

**House Bill 6666, An Act Concerning the Department of Public Health's Recommendations  
Regarding Various Revisions to the Public Health Statutes**

Sections 1 and 2 revise Section 73 of [Public Act 19-117](#) and Section 25-33(b) of the general statutes to remove specific population requirements for the replacement of an existing public well. This would permit the installation of a replacement well that does not meet the sanitary radius and minimum setback requirements, as specified in the Regulations of Connecticut State Agencies, when such a well is necessary for the water company to maintain and provide to its consumers a safe and adequate water supply. In 2019, legislation was passed to allow the replacement of a public well to take place in a specific area of Connecticut. The Department believes that this revision should not be limited to one area of the state. **No revisions made in the amendment from the original bill.**

Sections 3 and 4 revise Sections 8-3i and 22a-42f of the general statutes to ensure that the Commissioner of Public Health receives electronic notification of projects to change the regulations, boundaries, zoning district classifications or regulated activities upon an inland wetland or watercourse within the watershed of a water company that may have an impact on a public drinking water watershed or aquifer protection area. This proposal will streamline the notification process to ensure that DPH receives electronic notification of projects that may have a potential impact upon public drinking water sources. **No revisions made in the amendment from the original bill.**

Section 5 amends Section 19a-111 of the general statutes to require local health departments and districts to use the MAVEN surveillance system to electronically report lead home inspection findings and follow-up activities that address elevated blood lead levels. A centralized collection mechanism will allow DPH staff to better track incidents of elevated blood lead levels, monitor lead abatement activities, confirm patient follow up and analyze data trends for epidemiological purposes. It will also bolster communication among the DPH Lead Poisoning Prevention and Radon Program and local health departments and districts regarding enforcement of the regulations governing lead abatement. DPH will work with local health directors and recognized professional medical groups to develop guidelines consistent with those of the Centers for Disease Control and Prevention (CDC) for assessment of the risk of lead poisoning, screening for lead poisoning and treatment, and follow up care of individuals. **No revisions made in the amendment from the original bill.**

Section 6 amends Section 19a-37 of the general statutes by adding the word “residential” to the definition of “private well” to clarify the difference between a private well and a semipublic well. A private well supplies drinking water to a residential population, whereas a semipublic well supplies drinking water to a non-residential population of less than 25 people or for less than 60 days per year, e.g., campgrounds or youth camps operating for less than 60 days per year and small

businesses with less than 25 employees. The proposal will align terminology in statute with common vernacular.

**Section 7 includes language to require landlords to notify tenants of contaminants in their water supply not later than 48 hours upon notification of such contaminants.**

Section 8 amends Section 19a-524 of the general statutes to allow DPH to submit citations to nursing home facilities and residential care homes electronically, as well as by certified mail. DPH currently issues citations by certified mail only but has been transitioning to automated systems that will generate and issue the violations through an electronic platform when non-compliance with the Regulations of Connecticut State Agencies has been identified. This proposal will modernize current practice, promote greater efficiencies, and generate a cost saving as the expenses associated with certified mail will be significantly reduced. All nursing home facilities have the ability to receive electronic communications from DPH, while only some residential care homes are able to receive electronic information. Therefore, the process of corresponding through certified mail must be maintained until such time that all facilities have the capability to receive electronic notice from DPH. Lastly, this will promote public access to a facility's citation, violation letter and plan of correction because the electronic process allows the Department to easily post these documents to the [eLicense](#) website. **No revisions made in the amendment from the original bill.**

Section 9 revises Section 19a-491c of the general statutes to allow, when necessary, a temporary suspension of a long-term care facility's requirement to process individuals through the state's background search program, known as the Applicant Background Check Management System (ABCMS), as a result of an emergency or significant disruption, such as to internet capabilities, ABCMS functionality, or the state or long-term care facility workforce.

