE HARMFUL IF EATEN OR CHEWED. MAY GENERATE DUST CONTAINING LEAD. KEEP OUT OF THE REACH OF CHILDREN. "

The bill exempts from its warning label requirement (1) children's products and (2) consumer products with lead-containing components that are not accessible to children because they are not physically exposed due to a covering or casing and they will not become physically exposed through normal and reasonably foreseeable use and abuse.

UNFAIR TRADE PRACTICES

Notice Requirements

The bill authorizes the DCP commissioner to require retail stores to post notices informing the general public when DCP adopts a regulation designating an article a banned hazardous substance. Notices must be posted in a location visible to the general public and remain up for a period of time the department specifies.

Inspections and Obtaining Samples

By law, DCP inspectors and investigators, upon presenting appropriate credentials, must be allowed to:

1. enter, at reasonable times, any factory, warehouse, or establishment in which hazardous substances are manufactured or held for introduction into commerce, or held after introduction into commerce;

2. enter, at reasonable times any vehicle used to transport or hold hazardous substances;

3. inspect, at reasonable times, within reasonable limits, and in a reasonable manner any factory, warehouse, establishment, or vehicle, and all equipment, finished and unfinished materials, and labeling; and

4. obtain samples of such materials, packages, or labeling.

Violations

The bill makes it a violation of the Connecticut Unfair Trade Practices Act (CUTPA) to fail to (1) follow the posting requirement or (2) permit an inspector or investigator to carry out his or her duties as described above. CUTPA generally allows the DCP commissioner to investigate complaints, issue cease and desist orders, order restitution, enter into consent agreements, and ask the attorney general to initiate legal proceedings. It also allows individuals to file civil lawsuits. Courts may issue restraining orders; award actual and punitive damages, costs, and reasonable attorney's fees; and impose civil penalties of up to $ 5,000 for willful violations and $ 25,000 for restraining order violations.

STATE CHILD PROTECTION SAFETY ACT PENALTIES

Under current law, violations of the State Child Protection Safety Act are either (1) class C misdemeanors, punishable by imprisonment for up to three months, fines of up to $ 500, or both or (2) for repeat offenses or those committed with the intent to defraud or mislead, unclassified misdemeanors punishable by imprisonment for up to one year, fines of up to $ 3,000, or both.

Under the bill, the former become class B misdemeanors, punishable by imprisonment for up to six months, fines of up to $ 1,000, or both. And the maximum fine for the unclassified misdemeanor offense increases to $ 5,000. The bill also authorizes the DCP commissioner to levy a civil penalty of up to $ 100 for a violation, except for a violation that involves removing or disposing of tags affixed to embargoed items. Each violation, and each day it continues, constitutes a separate and distinct offense. The law already authorizes DCP to levy civil penalties of up to $ 500 per item for that type of violation. The bill requires the department to give alleged violators notice and a hearing and directs that these penalties be deposited into DCP's consumer protection enforcement account. It also requires that fines for tagging violations be deposited in that account.

INTERSTATE CLEARINGHOUSE

The bill authorizes the DEP commissioner to participate in an interstate clearinghouse to (1) classify chemicals used in commercial products according to whether they are of high, moderate, low, or unknown concern and (2) organize and manage available data on chemicals. The data must include information on their use, hazards, and environmental concerns. The commissioner, through the clearinghouse, may also (1) produce and inventory information on (a) safe alternatives to specific chemical uses and (b) model policies and programs related to these alternatives and (2) provide technical assistance to

businesses and consumers regarding safer chemical alternatives. She may participate in other related activities.

BACKGROUND

Federal Hazardous Substances Act

FHSA is one of five laws that the Consumer Product Safety Commission administers (CPSC). It authorizes the CPSC to identify hazardous and potentially hazardous substances, ban certain toys and articles marketed for use by children, require certain substances and toys to bear cautionary labeling, and set conditions and standards for that labeling. It authorizes states to adopt identical requirements, thereby gaining enforcement authority, and supplement federal law in areas the CPSC does not regulate. States are prohibited from adopting different requirements protecting against the same risk of illness or injury already regulated by CPSC action.

Parts per Million and Milligrams of Lead per Centimeter Squared

There are two methods for measuring lead in paint. One is called "total lead" and involves traditional laboratory testing. The paint is weighed and dissolved in acid to determine how much lead is present. The result is rendered in milligrams of lead per milligram of paint, expressed as ppm. The current CPSC paint standard is 600 ppm.

The alternative is an X-Ray Fluorescence (XRF) analyzer. XRF analyzers emit X-rays through a small window and measure the amount reflected back, identifying how much lead is present immediately below the window. The result is rendered in milligrams or micrograms per square centimeter.

Normal and Reasonably Foreseeable Use and Abuse

The CPSC establishes by regulation test methods for simulating use and abuse of toys and other articles intended for use by children under age eight. The regulations describe specific tests for simulating normal use of toys and other articles intended for use by children, as well as the reasonably foreseeable damage or abuse to which the articles may be subjected. The tests are intended to expose potential hazards that would result from normal use or reasonably foreseeable damage or abuse of the articles (16 CFR §§ 1500. 50 to 1500. 53).

*** Please see HB 5025 for amendments made to this bill.**

Public Act 08-122 **HB 5025**

AMENDING AN ACT CONCERNING CHILD PRODUCT SAFETY

Effective: October 1, 2008

SUMMARY

This bill amends *An Act Concerning Child Product Safety* by (1) requiring the Department of Consumer Protection (DCP) to implement the bill's requirements within available appropriations; (2) requiring DCP to fulfill an existing statutory duty to tag misbranded hazardous substances only within available appropriations; (3) exempting certain drugs from HB 5650's recall provision; and (4) revising a list of toxic substances that must be compiled by the commissioners of consumer protection, environmental protection, and public health.

*House Amendment "A" eliminates the original file and substitutes the provisions amending *An Act Concerning Child Product Safety*.

IMPLEMENTING WITHIN AVAILABLE APPROPRIATIONS

The bill requires DCP to implement the following provisions of HB 5650 within available appropriations:

1. adopt regulations phasing in stricter limits for lead in children's products and warning labels on consumer products;

2. compile a list of toys and other articles that are intended for use by children and that are banned hazardous substances and post it on the agency's website;

3. compile a list of other toxic substances in consultation with the commissioners of the departments of Public Health (DPH) and Environmental Protection (DEP);

4. compile, and from time to time amend, a list of safer alternatives to the above substances; and

5. develop a certificate of disposition for retailers and wholesalers to account for any children's product that is subject to a recall or voluntary corrective action.

TAGGING MISBRANDED HAZARDOUS SUBSTANCES

By law, whenever a DCP inspector finds, or has probable cause to believe, that a hazardous substance is misbranded or banned, he or she must put an embargo tag on it. The tag gives notice that the substance is detained or embargoed. The bill instead requires inspectors to tag items only within available appropriations.

RECALL

HB 5650 prohibits placing in the stream of commerce a children's product that is subject to voluntary or mandatory corrective action taken under the direction of or in cooperation with the federal government and the defect in the product has not been corrected. The bill exempts articles described in the federal Food, Drug and Cosmetic Act (21 USC § 321(g), see BACKGROUND).

LIST OF TOXIC SUBSTANCES IN CHILDREN'S PRODUCTS

HB 5650 requires the DCP commissioner, in consultation with the commissioners of DPH and DEP, to compile a list of toxic substances and the recommended maximum amount that may be present in children's products. The bill, in addition to requiring that the list be compiled within available appropriations, instead requires the list to be of toxic substances that potentially should not exist in children's products.

Public Act 08-94 **HB 5145**

ENVIRONMENTAL JUSTICE COMMUNITIES AND THE STORAGE OF ASBESTOS-CONTAINING MATERIAL

EFFECTIVE DATE: January 1, 2009, except for the provision concerning asbestos-containing materials, which is effective October 1, 2008.

SUMMARY

This act requires applicants seeking a new or expanded permit, certificate, or siting approval for certain facilities (an “affecting facility”) in an environmental justice community from the Department of Environmental Protection (DEP) or the Connecticut Siting Council to (1) file and receive approval of a meaningful public participation plan, including an informal public meeting, with DEP or the Siting Council and (2) consult with officials of the town or towns where the facility will be located or expanded to evaluate the need for a community environmental benefit agreement.

Under the act, DEP and the Siting Council must wait at least 60 days after the informal public meeting to act on the applicant's request. The act specifies that any municipality, owner, or developer may enter into a community benefit agreement in connection with an affecting facility.

The act also restricts where people or government agencies may place, store, dispose of, or deposit certain asbestos-containing materials.

