



Agency Legislative Proposal – 2024 Session

Document Name:

| | |
|----------------------|---------------------|
| Document Name | DPH 1 - AAC Opioids |
|----------------------|---------------------|

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

| | |
|--|---|
| Legislative Liaison | Adam Skowera 959-529-7244 Adam.Skowera@ct.gov |
| Division Requesting This Proposal | Department of Public Health |
| Drafter | Adam Skowera |

| | |
|---|--|
| Title of Proposal | AAC The Department Of Public Health's Recommendations Regarding Improved Opioid Monitoring |
| Statutory Reference, if any | 19a-127q |
| Brief Summary and Statement of Purpose | Require Hospitals, when medically appropriate and with the patient’s consent, to perform toxicology tests when treating a patient for a nonfatal overdose of an opioid drug and to report such data to DPH. This will better allow public health officials to monitor and respond to predominant and emerging drug types that cause overdoses. |

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session

Document Name:

Require Hospitals, when medically appropriate and with the patient’s consent, to perform toxicology tests when treating a patient for a nonfatal overdose of an opioid drug and to report such data to DPH. Currently only two hospitals conduct such testing and report to DPH. Hospitals that do not have the capacity to conduct the tests on their premises can send samples to the state laboratory which was recently awarded a CDC grant to conduct such testing.

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

| | |
|---|--|
| How does this proposal connect to the 10-year vision for the agency’s mission? | By improving public health responses to the Opioid Epidemic leading to better outcomes and fewer Opioid fatalities. |
| How will we measure if the proposal successfully accomplishes its goals? | By being able to better monitor trends in the drug supply, public health authorities will be better able to respond to the crisis. |
| Have there been changes in federal/state laws or regulations that make this legislation necessary? | |
| Has this proposal or a similar proposal been | Rhode Island, Minnesota, and Wisconsin have similar testing requirements. |



Agency Legislative Proposal – 2024 Session

Document Name:

| | |
|--|--|
| implemented in other states? If yes, to what result? | |
| Have certain constituencies called for this proposal? | |

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[] Check here if this proposal does NOT impact other agencies

| | |
|-------------------------------------|---|
| 1. Agency Name | Department of Mental Health and Addiction Services |
| Agency Contact (name, title) | Kelly Ramsey-Fuhlbrigge, Director of Legislation, Regulations and Communications |
| Date Contacted | 10/4/2023 |
| Status | <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[] Check here if this proposal does NOT have a fiscal impact

| | |
|---|--|
| State | |
| Municipal (Include any municipal mandate that can be found within legislation) | |



Agency Legislative Proposal – 2024 Session

Document Name:

| | |
|-------------------------|--|
| | |
| Federal | |
| Additional notes | The State Laboratory was recently awarded a 5-year CDC grant of \$4.4 million per year, \$350,000 per year of which is directly related to Biosurveillance and another \$130,000 per year for a Chemist. This funding will support testing from hospitals that don't have the capacity to test for all the requested substances. |

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 19a-127q of the Connecticut General Statutes is repealed, and the following is substitute in lieu thereof (*Effective Upon Passage*):

(a) On and after January 1, 2019, any hospital licensed pursuant to chapter 368v or emergency medical services personnel, as defined in section 20-206jj, that treats a patient for an overdose



Agency Legislative Proposal – 2024 Session

Document Name:

of an opioid drug, as defined in section 20-14o, shall report such overdose to the Department of Public Health in a form and manner prescribed by the Commissioner of Public Health.

(b) On and after January 1, 2020, any hospital licensed pursuant to chapter 368v that treats a patient for a nonfatal overdose of an opioid drug, as defined in section 20-14o, shall administer a mental health screening or assessment of the patient if medically appropriate, and provide the results of such screening or assessment to the patient if medically appropriate, or to the patient's parent, guardian or legal representative, as applicable, if medically appropriate.

(c) On or before January 1, 2020, the Department of Public Health shall provide the data reported pursuant to subsection (a) of this section to the municipal health department or district department of health that has jurisdiction over the location in which such overdose occurred, or, if such location is unknown, the location in which the hospital or emergency medical services personnel treated the patient, as the department, in its discretion, deems necessary to develop preventive initiatives.