The ABCMS is currently operating under policies and procedures, absent regulations. Regulations to govern the program have been drafted and are undergoing review. The DPH policies and procedures contain a provision for the temporary suspension of the web-based long-term care background search program in limited emergency circumstances. The "emergency suspension" language contained within ABCMS policies and procedures allows for a sixty-day grace period for processing background checks in certain emergency circumstances, as determined by DPH. This policy was crafted with input and approval by the Office of Policy and Management, the Governor's Office (prior administration) and the long-term care industry. It is viewed as an important provision to address possible widespread internet crashes, natural disasters, pandemics or other significant workforce disruptions that may, temporarily, hinder the ability to conduct full fingerprint-based background searches. The Office of the Attorney General, in reviewing the program's established policies and procedures for adoption as regulation, recently suggested that Section 19a-491c contain some express statutory language allowing for such temporary suspension in regulation. **No revisions made in the amendment from the original bill.**

Section 10. Amends Section 19a-177 of the general statutes by making a technical revision to remove the outdated term “rescue vehicles” and the word “ambulance” to align the language with the definition of an “authorized emergency medical services vehicle.” **The amendment removes the outdated term “ambulance drivers” from the list of entities the Department licenses or certifies. The Department no longer certifies these individuals.**

Section 11. Creates a new section of the EMS statutes to allow DPH to waive certain statutes and regulations pertaining to emergency medical services (EMS) organizations when the health, safety and welfare of Connecticut’s residents will not be jeopardized. Section 19a-495 of the general statutes allows the Department to waive regulations pertaining to licensed health care facilities when we determine that such request will not jeopardize the health, safety and welfare of the patients. This proposal will afford the same opportunity to EMS organizations.

There have been several instances where the Department has been required by law to take an ambulance offline for something minor, such as a decal not being replaced correctly, or an issue with an older ambulance needing to be retrofitted. DPH does not want to preclude an EMS organization from performing lifesaving activities because of such minor outstanding issues. **The amendment reflects discussions that took place with the EMS industry to alleviate their concerns by ensuring the waivers apply to emergency medical services personnel and that no waivers can be issued to regulations pertaining to maximum allowable rates or primary service area assignments.**

Sections 12 through 17 revise the title given to students enrolled in a program of study of the funeral service business by replacing "student embalmer" with “registered apprentice embalmer,” and "student funeral director" with “registered apprentice funeral director,” to clarify that such a person may register with DPH as an apprentice. Additionally, the proposal delineates that a student enrolled in an embalming program can perform up to ten embalmings under the supervision of a licensed embalmer. This is common practice and a requirement to graduate from an accredited embalming program. These revisions will create clear and consistent terminology in the statutes for embalming and funeral directing apprentices and will also clarify that students enrolled in an accredited embalming program are able to gain embalming experience while in school. **Section 11 of the bill is amended to allow the 10 bodies embalmed by a student to be applied to the 50 bodies embalming requirement for apprenticeship.**

Section 18 amends Section 20-195dd of the general statutes to ensure that all persons eligible for either a professional counselor or a professional counselor associate license are able to apply and obtain their license. established a licensure category for professional counselor associates. The Act repealed grandfathering language that allowed applicants for a professional counselor license, who matriculated in a master’s program on or before July 1, 2017, to apply for licensure without completing a 100-hour practicum and a 600-hour internship. The Department agreed to this carve out for students who had already begun a graduate program that no longer met the standards for licensure when the new law was enacted in 2017. As written, these applicants will not qualify for either a professional counselor or professional counselor associate license because they have not

completed the practicum and internship. The bill would reinstitute the grandfathering language that Public Act 19-117 removed. This would allow DPH to afford all graduates of licensed professional counselor programs with the opportunity to gain licensure and work experience so they can be employed. **The amendment revises the effective date to make this section effective upon passage.**

Section 19 revises the educational requirement for marriage and family therapists (MFTs) in Section 20-195c of the general statutes for consistency purposes. The statute spells out that a minimum of 500 clinical hours is needed for the supervised practicum or internship requirement. We are removing the language that specifies 500 hours are needed because the Commission on Accreditation for Marriage and Family Therapy Education standards already outline the 500-hour requirement. Additionally, if the Commission revises the requirements by changing the number of hours, the statute will not have to be amended. **The amendment revises the effective date to make this section effective upon passage.**