REQUIREMENTS FOR APPLICANTS FOR NEW OR EXPANDED AFFECTING FACILITIES

Affecting Facilities

The act applies to applicants seeking permits, certificates, or approval from DEP or the Siting Council, starting January 1, 2009, for certain new or expanded facilities. These affecting facilities are:

1. electric generating facilities with capacities above 10 megawatts;

2. sludge and solid waste incinerators or combustors;

3. sewage treatment plants with a capacity over 50 million gallons per day;

4. intermediate processing centers, volume reduction facilities, or multi-town recycling facilities with a combined monthly volume over 25 tons;

5. new or expanded landfills, including those that contain ash, construction, and demolition debris or solid waste;

6. medical waste incinerators; and

7. major sources of pollution under the federal Clean Air Act (e. g. , large factories).

The act excludes from the definition of affecting facilities (1) portions of electric generating facilities that use non-emitting and non-polluting renewable resources such as wind, solar, and hydropower or that use fuel cells; (2) any facility that received a Siting Council certificate on or before January 1, 2000; and (3) any facility under the control of the state higher education system that has received a satisfactory environmental impact evaluation.

Environmental Justice Communities

The act applies to affecting facilities in environmental justice communities. An environmental justice community is (1) a U. S. census block group (part of a census tract) for which 30% or more of the population consists of low-income people who are not institutionalized and have an income of less than 200% of the federal poverty level or (2) a distressed municipality. This definition affects 59 municipalities.

Public Participation Plan, Including Informal Public Meeting

The act requires the applicants to file and receive approval of a meaningful public participation plan from the appropriate agency or council. Under the act, meaningful public participation occurs when:

1. potentially affected residents have an appropriate opportunity to participate in decisions over permits, certificates, or approvals when proposed facilities or the expansion of existing facilities may harm their environment or health;

2. public input may influence the agency or council; and

3. the applicant seeks out and facilitates the participation of those potentially affected.

Applicants must certify that they will carry out the meaningful public participation plan. As part of the plan, they must organize an informal public meeting at a time convenient to the residents of the environmental justice community.

The act also requires the plan to identify methods by which the applicants will publicize the meeting's date, time, and nature. These may include posting a reasonably visible sign on the proposed facility in English, posting signs in any language spoken by at least 20% of the population residing within one-half mile of the facility, or notifying neighborhood and environmental groups and local and state elected officials in writing.

Between 10 and 30 days before the informal public meeting, applicants must publish a notice stating its date, time, and nature in a general circulation newspaper in the environmental justice community or other appropriate newspaper. The notice must be at least one-quarter page in the Monday issue of a daily publication, or in any day's issue in a weekly or monthly publication. The applicant must also publish this information online, if it has a website.

At the informal public meeting, the applicant must make a reasonable and good faith effort to provide clear, accurate, and complete information about the proposed facility or the proposed facility expansion and its potential environmental and health impacts on the public.

If the Siting Council approves a meaningful participation plan for a new or expanded affecting facility, and the municipality holds a public meeting regarding a community benefit agreement, DEP may waive the requirement for an additional informal public meeting in its approval of the meaningful participation plan.

Community Environmental Benefit Agreement

The act also requires the applicant to consult with chief elected official or other officials of the town or towns in which the affecting facility will be located or expanded to determine the need for a community environmental benefit agreement. Under the act, “community environmental benefit agreement” means a written agreement between the potentially affected municipality and the owner or developer of the affecting facility, whereby the owner or developer agrees to develop the property and provide financial resources to mitigate environmental and health impacts, including traffic, parking, and noise, on the community.

Mitigation may include both on-site and off-site improvements, programs, and activities, including funding for environmental education, diesel pollution reduction, construction of biking and walking trails, staffing for parks, urban forestry, support for community gardens, or any other negotiated benefit to the environment in the environmental justice community.

Prior to agreement negotiations, the municipality must provide a reasonable and public opportunity for affected residents to voice concerns about the agreement and its terms.

HAZARDOUS WASTE

The act restricts where people and government agencies may place, deposit, dispose of, or store certain asbestos-containing material. By law, asbestos-containing material is material composed of any type of asbestos in quantities greater than 1% by weight, either alone or mixed with other fibrous or non fibrous material (CGS § 19-332).

Specifically, the act requires the approval of two-thirds of a municipality's legislative body, to move more than 1,000 cubic yards of soil that consists of asbestos-containing material from another site to one that abuts or adjoins residential property at a height of more than four feet above the existing grade of the land.

Public Act 08-43 **HB 5633**

CONTINUATION OF WATER LIENS

Effective: October 1, 2008

SUMMARY

This act extends, from one to two years, the time that a lien for delinquent municipal water rates and charges runs before it must be continued by filing a certificate with the town clerk in the same way as a tax lien.

Public Act 08-44 **HB 5756**

SWIMMING POOL MAINTENANCE AND REPAIR WORK

Effective: Upon passage

SUMMARY

This act redefines "swimming pool maintenance and repair work" by specifying that it includes (1) renovating or repairing the nonpotable water components of a pool, hot tub, or spa, including its shell, concrete finish, or vinyl liner and (2) draining, acid washing, or backwash filtering a swimming pool. The law already provides that the work includes performing all of the plumbing, heating, and electrical work necessary to service, modify, or repair a swimming pool, hot tub, or spa, where the work begins at an outlet, receptacle, connection, back-flow preventor, or fuel supply pipe. By law, anyone performing such work must have a license issued by the Plumbing and Piping work Board within the Department of Consumer Protection (DCP).

The act exempts holders of swimming pool maintenance and repair work licenses from registering as home improvement contractors if acting within the scope of their licenses. It also exempts them from the law applying to occupational tradesmen. Finally, it makes it clear that licensed plumbers and electricians do not need to hold swimming pool maintenance and repair licenses to install, renovate, or repair a pool, hot tub, or spa.

Public Act 08-173 **HB 5874**

THE PERMITTING OF SOLID WASTE FACILITIES LOCATED NEAR HOUSING DEVELOPMENTS AND THE SALE OF CERTAIN HOUSING

Effective: The ban on the construction or operation of certain solid waste facilities is effective October 1, 2008. The condominium resale provision is effective upon passage.

SUMMARY

This act bars the Department of Environmental Protection (DEP) commissioner from permitting a solid waste facility to be built or operated on land whose boundary is within 150 feet of property where there is a housing development owned by a housing authority, unless the commissioner determines the facility does not pose a threat to (1) the environment of the surrounding geographic area or (2) public safety. The act does not define "surrounding geographic area. " It exempts from this prohibition (1) permits to build or operate a solid waste facility issued on or before September 30, 2008 and (2) the renewal of these permits. Under the act, a solid waste facility is a solid waste disposal

area, volume reduction plant, transfer station, wood-burning facility, biomedical waste treatment facility, or redemption center.

It also allows an owner, regardless of any law, condominium association bylaw, or affordable housing deed restriction limiting the sale price of housing, who purchased housing between July 1, 2004 and July 15, 2004 for more than the amount specified in the law, bylaw, or restriction, to sell it for an amount that does not exceed the purchase price.

Special Act 08-07 **SB 360**

WATER DIVERSION FOR THE DURHAM FAIR

Effective: Upon passage

Explanation

The bill results in a revenue loss to the Department of Environmental Protection's (DEP)Environmental Quality (EQ) Fund, since a water diversion permit for the Durham Fair is not required under this bill. The amount of revenue loss to DEP depends on the type of permit the town would have selected. If the town would have applied for an individual permit (valid up to 25 years), DEP would lose $1,625 in revenue in FY 09. If the town would have selected a general permit (valid up to ten years), DEP would lose $1,275 in revenue in FY 09. These permit fees also include an annual fee of $375 in FY 09 only.

The bill would also result in a one-time cost avoidance for the Town of Durham. The town would avoid a cost of $100,000-$200,000 for submittal of a hydrogeological report and development of a groundwater flow model required by DEP for a water diversion permit. The town would also avoid an annual fee of $375 in each subsequent year after the initial application, since the permit is not required under the bill.

REQUIRED ACTIONS

An annual sanitary survey of the water system needs to be completed prior to opening day of the fair. The annual survey is not a requirement, however due to existing conditions of the water system components at the fair grounds, an annual sanitary survey must be performed by DPH to ensure public health is protected.

Public Act 08-77 **SB 368**

THERMAL ENERGY TRANSPORTATION

Effective: Upon passage

SUMMARY

This act temporarily subjected thermal energy transportation companies to the jurisdiction of the Department of Public Utility Control (DPUC) as public service companies (utilities). Among others things, public service companies are subject to DPUC rate regulation and must comply with its orders.

Specifically, during the period from its passage until May 7, 2008, the act:

1. barred the company that operates the thermal energy system in Hartford from terminating or interrupting service to its customers under certain circumstances; and

2. required DPUC to regulate any thermal energy company in the same way as it regulates other utilities, but required it to obtain the approval of the Energy and Technology Committee before doing so.

Thermal energy includes media such as steam and chilled water circulated through underground pipes to heat and cool buildings. A thermal energy system in Hartford serves various state buildings in Hartford, including the State Office Building and the Legislative Office Building.

DPUC REGULATION OF STEAM TRANSPORTATION COMPANIES

The act amends the special act governing the company that provides thermal energy transportation in Hartford with regard to its operations from the date of the act's passage (April 30, 2008) through May 7, 2008. During this period, the act barred the company, its parent, subsidiary, or affiliate from terminating or interrupting service to any customer or structure if this was likely to endanger the public health, safety, or welfare of the occupants of any building being supplied steam, heated, or chilled water or other means of transmitting energy or potentially disrupt or interrupt any governmental or nongovernmental services. This prohibition applied so long as the customer was receiving the service as of January 1, 2008, and had not previously been terminated, after being provided an opportunity to cure, for failure to pay any reasonable rates under any existing contract or as approved by DPUC. During the same period, the act barred the company, its parent, subsidiary or affiliate from terminating any customer who paid undisputed amounts while in good faith contesting any charges imposed under an existing contract.

During the same period, the act required DPUC to regulate any thermal energy transportation company in the same way as other utilities under relevant state law with regard to (1) setting rates, charges and revenues; (2) the obligation to provide service, and maintenance of facilities and equipment; (3) reliability of service; (4) ownership of the company and any transfer of such ownership; and (5) the enforcement of these provisions as permitted under the law. However, before DPUC could take these steps it was required to send a notice summarizing any such proposed action to the Senate clerk. The Senate clerk had to stamp the date and time of receipt on such notice and immediately submit it to the Energy and Technology Committee. Within 48 hours after the date and time stamped on the notice, the committee had to notify, in writing, the DPUC chairperson of its approval or disapproval of the proposed regulatory action. If the committee did not act on the proposed action in the 48-hour period, the proposed action was considered approved.

Under the act, a thermal energy transportation company is any person authorized under the statutes or a special act to (1) furnish heat, air conditioning, or both by steam, heated or chilled water, or other means; (2) lay and maintain mains, pipes, and other conduits; and (3) erect other fixtures in and on streets, highways, and municipal grounds that are needed for, or convenient to, carrying the steam or water in a loop from the plant to the company's customers.

REQUIRED ACTIONS

The Drinking Water Section will need to determine possible separating distance requirements from conduits transporting thermal energy (steam) media with respect to public water system water mains and public drinking water wells or other potable water facilities (e.g. underground storage tanks).

Public Act 08-169 **SB 402**

AN ACT CONCERNING AUTHORIZATION OF STATE GRANT COMMITMENTS FOR SCHOOL BUILDING PROJECTS, CHANGES TO THE STATUTES RELATING TO SCHOOL CONSTRUCTION, REGIONAL SCHOOL DISTRICTS AND MAGNET SCHOOLS, PROVIDING FUNDING FOR START-UP COSTS FOR MAGNET SCHOOLS AND THE DEVELOPMENT OF A PLAN FOR THE TEACHING OF CHILDREN WITH AUTISM

Effective: July 1, 2008

SUMMARY

This act authorizes state grant commitments for various new school construction projects and reauthorizes previously authorized projects that have changed substantially in cost or scope. It also:

1. imposes a deadline for school districts to submit school project change orders to the State Department of Education (SDE) for cost eligibility review;

2. requires ownership of school buildings for which the state contributed 95% or more, rather than 100%, of the cost, to revert to the state if the building is changed to a non-school use within 20 years after the General Assembly approved the grant for the project;

3. makes it easier for New London to qualify for a higher state school construction reimbursement rate for its magnet school construction projects;

4. establishes a separate process for school districts to award architectural or construction management service contracts on school projects;

5. establishes an alternative procedure for a certain regional school district to add or withdraw grades from the district;

6. makes the community-technical college board of trustees eligible for a magnet school construction grant on behalf of Quinebaug Valley Community College;

7. allows additional entities other than local or regional school districts to apply for and receive state school construction grants for interdistrict magnet schools that implement the 2008 *Sheff v. O'Neill* settlement ("Sheff magnets");

8. gives Sheff magnet applicants more time to apply and receive approval for school construction grants and allows them to receive a 95% reimbursement rate for their eligible construction costs;

9. adds a magnet school operated by Goodwin College to the act's 2008 project list, commits the state to reimburse 95% of the school's eligible construction cost, and limits the total project costs to $80 million;

10. authorizes up to $3 million in state bonding for start-up grants for new Sheff magnets;

11. increases the FY 09 state bond authorization for school construction projects by $20 million;

12. requires education officials to study and recommend how to incorporate ways of teaching children with autism and other developmental disabilities into training programs for teachers, other educational personnel, and parents; and

13. waives statutory and regulatory requirements to make specified school construction projects eligible for state grants subject to certain conditions.

EFFECTIVE DATE: Upon passage unless otherwise noted below.

§ 1 — GRANT COMMITMENTS FOR LOCAL SCHOOL PROJECTS

The act authorizes $345. 37 million in state grant commitments for 29 new school construction projects, with estimated total project costs of $535. 61 million. It also reauthorizes 18 previously authorized projects that have changed substantially (more than 10%) in cost or scope. The reauthorizations increase state grant commitments for these projects by a net $109,425,640 from the amounts previously authorized.

§ 2 — DEADLINE FOR SUBMITTING CHANGE ORDERS

The act requires school districts to submit school project change orders and other change directives issued on or after July 1, 2008 to the education commissioner within six months after issuance. It excludes any change order not submitted within six months and in a manner the commissioner prescribes from the project costs eligible for a school construction grant.

A change order is an amendment to a school construction project that does not have to be competitively bid. SDE guidelines state that school districts should use change orders only for unforeseen or emergency conditions arising during construction. The education commissioner reviews change orders to determine if their costs are eligible for state reimbursement.

EFFECTIVE DATE: July 1, 2008

REQUIRED ACTIONS

Some of the schools proposed to receive funding are also public water systems, and the projects may involve modifications to the on-site water supply systems or the construction of new water supply systems, all of which would require DWS review.

Public Act 08-80 **SB 464**

STEM CELL RESEARCH

Effective: October 1, 2008

SUMMARY

This act makes changes in Connecticut's stem cell research law to reflect the acknowledgment of, and compliance with, the "National Academies' Guidelines for Human Embryonic Stem Cell Research". The act (1) amends the consent requirements for prospective embryo donors; (2) establishes standards to allow the use of human embryonic stem cell lines derived outside Connecticut; (3) requires that all human embryonic stem cell research conducted in the state be overseen by embryonic stem cell review oversight committees, rather than by "institutional review committees; " and (4) requires the state's Stem Cell Research Peer Review Committee members to use the guidelines when evaluating grant applications.

COMPLIANCE WITH NATIONAL ACADEMIES' GUIDELINES

Consent for Donation

By law, a person choosing to donate for stem cell research purposes any human embryos or embryonic stem cells remaining after undergoing fertility treatment or unfertilized human eggs or human sperm must give written consent, and cannot receive any direct or indirect payment, for the donation.

The act requires that consent for such donations conform to the National Academies' guidelines.

Under the guidelines, consent should be obtained from each donor at the time of donation. Even those who have previously indicated their intent to donate to research any embryos remaining after clinical care should nonetheless give informed consent at the time of donation. Donors should be informed that they retain the right to withdraw consent until the embryos are actually used in cell line derivation.

Research on Stem Cells Derived Outside Connecticut

The act allows human embryonic stem cell research on stem cells that have been derived outside Connecticut and have been acceptably derived as provided in the guidelines. This would have the effect of allowing the use in Connecticut of human embryonic stem cells lines derived elsewhere (e. g. , the United Kingdom, Canada, the California Institute for Regenerative Medicine). Under the guidelines, (1) the donation protocol for the cell lines must be reviewed by an oversight body; (2) there must be informed and voluntary consent; (3) there must have been no payment for donation; and (4) the donation must be legal in the relevant jurisdiction.

Embryonic Stem Cell Research Oversight Committees (ESCROs)

The act requires that all human embryonic stem cell research performed in Connecticut be overseen by an ESCRO rather than by an institutional review committee. The act defines such an ESCRO as one established according to the National Academies' guidelines.