Sections 20 and 21 make it possible for a pet owner who files a complaint regarding a veterinarian to have access to the investigation file when the case is closed with no findings. This would align the rights of a petitioner in closed veterinary cases with those of petitioners in closed physician cases. Typically, when someone files a complaint against a licensed practitioner, and an investigation concludes with no findings, the statutes permit the individual who filed the complaint to review the file to learn why the case was closed without any findings or without proceeding to licensure discipline. Closed cases on veterinarians are the only exception to this rule. DPH believes that pet owners who file a complaint against a veterinarian should have at least the same access to closed case files as individuals who file complaints against other practitioners such as physicians, dentists, psychologists, etc. The complainants in these veterinary cases are understandably frustrated that they filed a complaint of sufficient worth for investigation but are unable to obtain any follow-up information without the permission of the veterinarian when the case was closed with no findings. **No revisions made in the amendment from the original bill.**

Section 22 amends Section 7-62b of the general statutes to require health care practitioners and funeral directors to use Connecticut's electronic death registry when certifying a death certificate, when available statewide. Electronic filing of death certificates will lead to overall improvements in Connecticut's death data, both in terms of timeliness and quality. With regard to timeliness, it takes up to four months for death data to be available when the certificate is filed through the manual paper-based system, whereas under the electronic system, the data will be available upon registration, which typically occurs within one week of the date of death. Given the current public health crisis, the importance of timely death data could not be more apparent. The recent partial roll out of the electronic death registry has enabled DPH to provide up-to-date reporting on COVID-19 death statistics on both a state and national level. Further, electronic death registration provides improved data accuracy, and also helps with fraud prevention related to misuse of birth certificates of deceased persons by allowing a timely birth-death match and quick notification to government entities regarding deaths.

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Birth, marriage, death and fetal death data is used by the National Center for Health Statistics, DPH, local health departments and other independent researchers to conduct health related studies and to guide public policy in improving the health of our citizens. The data is shared at no cost with several DPH programs (Immunization Registry, Tumor Registry, Maternal Mortality Review Committee and opioid overdose syndrome surveillance) as well as numerous state and federal agencies (Departments of Social Services, Children and Families, Developmental Services, Mental Health and Addiction Services, Aging and Disability Services, Emergency Services and Public Protection, Labor, State Comptroller, State Treasurer, the Judicial Branch, Auditors of Public Accounts, Teacher's Retirement Board, Office of the Chief Medical Examiner, U.S. Department of State, U.S. Office of Personnel Management, U.S. Department of Labor, et al.). Given the significant role that vital statistics plays in the public health arena and in providing support data to other state agencies, it is critical that the state continue to modernize its vital records systems to produce accurate and timely data. **No revisions made in the amendment from the original bill.**

Sections 23 through 25 revise the statutes pertaining to local health departments and districts to: (1) reorganize the language into subsections to clarify intent; (2) insert language on approval of municipal director of health appointments consistent with district health departments (C.G.S. Section 19a-242); (3) include a clause requiring a municipality that hires a director of health to also submit the required written employment agreement to DPH; and (4) include the requirement that district health departments submit an annual report to ensure consistency with the requirement for municipal health departments. **Section 22 is amended to update an outdated statute to conform with current practice which requires a local health director to submit a yearly report of their activities during the preceding year. Section 23 of the amendment ensures a local health director approved by the department can perform the requirements outlined in the statutes and regulations pertaining to local health departments.**

Sections 26 through 29 add behavior analysts to the list of healthcare professionals eligible for the professional assistance program (HAVEN) and requires them to pay an additional \$5.00 as part of their licensure fee to support such professional assistance program. This process mirrors all other professions that are eligible for this same program. **No revisions made in the amendment from the original bill.**

Sections 30 through 32 add licensed behavior analysts to the list of providers that are obligated to report suspicions about abuse, neglect, exploitation, or abandonment in long-term care settings. **No revisions made in the amendment from the original bill.**