Under existing law, such research must be reviewed and approved by an institutional review committee. Such a committee is defined as (1) the local institutional review committee established according to federal law to supervise the clinical testing of devices in facilities where clinical testing is to be conducted and (2) where applicable, an "institutional review board" (IRB), which, under federal law, is responsible for ensuring that human subjects engaged in research are treated with dignity, are protected from harm, and have given informed consent to participate in research. An IRB reviews and approves research protocols before any work is started and periodically reviews ongoing research to ensure the protection of subjects.

The act deletes references to "institutional review committee," and instead requires that the research be overseen by an ESCRO.

The academics' guidelines make clear that activities related to human embryonic stem cell research should be overseen by an ESCRO. Such committees, according to the guidelines, can be internal to a single institution or established jointly with one or more other institutions. The guidelines give ESCROs the following responsibilities:

1. provide oversight over all issues related to derivation and use of human embryonic stem cell lines,

2. review and approve the scientific merit of research protocols,

3. review compliance of all in-house human embryonic stem cell research with all relevant regulations and the guidelines,

4. maintain registries of human embryonic stem cell research conducted at the institution and cell lines derived or imported by institutional investigators, and

5. facilitate education of investigators involved in human embryonic stem cell research.

Although an ESCRO may overlap with other oversight committees, it should not be a subcommittee of an IRB according to the guidelines.

Stem Cell Research Peer Review Committee

Under existing law, the Department of Public Health (DPH) commissioner appoints a Stem Cell Research Peer Review Committee of up to 15 members. The committee reviews all applications for grants and makes recommendations to DPH and the existing

Stem Cell Research Advisory Committee concerning the ethical and scientific merit of each application. Peer review committee members must be aware of the National Academies' guidelines.

The act specifies that the peer review committee must use the guidelines to evaluate each grant application.

BACKGROUND

National Academies

The National Academies is an independent organization that Congress chartered to advise the government on scientific, engineering, and health matters. In April 2005, it released guidelines and recommendations for human embryonic stem cell research. These guidelines are intended for use by the scientific community, including researchers in academic, industry, or other private sector organizations.

The guidelines are amended from time to time. The National Academies called for the establishment of ESCROs in its 2005 guidelines. The guidelines committee believes that all research institutions engaged in human embryonic stem cell research should create and maintain these committees at the local level. The composition and responsibilities of ESCRO committees was further clarified in the February 2007 amendments to the guidelines.

REQUIRED ACTIONS

To update verification form

Special Act 08-3 **HB 5133**

YOUTH POLICY AND CONTINUATION OF THE YOUTH FUTURES COMMITTEE FUNCTION

Effective: Upon passage

SUMMARY

By July 1, 2008, the Office of Workforce Competitiveness, in consultation with the Connecticut Employment and Training Commission, shall convene a Youth Policy Council to continue the work of the former Youth Futures Committee, established by public act 06-182.

1. The Youth Policy Council shall consist of the following:
   Six members of the General Assembly, one each appointed by the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives, and the minority leader of the Senate;
2. the Governor or the Governor's designee;
3. the Commissioners of Education, Higher Education, Children and Families, Public Health, Social Services, and Mental Health and Addiction Services and the Labor Commissioner or said commissioners' designees;
4. the Secretary of the Office of Policy and Management or the secretary's designee;
5. the Director of the Office of Workforce Competitiveness or the Director's designee; the executive director of the Commission on Children or the executive director's designee;
6. the Executive Director of the Court Support Services Division of the Judicial Branch or the executive director's designee; and
7. a Representative from the Connecticut Youth Services Association designated by the President of the Association.

The Director of the Office of Workforce Competitiveness or the director's designee shall be the chairperson of the council. All appointments to the council shall be made no later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

The Youth Policy Council shall:

1. Receive information from other entities involved in services for children and youth, including, but not limited to, the Youth Vision Team, the Connecticut Employment and Training Commission Youth Committee, the Early Childhood Education Cabinet, the Governor's Early Childhood Research and Policy Council, the Child Poverty and Prevention Council and the Commission on Children; and

share information with other entities serving youth to improve communication and collaboration to better meet the needs of youth;
2. improve coordination, through the results-based accountability process, with other state-wide entities that focus on youth services;
3. conduct policy-relevant research and analysis through partnerships and subcontracts;
4. collect, organize, analyze and publish data, with contracted help on database issues and other data-related work;
5. develop guidelines for the delivery of youth services based on appropriate outcomes consistent with positive youth development;
6. make policy recommendations to the General Assembly and the Governor;
7. work with appropriate state agencies and local service providers at the community level, beginning with one or more pilot projects in selected regions, to develop community-based strategic plans for the delivery of community-level services that advance positive youth development.
8. Such plans shall include an assessment of the existing levels of:
    a. Funding resources;
    b. youth service delivery capacity; and
    c. local planning and implementation capacity;
9. recommend changes to existing state policies and procedures to facilitate local implementation of pilot programs aimed at the council's target population and to establish a framework for such implementation with clear guidelines that are flexible but have specific objectives;
10. leverage financial support and co-investment for planning and piloting local efforts;
11. issue reports on participation and outcomes for such target population, build capacity for public reporting and analysis, and measure progress toward attainment of positive youth outcomes; and
12. facilitate systems development across state and local entities, including memoranda of agreement, joint requests for proposals, common core data sets, case management agreements across agencies and blended funding demonstrations.

On or before January 1, 2010, the Office of Workforce Competitiveness shall report, in accordance with section 11-4a of the general statutes, to the Governor and the General Assembly on the progress made in achieving positive outcomes for youth and the total state expenditures dedicated to achieving such positive outcomes, and policy recommendations and future funding needs. The Youth Policy Council shall terminate on the date that the Office of Workforce Competitiveness submits such report or January 1, 2010, whichever is later.

The Youth Policy Council shall, within available appropriations and funds received Coordinate the mapping and analysis of resources and youth services as pilot programs in one or more local communities; collect data on the services available to youth served by selected local providers and related state agencies, and improve collaboration and accountability among such providers and agencies, including collaboration on contracting

for services and a focus on data and outcomes compatible with the results-based accountability principles; coordinate local data collection with the council's data collection and management efforts; focus pilot programs on the facilitation of public-private partnerships between state agencies and local service providers using blended funding and collaboration among state agencies, local service providers and local workforce investment boards; and use pilot programs to test ideas through implementation, address problems and replicate programs more broadly as program operation proves successful and linkages are formed and strengthened at the local level. Collaboration at the local community level may include community colleges, youth service bureaus and philanthropic organizations, as well as local service providers and state agencies. For purposes of this subsection, collaboration includes memoranda of agreement to develop shared or common requests for proposals and common core data sets that can lead to achievement of outcomes compatible with results-based accountability principles.

The Office of Workforce Competitiveness may solicit and receive funds from philanthropic organizations.

Public Act 08-19 **HB5323**

THE DEPARTMENT OF INFORMATION TECHNOLOGY

Effective: Upon passage

SUMMARY

This act makes various unrelated changes affecting the Department of Information Technology (DOIT) and information technology (IT) services. Specifically, it authorizes the Department of Administrative Services (DAS) commissioner to purchase IT services, as well as other services, through preexisting federal contracts. The law already authorizes the commissioner to purchase products, including IT products, from such contractors. The act transfers, from the DAS commissioner to DOIT's chief information officer, the responsibility for billing state agency telecommunications services, thus codifying current practice. It requires the chief information officer to include as a goal in the state's annual information and telecommunication systems strategic plan the provision of “critical application recovery capabilities” in the event of an emergency. Finally, the act requires the Geospatial Information Systems (GIS) Council to meet quarterly instead of monthly. The council is responsible for coordinating a GIS capacity for the state, regional planning agencies, municipalities, and others as needed.

Public Act 08-20 **HB 5329**

RADIATION RELEASES

Effective: October 1, 2008

SUMMARY

This act requires a nuclear power plant operator to post on its website all plans for routine and continuous releases of radiation, including their dates and times and the types of radioactive material to be released. An operator must post the information as soon as the release is scheduled.

Public Act 08-184 **HB 5701**

CONCERNING REVISIONS TO STATUTES PERTAINING TO THE DEPARTMENT OF PUBLIC HEALTH

Effective October 1, 2008

§ 1 – BIRTH CERTIFICATES

Effective: October 1, 2008

Makes changes to Section 7-48a of the CT General Statutes which requires DPH to produce a replacement birth certificate within 45 days after receiving a court order or 45 days after the child's birth for births subject to a gestational agreement.

§ 2- SEXTONS

Effective: October 1, 2008

The bill requires that a sexton in charge of any burial place must provide a monthly list of all interments, disinterments, and removal of bodies to the registrar of the town in a DPH-prescribed format. It eliminates the requirement that the sexton must also file with the registrar permits he received when a body was brought into the town from another town or state for burial.

§ 3- REPORTABLE DISEASES

Effective: October 1, 2008

The bill amends existing law concerning mechanisms to report diseases on the DPH commissioner's list of reportable diseases and laboratory findings. In addition to the current filing by writing or telephone, the bill allows electronic reporting in a format specified by DPH.

§ 4- SUBSURFACE SEWAGE DISPOSAL SYSTEMS

Effective: October 1, 2008

The bill changes definitions under the statutes governing authorization to repair or newly construct a subsurface sewage system. It: (1) replaces the term "private residential well" with "water supply well"; (2) requires written notification to all property owners with water supply wells affected by the exception request, not just abutting property owners; and (3) eliminates the language on a final decision for appeal to court.

REQUIRED ACTIONS

EHS will need to issue a circular letter and revised well exemption application.

§ 5- FOOD ESTABLISHMENT PERMITS

Effective: October 1, 2008

The bill also allows the code to include regulations concerning permitting required from local health departments or districts for the operation of retail food establishments, including food establishments, catering food service establishments, and itinerant food vending establishments.

REQUIRED ACTIONS

Amend existing regulations to require licensing of all food establishments in CT by local health.

§ § 6,7,8- TECHNICAL CHANGES

Effective: October 1, 2008

Makes technical changes to sections 20-13a to 20-13e of CGS

§ 9- FARMER'S MARKET

Effective: Upon passage

Expands the products that may be sold to food service establishments at a farmers' market. Food service establishments can purchase Connecticut-grown farm products, instead of just fresh produce, that have been produced and are sold according to applicable state regulations at a farmer's market.

§ 10- ADMINISTRATION OF VACCINES BY CERTAIN NURSES

Effective: October 1, 2008

Allows a nurse employed by a home health care or homemaker home health care agency, subsequent to administering flu or pneumonia vaccines, to administer epinephrine or other anaphylaxis medication.

§ 11- CONFORMING CHANGE

Effective: October 1, 2008

Makes a conforming change, consistent with the repeal of Section 19a-7g CGS located with in section 63 of this bill.

§ 12- CONTINUING EDUCATION FOR NATUREOPATHS

Effective: October,1 2008

Establishes continuing education requirements for naturopaths. The Department of Public Health (DPH) will be required to make available forms for use by a naturopath when attesting to completion of the continuing education requirement, as well as process requests for waivers or extensions. It is anticipated that the DPH can accommodate these changes without requiring additional resources.

REQUIRED ACTIONS

The website and application forms must be updated concerning CE for naturopaths. The updated applications need to be mailed to the licensees.

§ 13- PHYSICIAN ASSISTANTS

Effective: October1, 2008

Expands the scope of practice of a physician assistant to include prescribing and approving the use of durable medical equipment.

REQUIRED ACTIONS

The statutes on the website and attached to application forms must be updated.

§ 14 –DMV

Effective: October 1, 2008

Expands the list of professionals who may certify disability for purposes of windshield placards issued by the Department of Motor Vehicles.

§ 15- OPTOMETRISTS

Effective: October 1, 2008

Increases the maximum term of members of the Board of Examiners for Optometrists.

§ 16- NURSING HOME ADMINISTRATORS

Effective: October 1, 2008

Expands the list of qualified continuing education programs for nursing home administrators.

REQUIRED ACTIONS

The continuing education for nursing home administrators fact sheet and website need to be updated. The fact sheets need to be mailed to licensees.

§ 17- OPTOMETRISTS

Effective: October 1, 2008

Requires certain provisions to be included in agreements, leases, or contracts between any optometrist and other parties, on and after 10/1/08.

REQUIRED ACTIONS

The contract or lease requirements need to be mailed to licensees.

§ 18- HEALTHFIRST CONNECTICUT AUTHORITY MEMBERSHIP

Effective: Upon Passage

Adds the executive directors of the Permanent Commission on the Status of Women, the African-American Affairs Commission, and the Latino and Puerto Rican Affairs Commission to the membership of the HealthFirst Connecticut Authority.

§ 19- STATE-WIDE PRIMARY CARE ACCESS AUTHORITY

Effective: Upon Passage

Adds two members to the State-wide Primary Care Access Authority.

§§ 20 - 29 –TECHNICAL CHANGES

Effective: October 1, 2008

Makes technical changes.

§ 30- PERFUSIONISTS

Effective: Upon Passage

Modifies work and education requirements that must be met by an applicant for a perfusionist license. To the extent that additional persons seek licensure as a perfusionist, the department will experience a workload increase and a minimal revenue gain from the collection of initial and renewal licensure fees of $250.

REQUIRED ACTIONS

The website and application forms need to be updated.

§ 31- RADIOLOGIC TECHNICIANS

Effective: Upon Passage

Allows the Department of Public Health (DPH) to issue a radiographer license to an applicant meeting specified education and work experience requirements. To the extent that additional persons seek licensure as a radiographer, the department will experience a workload increase and a minimal revenue gain from the collection of an initial license fee of $100 and a renewal licensure fee of $50.

REQUIRED ACTIONS

Licenses need to me issued to applicants who qualify under these provisions.

§ 32 - MEDICAL RECORD FEES

Effective: October 1, 2008

Increases from $0.45 to $0.65 the maximum amount per page that may be charged by a health care provider for furnishing a health record. A corresponding revenue increase may result for state or local entities providing such records.

§ 33- ACUPUNCTURISTS

Effective: Upon Passage

Allows DPH to issue an acupuncturist license to an applicant meeting specified education and work experience requirements. To the extent that additional persons seek licensure as an acupuncturist, the department will experience a workload increase and a minimal revenue gain from the collection of an initial license fee of $100 and a renewal licensure fee of $200.

REQUIRED ACTIONS

Licenses need to me issued to applicants who qualify under these provisions.

§ 34 - MUNICIPAL JURISDICTION

Effective: October 1, 2008

Expands municipal powers by allowing for the regulation of any activity deemed to be harmful to public health on any property owned by a municipality. It is anticipated that any local government choosing to exercise this authority would do so to the extent that local resources allow. Should local fines be imposed, a potential indeterminate local revenue gain would also ensue.

§ 35- SCHOOL BASED HEALTH CENTERS

Effective: Upon Passage

States that only those school-based health clinics (SBHCs) located in or attached to a school building constructed on or after 7/1/09, sharing a first floor exterior wall with the school building must have a distinct entrance. Under current law, any newly constructed SBHC must have a separate entrance on and after 10/1/07. This may reduce local costs in instances in which new SBHCs are placed in existing buildings.

§ 36- ANNUAL PHYSICAL EXAMS

Effective: October 1, 2008

Eliminates a mandate that serum creatinine testing be done of each patient having a routine medical examination or admitted to the hospital not otherwise tested within the preceding one-year period.

§ 37- DENTAL X-RAYS BY DENTAL ASSISTANT STUDENTS

Effective: Upon Passage

Clarifies the scope of practice of unlicensed dental assistant students, interns and trainees.

REQUIRED ACTIONS

The website and statutes attached to application forms need to be updated.

§ 38- ALZHEIMER'S SPECIAL CARE UNIT TRAINING

Effective: October 1, 2008

Increases, from 3 to 8 hours, the minimum hours of annual training for all direct patient care staff in Alzheimer's special care units or programs. This will increase their operational cost. To the extent that these units/programs care for Medicaid patients, a portion of these training costs may be passed on to the state through allowable cost rate increases.

REQUIRED ACTIONS

FLIS will educate the staff and the provider community.

§ 39- COMMUNITY BENEFITS PROGRAM

Effective: October 1, 2008

Current law requires DPH to submit a biennial report on community benefits programs and review these reports as submitted by managed care organizations and hospitals for adherence to specified guidelines. The bill transfers these duties to the Office of the Healthcare Advocate, effective 10/1/08.

§ 40- AMBULANCE SERVICE FLEET EXPANSION

Effective: October 1, 2008

Allows hospital-based ambulance services to apply to add one emergency vehicle to their fleet every three years without having to submit to a formal hearings process.

§ § 41, 42 - PSYCHOLOGISTS

Effective: October 1, 2008

Make changes to law concerning the examination of applicants for licensure as a psychologist. These changes conform to current practice.

REQUIRED ACTIONS

The website and application forms need to be updated.

§ 43 - FEDERALLY QUALIFIED HEALTH CENTERS

Effective: Upon Passage

Exempts a consortium of federally qualified health centers that provides services only to the Department of Social Services from certain minimum reserve requirements.