Section 33 amends Section 19a-6o of the general statutes to authorize the Commissioner of Public Health to appoint a Palliative Care Advisory Council member if a seat is vacant for one year. It also changes the Advisory Council's annual reporting requirement to a biennial basis, starting in January 2022. **No revisions made in the amendment from the original bill.**

Section 34 revises Section 19a-6q of the general statutes to update reporting requirements pertaining to the Department's chronic disease plan. DPH will post such plan on its internet website. **No revisions made in the amendment from the original bill.**

Section 35 revises Section 19a-493 of the general statutes to ensure the language clearly captures when a change of ownership takes place in a facility. **No revisions made in the amendment from the original bill.**

Section 36 changes the regulatory requirement for individuals working in healthcare settings to have an annual tuberculosis (TB) skin test. Current state regulations require an individual to receive yearly "tuberculin testing," which is specifically a "skin test" for tuberculosis. However, recently the CDC revised its guidelines regarding tuberculosis testing for healthcare personnel to no longer require all employees to be tested annually. Instead, active employees should have an annual TB risk assessment. A TB test is still recommended for new hires. However, the type of test is not specified, so facilities can recommend either a tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test.

The section requires all health care facilities to have in place policies and procedures that adhere to the CDC's recommendations for tuberculosis screening, testing, treatment and education for their health care personnel. All employees providing patient care at licensed health care facilities will be screened and tested for tuberculosis in compliance with the facility's policies and procedures. **No revisions made in the amendment from the original bill.**

Section 37 updates references to the Fire Prevention Code in the public nuisance statute, C.G.S. Section 19a-343, which were inadvertently omitted in 2017 when the Code was revised. **No revisions made in the amendment from the original bill.**

Section 38 revises Section 19a-131g of the general statutes to provide members of the Public Health Preparedness Committee with the authority to appoint designees to the Committee. **No revisions made in the amendment from the original bill.**

Section 39 amends Section 19a-30 of the general statutes to require licensed clinical laboratories to report the names and addresses of all blood collection facilities that they own and operate, whenever they open or close the blood collection facilities or whenever the clinical laboratories apply for or renew their license. **The amendment reflects a revision to keep the current language regarding hospitals paying the licensure fee for their clinical labs. The Department accidentally bracketed them when preparing the language.**

Section 40 updates Section 20-365 of the general statutes pertaining to licensure of a sanitarian to correct references to subsections in Section 19a-200, which is restructured through Section 21 of the bill. It also inserts person-first language, which the Department strongly supports. **The amendment includes a very minor technical revision to ensure language is person centered.**

Section 41 revises Section 20-195u of the general statutes to increase the number of online and home study continuing education courses that clinical and master’s-level social workers can complete per registration period from six to ten hours. **No revisions made in the amendment from the original bill.**

Section 42 amends Section 20-265h of the general statutes to allow a licensed massage therapist to manage a spa or salon. Currently only a nail technician, esthetician, eyelash technician, hairdresser, or cosmetician can manage a salon or spa. **No revisions made in the amendment from the original bill.**

Section 43 modifies Section 19a-131j of the general statutes, which allows the Commissioner of Public Health to issue an order temporarily suspending licensure, certification or registration requirements for several professions licensed by the Department during a public health emergency declared by the Governor. During the COVID-19 pandemic response, the Department and health care industry realized that there was a health care workforce shortage in many professions not covered by Section 19a-131j. The proposed language aligns with provisions included in Executive Orders 70, 7DD, and 7HHH. **No revisions made in the amendment from the original bill.**

Section 44 amends Section 19a-512 of the general statutes to remove the requirement that DPH administer the licensure examination for nursing home administrators. Like many other professions licensed by the Department, DPH relies on a national entity to administer the nursing home administrator examination. **The amendment includes a very minor technical revision to ensure language is person centered.**