§ 44 - MUMPS AND VARICELLA VACCINATION

Effective: October 1, 2008

Requires a student enrolling in an institution of higher education, on and after 8/1/10, to provide proof of adequate immunization against mumps and varicella.

§ 45- MASS GATHERING LICENSES

Effective: October 1, 2008

Eliminates a provision of current law that requires an applicant for a mass gathering license to prove that physicians and nurses will be provided along with an enclosed covered structure where treatment may be rendered. It instead requires that an applicant submit a written plan reviewed by the primary service area responder that ensures on-site availability of an emergency medical service organization during the assembly.

§ § 46 – 49- SOCIAL SECURIRTY NUMBERS

Effective: October 1, 2008

Make changes to HB 5808, "An Act Concerning Social Security Numbers on Vital Records. " ***See HB 5808 for additional information.**

§ 50- REPORT ON CHANGES TO NURSE LICENSING

Effective: July 1, 2008

Requires DPH to report, by 1/1/09, regarding implementation of a biennial license renewal system for nurses.

REQUIRED ACTIONS

The report regarding implementation of a biennial license renewal for nurses is due on or before 7/1/09.

§ 51- DRINKING WATER WORK GROUP

Effective: Upon Passage

Requires DPH, in consultation with the Departments of Environmental Protection and Consumer Protection, to convene a working group to study certain issues regarding water supply wells.

§ 52 - ORGAN TRANSPLANT FUND

Effective: July 1, 2008

Expands the purposes for which moneys donated to the Organ Transplant account (via the state's income tax check off system) may be expended.

§ 53- CREMATION OF STILLBORN FETUSES

Effective: October 1, 2008

Prohibits the Office of the Chief Medical Examiner (OCME) from assessing any fee for costs associated with the cremation of a stillborn fetus.

§ 54- TESTING FOR HIGHER EDUCATION INSTITUTIONS

Effective: July 1, 2008

Authorizes DPH to waive, in full or in part, laboratory testing fees for institutions of higher education when performing chlamydia and gonorrhea testing if certain criteria are met. DPH is planning on increasing its schedule of laboratory testing fees as of July 2008. Enactment of this section will allow the department to exempt institutions of higher education from the fee increase for these tests; their fee will be maintained at current levels.

REQUIRED ACTIONS

Appropriate notifications to institutions of higher education regarding the fee waiver to be make prior to July 1, 2008.

§ 55- MENINGOCOCCAL MENINGITIS INFORMATION

Effective: July 1, 2008

Requires DPH, in collaboration with the Department of Education (SDE), to contact each local and regional board of education to inform them about meningococcal meningitis.

§ 56 - QUALITY OF CARE ADVISORY COMMITTEE

Effective: July 1, 2008

Changes, from quarterly to semiannually, the frequency with which the Quality of Care Advisory Committee must meet.

§ 57- NURSING HOMES

Effective: Upon Passage

Requires DPH to compare recommended services to actual services provided to nursing home residents having a level two assessment.

This section also requires a nursing home to notify the Department of Mental Health and Addiction Services of individuals admitted to the nursing home who have been administered a level two assessment which confirms a psychiatric diagnosis. The department shall, within available appropriations, consult with the nursing home on the status and discharge; and protect to the fullest extent possible the existing housing of any client of the department who is identified in a level two assessment as being in need of a short-term admission.

§ 58- CHILD DAY CARE LICENSURE

Effective: Upon Passage

Exempts Solar Youth Inc. from day care licensure requirements until 6/30/09.

§ 59- TRAINING FOR LEAD AND ASBESTOS ABATEMENT PRACTITIONERS AND CONSULTANTS

Effective: Upon Passage

Allows DPH, until 6/30/09, to enter into agreements with out-of-state agencies concerning training asbestos and lead abatement practitioners and consultants.

§ 60- WOMEN, INFANT AND CHILDREN PROGRAM VENDORS

Effective: Upon Passage

Requires DPH to permit any WIC vendor disqualified from program participation, between 1/1/07 and passage of the bill, due to failure to complete an application, or (b) failure to comply with minimum inventory requirements to reapply for reinstatement. The vendor must reapply within thirty days of notification from the department. DPH must notify the applicant in writing within sixty days following submission of a completed application regarding its decision. In addition, any vendor applying or reapplying for continued participation on and after the bill's effective date (upon passage) that receives written notification of a deficiency in such application is granted fifteen days to cure such deficiency and file a completed application. Finally, the bill prohibits DPH from denying an application or reapplication from a WIC vendor based on minimum distance requirements between vendors in the geographic area of the application.

The United States Department of Agriculture (USDA) has provided informal guidance to DPH indicating that these provisions may be inconsistent with the state's WIC plan and federal regulation concerning vendor selection criteria. Under this interpretation, it is expected that DPH would not implement the modified vendor application process nor reinstate those disqualified since 1/1/07, as it may jeopardize federal funding. However, a final USDA determination is not available at this time. Should a final opinion hold that the revised application process is consistent with federal law, then this potential impediment would be removed and DPH would experience a workload increase.

In the latter case, FY 09 costs of $15,000 - $20,000 would be incurred to support staff resources and other expenses needed to assist the agency in completing application review and on-site inspections of up to 65 vendors disqualified since 1/1/07 within sixty days of application for reinstatement. In subsequent fiscal years, staffing needs and associated potential costs (expected to reflect at most 0. 5 position and other expenses, at approximately $25,000) would depend upon the actual number of additional vendors authorized, which cannot be determined in advance.

Finally, the bill states that if the USDA conducts a comprehensive programmatic audit of Connecticut's WIC program and thereafter provides written notification that it is not being administered in compliance with federal law and that the state may be subject to financial penalties, DPH shall take such action it deems necessary to ensure compliance with federal law, including suspension of this Section's provisions. The USDA completed its most recent comprehensive program audit of Connecticut's WIC program in March 2008. The next regularly scheduled audit would be during 2011. However, the USDA has discretionary authority to conduct an audit at any time.

REQUIRED ACTIONS

The act requires DPH to submit, by 1/1/09, a revised WIC state plan incorporating this Section's provisions. This act also requires DPH to issue a permit to any WIC vendor who has been disqualified from program participation and has reapplied. The permit will only be issued based on certain criteria. DPH is to consult with USDA. Required actions are subject to available appropriations, which have not yet been appropriated.

§ 61- SMOKING CESSATION PROGRAM UNDER MEDICAID

Effective: July 1, 2008

Requires that any state Medicaid plan amendment for smoking cessation services include prescriptive options. As it is contingent upon funding, the state Medicaid plan has never been amended to include smoking cessation services.

§ 62- POSSESSION OF TOBACCO BY A MINOR

Effective: October 1, 2008

Prohibits the possession of tobacco in public places by any person seventeen years of age or younger. A violation is punishable by a fine of up to $50 for a first offense and a fine of $50 - $100 for the second and any subsequent offenses. These fines would be payable by mail. Annual state revenues are anticipated to be less than $100, 000.

§ 63 -REPEALERS

Effective: October 1, 2008

Eliminates:

1. A Childhood Immunization Advisory Council.

2. A pilot program for municipal selection of emergency medical services providers.

3. The DPH's registry of automatic external defibrillators (AEDs) and a requirement that persons report the location of AEDs.

4. A requirement that DPH produce an annual report on investigations of and disciplinary actions taken against physicians.

5. A requirement that DPH produce an annual report regarding carcinogens in public water supplies and the mandatory reporting of the organic chemical content of water supplies by public water companies. Similar provisions are contained in another annual report.

House "A" struck a section which would have granted authority to the Commissioner of Public Health to issue emergency summary orders in health care agencies and homemaker-home health agencies.

Public Act 08-137 **HB 5730**

ENVIRONMENTAL HEALTH

Effective: October 1, 2008, except for the relocation assistance provision, which is effective upon passage

SUMMARY

This act:

1. modifies the Department of Public Health's (DPH) review and approval process concerning proposals for new water supplies;

2. specifies which town is responsible for paying relocation assistance to people who have been displaced due to enforcement actions by district departments of health;

3. expands the potential disciplinary actions DPH can take against department-licensed or -certified people or entities who engage in actions harmful to property owners;

4. requires installers of irrigation systems or other physical connections between public water supply distribution systems and other water systems to notify the water company of the installation, authorizes local health directors to order mitigation measures if such connections create an unreasonable risk of injury to health and safety, and requires DPH to adopt regulations on irrigation systems and other physical connections; and

5. establishes a penalty for prohibited aircraft-related activities on reservoirs and amends the penalties for other violations concerning improper activities on public water supplies.

DPH REVIEW AND APPROVAL OF PROPOSED NEW WATER SOURCES

Existing law prohibits the construction or expansion of a water supply system owned or used by a water company or the use of a new additional water supply source until plans for them have been submitted to and approved by DPH. No prior review or approval is required for distribution water main installations if they are constructed according to sound engineering standards and all applicable laws and regulations. In reviewing any proposed new water supply source, DPH must consider its anticipated effect on nearby water supply systems, including public and private wells. The law also requires DPH to consult with and advise the water company concerning proposed water supply services and methods to assure their purity and adequacy.

The act expressly requires the submitted plan to include documentation that provides for (1) a brief description of the proposal's potential effects on nearby water supply systems, including public and private wells and (2) the water company's ownership or control of the proposed new water supply source's sanitary radius and minimum setback requirements as specified in state regulations and that such ownership or control will continue to be maintained as specified in regulation.

Under the act, DPH must require the water company proposing the new source to provide additional documentation that adequately demonstrates alternative methods it will use to assure the new supply source's long-term purity and adequacy if DPH determines, based on the initial required documentation, that the water company does not own or control the proposed new source's sanitary radius or minimum setback requirements. The act directs DPH, when reviewing the proposed new water supply sources, to consider these issues.

Under the act, DPH can adopt regulations to carry out these provisions and a provision of existing law requiring water companies to annually report electronically to DPH on the number and location of all new distribution water main installations.

The act eliminates the requirement that DPH consult with and advise water companies on proposed water supply sources and methods to assure their purity and adequacy.

RELOCATION ASSISTANCE

Under the act, if a district health department order causes an occupant's displacement from a dwelling unit, the municipality in which the dwelling is located is responsible for any relocation assistance to the occupant available under the law. (Generally, such an order occurs when a hazard, nuisance, or source of filth injurious to the public health is identified.)

By law, towns, cities, and boroughs may form district health departments by vote of their respective legislative bodies, or join an existing district department with the approval of its board. District health departments are instrumentalities of their constituent municipalities.

The act requires the district health department to give written notification to the occupant of his or her rights under the law when it issues the displacement order. The notice must include the name, address, and telephone number of the person authorized by the municipality to process applications for relocation assistance provided under the Uniform Relocation Assistance Act (URAA).

The URAA establishes uniform policies for people who are displaced from their dwellings or businesses by state or local government activities and actions.

IRRIGATION SYSTEMS AND OTHER CONNECTIONS BETWEEN PUBLIC WATER SUPPLY SYSTEMS AND OTHER WATER SYSTEMS

The act requires anyone installing an irrigation system or other physical connection between the distribution system of a public water supply system and any other water system to notify the water company that services the property or building of the installation. The installer is subject to all rules and regulations of that water company.

The act specifies that in this context, “water company” means any individual or entity that owns, maintains, operates, manages, controls, or employs any pond, lake, reservoir, well, stream, or distributing plant or system that supplies water to two or more consumers or to 25 or more people on a regular basis. If the individual or entity owns or controls 80% of the equity value of more than one such system or company, the number of consumers or people the system supplies must be considered as owned by one company.

Under the act, when a permit application is filed with a local building inspector concerning a project, including a change of use or installation of fixtures or facilities in a building that may affect the performance of, or require the installation of, a reduced pressure backflow preventer, a double valve assembly, or a pressure vacuum breaker, the inspector must give written notice of the application to the water company serving the building. He or she must do so within seven days of the application's filing.

After receiving notice, the water company must have an evaluation of cross-connection protection done by a qualified person. The water company must notify the local building inspector of its determination. The act prohibits the inspector from issuing a permit or certificate of occupancy until any cross-connection issue is corrected.

The act authorizes a local Director of Health to issue an order requiring the immediate implementation of mitigation measures when he or she determines that an automatic fire extinguishing system, irrigation system, change of use, installation of fixtures or facilities in a building, or other physical connection between the public water supply distribution system and any other water system causes an unreasonable injury risk to the health or safety of those using the water, to the general public, or to any public water supply. The mitigation measures can include disconnecting the system. If a cross-connection with the public water system is found, the owner of the system may terminate services to the premises.

The act requires the DPH commissioner to adopt regulations establishing standards to prevent contamination of public water supplies that may result from the installation of irrigation systems or other physical connections between a public water supply distribution system and any other water system in any building served by the public water system. The law already required DPH to adopt regulations establishing such standards for the installation of automatic fire extinguishing systems.

DPH AUTHORITY TO ORDER RESTITUTION TO PROPERTY OWNERS

The act authorities DPH to order certain DPH-licensed individuals and entities to make restitution to an injured property owner based on a finding of good cause. This applies to subsurface sewage disposal installers or cleaners, asbestos contractors, asbestos consultants, asbestos abatement workers, asbestos abatement site supervisors, lead abatement contractors or lead consultant contractors, lead consultants, lead abatement supervisors, and lead abatement workers.

PENALTIES FOR PROHIBITED ACTIVITIES INVOLVING PUBLIC WATER SUPPLIES

The act changes, from a minimum of $100 to a maximum $500, the fine that can be imposed on a person who (1) bathes or swims in any public water supply, (2) washes or allows animals in a water supply, (3) causes or allows pollution to enter a public water supply reservoir, or (4) commits any nuisance in a public water supply reservoir or its watershed. The existing possible penalty of 30 days' imprisonment remains unchanged.

Existing law prohibits anyone from causing or allowing an aircraft to land on; take off from; or be operated, kept parked, or stored on any distribution or storage reservoir or on any watercourse tributary to a reservoir. The act establishes a penalty of a maximum fine of $500, imprisonment of up to 30 days, or both. Any water company harmed by such an aircraft violation can bring a civil action in Superior Court for the judicial district where the reservoir or watercourse tributary is located, entirely or in part, to recover damages, expenses, and costs.

REQUIRED ACTIONS

The Drinking Water Section will be responsible for revising and/or drafting new regulations and for enforcing the statutes as noted within Sections 1 and 4 of this act. Section 1 notes that regulations may be adopted. Section 4 will require that existing regulations be modified to incorporate the changes to the statute. To coordinate notification of District Health Departments with the Local Health Administration Branch regarding the relocation stipulations in Section 2.

Public Act 08-32 **HB 5748**

TEENAGE DRIVERS

Effective: August 1, 2008

SUMMARY

The bill establishes several new requirements for 16- and 17-year-olds, and in some cases their parents or legal guardians, both before and after they get their drivers' licenses. It:

1. further restricts the passengers they may carry while being instructed under a learner's permit;

2. extends passenger restrictions that currently apply for the first six months after licensure to an entire year, but authorizes the motor vehicle commissioner to provide exceptions by regulation for single parents under age 18 transporting their children for certain purposes such as child care or medical appointments;

3. begins the nighttime hours when 16- or 17-year-olds cannot drive except for employment, religious, school-related, or certain other purposes at 11 p.m. instead of midnight;

4. for anyone issued a learner's permit on or after August 1, 2008, increases from 20 to 40 hours the amount of behind-the-wheel, on-the-road training a 16- or 17-year-old must get before qualifying for licensure;

5. requires license suspensions for any violations of post-licensure driving restrictions for 16- and 17-year-olds, instead of only for second or subsequent violations;

6. establishes mandatory license suspension requirements for 16- and 17-year-olds who violate certain traffic laws that are longer than the ones that currently apply to older drivers and, in other cases, applicable only to 16- and 17-year-olds;

7. establishes a 48-hour suspension and license seizure for 16- and 17-year-olds who commit certain acts, and requires a parent or guardian to accompany them when they retrieve their licenses;

8. for 16- or 17-year-olds issued learners' permits on or after August 1, 2008, requires a parent or guardian to attend two hours of instruction on teen driving laws and related issues with the child before a 16- or 17-year-old can take the license test; and

9. requires anyone in a vehicle with a 16- or 17-year-old driver to wear a seat belt and increases the penalty for anyone in a vehicle being driven by someone under age 18 who violates the seat belt law.

Public Act 08-65 **HB 5802**

THE STATE FIRE PREVENTION CODE

Effective: October 1, 2008

SUMMARY

This act makes several changes affecting enforcement of the state Fire Prevention Code, which the law requires the state to adopt by October 1, 2008, and the state Fire Safety Code.

With regard to the Fire Prevention Code, the act (1) allows the state fire marshal to issue official code interpretations; (2) establishes a code waiver process; (3) removes the state Codes and Standards Committee from the appeal process for fire safety and prevention decisions, requiring appeals of local fire marshals' decisions to be made to the state fire marshal and appeals of the state fire marshal's decisions to be made to Superior Court; (4) allows the state fire marshal and local fire marshals to issue orders and citations to building owners and occupants to correct code violations; and (5) establishes a penalty of up to six months in prison, a fine of $200 to $1,000, or both, for code violations.