Sections 45 through 55 add a definition of “hospice home health care agency” and make technical changes to include this term throughout various statutes. The Department has been working with the industry on regulations pertaining to home health and hospice agencies to mirror the conditions of participation from the Centers for Medicare & Medicaid Services (CMS). Currently, state regulations mandate a hospice home health care agency to also be licensed as a home health care agency. The Department and industry agree that this requirement is no longer needed, and the regulations should be separated to reflect the differences specific to each type of agency. The revisions add the term “hospice home health care agency” to ensure the Department has the authority to regulate these agencies. Lastly, the bill allows an advanced practice registered nurse or physician assistant to order home health services. **The amendment changes the term “hospice home health care agency” to “hospice agency”. The amendment also includes a very minor technical revisions to ensure language is person centered.**

Section 45 also makes a revision to the term “assisted living services agency to include dementia special care units or programs in their definition. Additionally, this section removes outdated terms that the department no longer provides licenses for as they fall under the definition and license for a “behavioral health facility”.

Section 54 allows nursing homes to expand their bed capacity into a separate wing or create new separate facilities to care for patients with infectious diseases under their current license when the Governor declares a public health emergency. An application must be submitted to DPH so that the Department can inspect the facilities to ensure compliance with licensing requirements. **No revisions made in the amendment from the original bill.**

Section 55 revises Section 19a-522f of the general statutes regarding IV care in a nursing home to allow a properly trained registered nurse to **start an intravenous line**, administer certain medications or collect blood from a patient's central line. Medications allowed for IV line injection must be approved by **the facility's governing body, pharmacist and medical director.**

Section 56 requires managed residential care communities (MRC) providing assisted living services to be licensed as assisted living services agencies (ALSAs). MRCs that contract for assisted living services must only do so with currently licensed ALSAs. This section also prevents ALSAs from providing memory care to residents with early to mid-stage cognitive impairment without DPH approval. During the COVID-19 pandemic, there were several outbreaks in memory care units of assisted living facilities. The Department feels it would be important to include information regarding the settings where memory care is being provided on the ALSA's license as well as ensure they have appropriate staffing levels to safely care for all patients. **The amendment reflects conversations with the industry to tie the memory care units in a MRC/ALSA to a specific statutory reference for dementia care units. The amendment also allows a MRC agency to contract with a ALSA to provide ALSA services.**

Section 57 amends Section 19a-521b of the general statutes to allow a nursing home facility to position the resident beds in a manner that promotes patient care. They must be positioned so that they do not create a hazard and promote infection control in the event of an outbreak by providing at least a six-foot clearance at the sides and foot of each bed. **The amendment reflects conversations that took place with the industry to continue the 3-foot bed clearance already in statute and remove the new 6-foot clearance. Additionally, the amendment removes references to resident call bells and privacy curtains since these may not be applicable to all the facilities listed in this section.**

Section 58 makes technical revisions to Section 19a-195 of the general statutes, pertaining to regulations for emergency medical services, to replace outdated terminology with updated references to "ambulances" and "emergency medical responder." **No revisions made in the amendment from the original bill.**

Section 59 revise Sections 20-206jj of the general statutes, regarding continuing education credits for EMS personnel, to remove the term "continuing education platform Internet website" and require they be done in a form and manner as prescribed by the Commissioner of Public Health. When the new continuing education unit (CEU) requirement passed in 2019, the national organization used for licensure stated that such CEUs would be of no cost to EMS personnel. Their policy has since changed, and the Department doesn't feel comfortable making EMS personnel pay



for these courses. DPH would like to afford EMS personnel with the opportunity to obtain CEUs from other national accrediting organizations. **No revisions made in the amendment from the original bill.**

Section 60 modifies Section 19a-178a of the general statutes to allow the Commissioner of Public Health to appoint a member to the Connecticut Emergency Medical Services Advisory Board if the appointment is vacant for more than one year. **No revisions made in the amendment from the original bill.**

Section 61 amends Section 19a-36h of the general statutes to extend the deadline by which DPH must adopt the United States Food and Drug Administration (FDA) Model Food Code for regulating food establishments to January 1, 2023. **The amendment extends the deadline for adoption or regulations to January 1, 2023.**

Section 62 revises Section 19a-36j of the general statutes to extend the deadline for food inspectors to obtain a certification from the Commissioner of Public Health to January 1, 2023. This statute is linked to the Department's adoption of the FDA Model Food Code. It is important to note that currently these individuals are certified according to Section 19-13-B42 of the Regulations of Connecticut State Agencies. **The amendment extends the deadline for certification to January 1, 2023.**

Section 63 extends the deadline by which a food establishment may request a variance from the regulations to use sous vide cooking technique or the acidification of sushi rice. This statute is tied to the Department's adoption of regulations and the FDA Model Food Code. **The amendment extends the deadline for requesting a variance to December 31, 2022.**

Section 64 revises the definition of "asbestos containing material" in Section 19a-332 of the general statutes to clarify that material is considered "asbestos containing material" if it contains asbestos in amounts equal to or more than 1.0 percent by weight. Currently, the definition states that material is considered "asbestos containing material" if it contains more than 1 percent of asbestos by weight, which has led to inconsistencies in the application of the definition. **No revisions made in the amendment from the original bill.**

Section 65 updates the definition of "hairdressing and cosmetology" in Section 20-250 of the general statutes to allow hairdressers and cosmetologists to perform manual or mechanical waxing and plucking services that remove hair from the face and neck. **No revisions made in the amendment from the original bill.**

Section 66 revises the grandfathering clause for estheticians to obtain a license, in Section 20-265b of the general statutes, to include an end date of January 1, 2022. This clause applies to estheticians who have practiced continuously for at least two years in Connecticut and in compliance with infection prevention and control guidelines. The license costs one hundred dollars and requires

proof of the completion of a training course of at least six hundred hours from an approved school.  
**No revisions made in the amendment from the original bill.**

Section 67 revises Section 10-206 of the general statutes, regarding health assessments for students diagnosed with asthma, so that it mirrors the health assessments required of every student. Currently they are on different time frames. This will allow all health assessments to be completed in grades nine or ten. **No revisions made in the amendment from the original bill.**

Section 68 amends Section 19a-490w of the general statutes to add “a thrombectomy-capable stroke center” to the types of centers included in the list of certified stroke centers, which are posted by DPH on a yearly basis. The Department is supportive of this addition and looks forward to working with the hospitals to add these centers to the list. **No revisions made in the amendment from the original bill.**

Section 69 modifies Section 19a-180 of the general statutes to allow an emergency medical services organization to change its address within its primary service area. Currently, the organization would have to go through the Certificate of Need process to change the address. **No revisions made in the amendment from the original bill.**

Sections 70 through 72 define the term “certified homeless youth.” These sections allow these individuals access to their birth certificates and motor vehicle records without having to pay a fee. The Department supports this change. **The amendment reflects a revision to remove the term “mother” and replace it with “birth parent”.**

### **New Sections**

Section 73 revises the grandfathering clause for nail technicians to obtain a license in Section 20-265d of the general statutes to include an end date of January 1, 2022. This clause applies to nail technicians who have practiced continuously for at least two years in Connecticut and in compliance with infection prevention and control guidelines.

Section 74 revises the grandfathering clause for eyelash technicians to obtain a license in Section 20-265d of the general statutes to include an end date of January 1, 2022. This clause applies to eyelash technicians who have practiced continuously for at least two years in Connecticut and in compliance with infection prevention and control guidelines.

### **From Senate Bill 847:**

Section 75 revises the newborn screening statute to move subsections within the statute around for readability. Additionally, new requirements include that screening of metabolic genetic disorders occur no earlier than twenty-four hours after the birth of a newborn infant, and no later than forty-eight hours after the birth, and requires the administrative officer or other person in charge of each institution that performs the testing for cystic fibrosis (CF) to report the aggregate number of

newborn infants screened, as well as the results of such testing, on an annual basis to DPH. Lastly, the section requires nurse midwives and midwives who deliver babies in a setting other than a hospital to also complete the required testing and reporting.