The act expands the authority of police officers and local fire officials to order people to vacate buildings for safety reasons and establishes state oversight of such orders when an unsafe building condition cannot be corrected in four hours or less. It reduces the penalty for certain unsafe building conditions for which the local fire marshal issues corrective orders.

It allows fire code officials to inspect manufacturing establishments, which are currently exempt from the inspection requirements that apply to other buildings.

It also makes miscellaneous minor and technical changes.

Public Act 08-109 **SB 471**

EXTENDING THE STATE PHYSICIAN PROFILE TO CERTAIN OTHER HEALTH CARE PROVIDERS

Effective: January 1, 2010

SUMMARY

By law, the Department of Public Health (DPH), after consulting with the Connecticut Medical Examining Board and the Connecticut State Medical Society, must collect certain information to create an individual public profile on each physician licensed to practice medicine in Connecticut. This act, within available appropriations, extends this requirement to dentists, chiropractors, optometrists, podiatrists, naturopaths, dental hygienists, advanced practice registered nurses, and physical therapists. Consistent with existing law for physicians, the act requires DPH to consult with the appropriate state board. It also makes other conforming changes, including authorizing the appropriate board, commission, or department to revoke or suspend the health care provider's license for failing to provide DPH with the information the act requires.

INFORMATION INCLUDED IN THE PUBLIC PROFILE

Education and Practice Information

The profiles must contain information about the health care provider's education and practice including:

1. professional school names and graduation dates;

2. the site, training, discipline, and dates of any completed postgraduate education or other required professional education;

3. practice specialty;

4. the address of his or her primary practice location;

5. the languages, other than English, spoken at the practice;

6. current specialty board certifications;

7. appointments to a Connecticut medical school faculty and an indication as to whether he or she has current responsibility for graduate medical education;

8. the hospitals and nursing homes where he or she has privileges;

9. a list of publications in peer-reviewed literature;

10. a list of professional services, activities, and awards;

11. an indication as to whether he or she is actively involved in patient care; and

12. the name of the provider's professional liability insurance carrier.

A provider can choose to have his or her profile omit information about publications, professional services, activities, and awards. DPH must inform providers of this option.

Disciplinary Actions

The profile must indicate any disciplinary actions DPH the appropriate state board, or any professional licensing or disciplinary body in another jurisdiction has taken against the health care provider. It must also include any hospital disciplinary actions taken against him or her in the past 10 years resulting in (1) termination or revocation of privileges for a professional disciplinary reason; (2) resignation from, or non-renewal of, professional staff membership; or (3) restriction of privileges in lieu of or in settling a pending disciplinary case related to professional competence.

Criminal Convictions

The profile must contain a description of felony criminal convictions within the last 10 years. Conviction of a felony means the health care provider pled guilty, was found guilty by a court, or was convicted by a plea of no contest.

Medical Malpractice Claims

The profile must contain, to the extent available, all professional malpractice court judgments, arbitration awards, or settlements against the health care provider where payment was made during the last 10 years.

Duty to Update Information

A provider must notify DPH of any changes in the information, other than publications, professional services, activities, and awards, within 60 days of the change.

Prohibited Disclosure

DPH may not disclose to the public pending malpractice claims or actual amounts paid by or for the provider because of a judgment, award, or settlement.

Advance Copy to Providers

DPH must give the provider a copy of his or her profile before it is released to the public. Profile amendments or modifications not given by the health care provider or produced by DPH must be given to the provider to review before release. The provider can challenge the accuracy of any information in the profile and provide a written statement supporting the challenge.

Internet

DPH must have an Internet website so the public can access the profiles.

Other Disclosure Laws

The law specifies that other state laws that would limit, prohibit, or penalize the disclosure of provider information do not apply to the provider profiles.

False Statements

All information from the provider is subject to penalties for 2nd degree false statement, which is a Class A misdemeanor (see Table on Penalties).

Action Against a Provider's License

The law allows DPH or the appropriate board to restrict, suspend, revoke, or take other appropriate action against a health care provider's license for failure to provide the required information for the profile.

REQUIRED ACTIONS

To develop and implement a program to create and publish on-line health care provider profiles for the following professions: dentists, chiropractors, podiatrists, naturopaths, dental hygienists, optometrists and physical therapists. The provisions of this act are to be carried out within available appropriations. To date, no funds have been appropriated.

Public Act 08-134 **SB 496**

PUBLIC HEALTH PREPAREDNESS

Effective: October 1, 2008

SUMMARY

This act :

1. allows the Department of Public Health (DPH), during a governor-declared public health or civil preparedness emergency, to temporarily suspend license renewal and inspection requirements and functions;

2. specifies that health care worker and facility licenses do not lapse during the emergency;

3. adds out-of-state water system operators to those practitioners who can work in Connecticut during an emergency; and

4. allows emergency medical services (EMS) personnel to use nerve agent antidote auto injectors to treat the general public in an emergency.

DECLARATION OF A CIVIL PREPAREDNESS OR PUBLIC HEALTH EMERGENCY

Suspension of License Renewal Requirements

If a civil preparedness or public health emergency is declared under the law, the act allows the DPH Commissioner to suspend license renewal requirements for any license that would otherwise have to be renewed. By law, “license” includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law, but does not include a license required solely for revenue purposes.

Under the act, the license renewal suspension period may continue for the duration of the declared emergency and for the six-month period after the emergency ends. Any license not renewed by DPH during this time does not expire. Not later than six months after the emergency is declared over, the commissioner must reinstate the suspended license renewal requirements. A license not renewed within six months of this reinstatement expires. The Commissioner may extend this time period for good cause, but may grant no more than two 90-day extensions.

If DPH renews a license on a date other than the customary renewal date, the licensure period must not extend beyond the customary renewal date provided according to law. At

the time of renewal, the licensee is responsible for paying all license fees, including those not collected by DPH because of the license renewal suspension period.

Suspension of Inspection Requirements

The act allows the DPH commissioner to suspend inspections required by department statutes or regulations if a public health or civil preparedness emergency is declared under the law. The suspension period is the same as outlined above for license renewal suspensions. By the end of the six-month period following the end of the emergency, DPH must conduct any inspections not done during the emergency and six-month follow-up period. Inspections must be completed within six months from the date they resumed unless the commissioner extends the time. He may grant up to two 90-day extensions for good cause.

Under the act, DPH can suspend its license renewal and inspection responsibilities only after the Governor, according to law, (1) issues an order that modifies or suspends, in whole or in part, any statute, regulation or requirement relating to license renewals and DPH inspections and (2) specifies the reasons for such action.

Out-of-State Health Care Providers Allowed to Work in an Emergency

Existing law 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 public health emergency. They can work only within the scope of their practice as permitted by Connecticut law. The law allows the DPH commissioner to suspend, for up to 60 consecutive days, state licensing, certification, or registration requirements that apply to them. Prior law covered emergency medical personnel, physicians and physician assistants, physical therapists, nurses and nurse's aides, respiratory care practitioners, psychologists, marital and family therapists, clinical social workers, professional counselors, pharmacists, paramedics, embalmers and funeral directors, sanitarians, and asbestos contractors and consultants

The act adds certified operators of water treatment plants or water distribution systems to this list.

NERVE AGENT ANTIDOTE MEDICATIONS

By law, any paid or volunteer firefighter, police officer, or EMS personnel successfully completing a training course in the use of automatic prefilled cartridge injectors containing nerve agent antidote medications can carry and use them for self or unit preservation in the event of nerve agent exposure.

The act allows EMS personnel to use them for treating the general public in an emergency.

BACKGROUND

Public Health Emergency

A “public health emergency” under the law, is an occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack, or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability (CGS § 19a-131).

The law authorizes the Governor to declare a statewide or regional public health emergency after she makes a good faith effort to inform legislative leaders. 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. The Governor's declaration takes effect when filed with the Secretary of State and the House and Senate clerks (CGS § 19a-131a).

Civil Preparedness Emergency

By law, the Governor may proclaim that a state of civil preparedness emergency exists in the event of serious disaster, enemy attack, sabotage, or other hostile action or if the event is imminent. In such a case, the Governor can personally take direct operational control of any or all parts of the civil preparedness forces and functions in the state. Such a proclamation is effective upon filing with the secretary of the state (CGS § 28-9).

REQUIRED ACTIONS

Develop written guidelines/policies for use in the event that these provisions are enforced.