From House Bill 6549:

Sections 76 and 77 will allow a person to request an amendment to a marriage certificate to reflect a change in gender identity. The Department will have the authority to create a replacement marriage certificate if an individual changes their gender. This language also allows the marriage certificate to reflect a legal name change. Additional items include: (1) allowing an individual to show their U.S. Passport, amended birth certificate, or a court order that reflect the applicant's gender change as proof to allow the amendment to the marriage certificate; and (2) allowing a physician assistant to sign off on an affidavit stating that the applicant has undergone surgical, hormonal or other treatment clinically appropriate for the applicant for the purpose of gender transition. Such an affidavit is necessary to amend the gender on a marriage or birth certificate. Currently, a physician, APRN, or psychologist can sign the affidavit.

From House Bill 6489:

Sections 78 through 81 allow certain Department staff remote access to specific medical records maintained by a hospital. These records include remote access for investigating a reportable disease, auditing a reportable tumor (cancer), auditing birth, fetal death and death occurrences, and investigating maternal mortality cases.

From House Bill 6615:

Sections 82 through 89 revise the statutes regarding safe drinking water and bottled water.

Section 82 requires a water company, as defined in C.G.S. Section [25-32a](#), to provide an alternative source of drinking water to its customers when there is a water main break, loss of system pressure or other event that may affect the quality and quantity of drinking water being served and when the event will last more than twelve hours. While many water companies already provide alternative sources of drinking water to their customers when they experience such an extended event, not all do. Requiring water companies to provide an alternative source of drinking water, such as bottled water or a water filling station, to customers when there is an extended service interruption will help to ensure that all customers who are impacted by the event, including those customers who are homebound, have access to safe drinking water. The water company must also update their emergency response plan to address how such alternative source of drinking water will be provided.

Section 83 requires that a water company provide "tier 1" written communications to its customers in the languages predominantly spoken in its service area. Public notices are required by State and Federal regulations to communicate water quality or quantity issues or concerns with customers. This new requirement will assure health equity by ensuring that most if not all customers of the

community served by the water company are adequately notified of drinking water precautions that need to be exercised by the consumer. The water company must update its emergency response plan to note in which languages such communications will be offered.

Section 84 requires that all community water systems promptly report operational status to WebEOC within eight hours after the Governor issues a civil preparedness or public health emergency declaration. "WebEOC" means the web-based emergency management information system used by the State to document routine and emergency events or incidents, and provide a real-time common operating picture and resource request management tool for emergency managers at the local and state levels during exercises, drills, local or regional emergencies or state-wide emergencies. The emergency reporting of operational status via WebEOC will promptly notify all agencies and entities participating in the Emergency Operation Center (EOC), and the incident command of a water supply incident that needs coordinated response from multiple agencies with various jurisdictional capacity. Although several community water systems are voluntarily reporting emergencies to WebEOC, this new requirement will ensure that all community water systems are utilizing WebEOC during an emergency. This will assure that all communities are heard from and assisted as needed to maintain safe and adequate water supply to the public.

Section 85 requires that, by January 1, 2025, owners of certain small community water companies produce capacity implementation plan (CIPs) to assist these owners in recognizing, funding and addressing upgrades to their systems prior to a failure of a system component, water quality issue, or development of a system deficiency. The CIP must address the owner's managerial, technical and financial capacity to own and operate such system. There are approximately 330 small community public water systems, which are public water systems that serve 1,000 or fewer residents, whose owners would be required to produce these plans. These small community public water systems must provide a summary of the CIP in their consumer confidence report. Water companies regulated by the Public Utilities Regulatory Authority (PURA), water companies that submit water supply plans to DPH pursuant to C.G.S. Section 25-32d, and state agencies will be exempt from the requirement to submit a CIP.

Many owners of small systems wait until issued a public health code violation to conduct needed water system maintenance, which places the customers of these systems in harm's way and in a position by which they may possibly consume unsafe drinking water. In addition, many systems have aging infrastructure that, if left alone, may result in a water quality violation. The CIP will provide owners of small systems with a roadmap for achieving and maintaining public water system sustainability and resiliency. Once these plans are prepared, DPH staff will, using such plans, coach and provide significant technical assistance to the owners of these small community water systems and their certified water system operators on the benefits of the plan as a guide to staying in compliance with state and federal public drinking water statutes and regulations. Development of the CIPs by these small community water systems will assist them to assure future system sustainability and proactively avoid future water quality or quantity public health code violations.

Sections 86 and 87 require that bottlers collect samples prior to any water treatment and test each DPH-approved bottled water source in Connecticut for unregulated contaminants such as PFAS, PFOA, manganese and 1-4 dioxane annually. Results of such testing must be provided to DPH and the Department of Consumer Protection (DCP) within nine days due to the public health concerns surrounding unregulated contaminants. There are currently four DPH-approved sources for bottled water located in the state of Connecticut, and these are the sources that bottlers would be required to sample and test. If the results of such sampling exceed the levels set by the Commissioner of Public Health pursuant to C.G.S. Section 22a-471, then DPH may require the bottler to discontinue use of the source until such time as water from such source may be rendered safe to drink. By requiring bottlers who own the four DPH-approved sources in Connecticut to test for unregulated contaminants, the Department can ensure that these sources meet the health advisory limits set by DPH.

Section 88 requires that an environmental laboratory that conducts an analysis of a drinking water sample notify the public water system that requested the analysis not later than twenty four hours after obtaining a test result that shows a contaminant level that is in violation of the federal Environmental Protection Agency national primary drinking water standards. The water company must then report the result to DPH not later than twenty four hours after obtaining notification of said test result. This Section also allows the Commissioner's designee to report such results to the chief elected official of the municipality where the public water system is located. Requiring the laboratory to notify DPH, in addition to the water system, will ensure that the Department is aware of all violations. Learning of such violations immediately enables DPH to work with the water system's operational staff to respond to a violation rapidly, assure that appropriate corrective actions are being taken to find and quickly address the problem, and ensure that the customers of the system are notified of the violation in a timely manner as required by the drinking water regulations.

Section 89 requires health care institutions to obtain potable water, as a temporary measure to alleviate a water supply shortage, from a bulk water hauler or water bottler licensed in Connecticut. This is done to ensure that some of Connecticut's most vulnerable residents continuously receive quality drinking water.

Section 90 revises Section 19a-175 of the general statutes to remove the term "ambulance driver" from the definitions pertaining to Emergency Medical Services.

Sections 91 and 92 revise Sections 19a-562 and 19a-562a of the general statutes to reflect current terminology when referring to dementia care in the long term care setting. The current statutory language includes the term "Alzheimer's" special care unit, which does not include all types and forms of dementia. The Department is revising the section to change "Alzheimer's" to "dementia" special care units throughout this section.

Sections 93 and 94 revise Section 19a-88 of the general statutes and section 2 of Senate Bill 2 to amend the CEU's for physician assistants to reflect the current CEU requirements for physician assistants.

Section 95 revises Section 9 of Senate Bill 2 to include advanced emergency medical services providers as a practitioner type that must take CEU's in suicide prevention, post-traumatic stress disorder, risk of suicide, depression and grief, and removes this requirement for Emergency medical services instructors (EMSI), since they are dually licensed as either an EMT, Advanced EMT or a paramedic. The language in this section would have made EMSIs take the course twice. Additionally, the section revises the continuing education credits for advanced emergency medical technicians to remove the requirement to use the new continuing education platform. As provided in section 59 for other EMS professionals.

Sections 96 through 98 removes the references to specific subdivisions of 19a-175 as the subdivisions were renumbered in this act.

Section 99 repeals Section 20-226 of the general statutes to remove the requirement for the Department to provide town clerks or registrars of vital statistics printed lists of funeral directors, licensed embalmers and student funeral directors and embalmers. These lists are available in "real time" on the state's eLicense website. **No revisions made in the amendment from the original bill.**