(d) On and after January 1, 2025, any hospital licensed pursuant to chapter 368v that treats a patient for a nonfatal overdose of an opioid drug, as defined in section 20-14o, shall administer, with such patient's consent, a toxicology test of such patient if medically appropriate. Such testing shall include but be not limited to Opiates, Opioids, Benzodiazepines, Cannabinoids, Methadone, Cocaine, Gabapentin, Xylazine, and any emergent substances determined by the commissioner. Such hospitals shall report such toxicology results to the Department of Public Health in a form and manner prescribed by the commissioner.

[(d)] (e) Data reported to the Department of Public Health by a hospital or emergency medical services personnel under this section shall at all times remain confidential pursuant to section 19a-25.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

| | |
|----------------------|---------------------------|
| Document Name | DPH 2 - Various Revisions |
|----------------------|---------------------------|

Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

| | |
|--|---|
| Legislative Liaison | Adam Skowera 959-529-7244 Adam.Skowera@ct.gov |
| Division Requesting This Proposal | Department of Public Health |
| Drafter | Adam Skowera |

| | |
|------------------------------------|--|
| Title of Proposal | AAC The Department of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes |
| Statutory Reference, if any | <p>Section 1: 7-48 Birth certificates: Filing requirements</p> <p>Section 2: 7-51 Access to and examination and issuance of certified copies of birth and fetal death records or certificates restricted. Access to and disclosure of confidential information restricted. Fee waiver for certified copies of birth certificates for homeless young adults and youths.</p> <p>Section 3: 8-3i Notice to water company re projects within aquifer protection area or watershed of water company.</p> <p>Section 4: 19a-6i School-based health center advisory committee. Members. Duties. Report.</p> <p>Section 5: Sec. 19a-36i. Food establishments.</p> <p>Section 6: 19a-88 License renewal by certain health care providers and other licensees of the department. On-line license renewal system.</p> |



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

| | |
|--|--|
| | <p>Section 7: 19a-580h. Medical orders for life-sustaining treatment program</p> <p>Section 8: Sec. 20-123b. Permit for use of anesthesia required.</p> <p>Section 9: 25-32 Department of Public Health jurisdiction over and duties concerning water supplies, water companies and operators of water treatment plants and water distribution systems.</p> <p>Section 10: 7-36 Definitions</p> <p>Section 11: 19a-320 Erection and maintenance of crematories. Certificates of inspection.</p> <p>Section 12: 19a-322 Records and certificates</p> <p>Section 13: 19a-323 Cremation authorized. Cremation certificate or permit for final disposition required. Fee payable in certain cases</p> <p>Section 14: 20-207 Definitions</p> <p>Section 15: 20-362, 20-365, 19a-36a, 20-358, 20-359, 19a-35a, 19a-242, 20-361, 20-360, 19a-200, 19a-230, 22a-430, 19a-206, 19a-2a, 19a-14.</p> <p>Section 16: 19a-197a Administration of epinephrine.</p> <p>Section 17: 19a-37 Regulation of water supply wells and springs.</p> <p>Section 18: 19a-332 Definitions: Asbestos.</p> |
| <p>Brief Summary and Statement of Purpose</p> | <p>Section 1: To allow parents whose child was born outside an institution to petition the probate court for a birth certificate prior to the child’s first birthday.</p> <p>Section 2: Adds ‘Legal Custodian’ to the list of persons who are eligible to obtain a birth certificate.</p> <p>Section 3: Clarifies an existing provision that a municipality must notify water companies and DPH of zoning changes within aquifer protection areas or the watershed of a water company.</p> |



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

| | |
|--|---|
| | <p>Section 4: Add staff from a children’s hospital or a pediatric health care clinician to the list of qualifications for a gubernatorial appointment to the School Based Health Center Advisory Committee.</p> <p>Section 5: Streamlines the food variance process by providing notice to the Department of Consumer Protection and removes an unnecessary requirement that restaurants register with DPH.</p> <p>Section 6: Moves all practitioner license renewals to the online renewals system.</p> <p>Section 7: Removes requirement that a witness prepare a verified signature before a patient may participate in medical order for life sustaining treatment program.</p> <p>Section 8: Allows for the adoption of regulations to streamline the dental anesthesia permit process for dentists who are already permitted and provide dental anesthesia services at multiple locations.</p> <p>Section 9: To reflect current best practices by allowing DPH the authority to certify Water Operators in Training for water treatment plants and distribution systems.</p> <p>Section 10 to 14: Alkaline Hydrolysis is authorized under statute but otherwise lacks the regulatory regime and safeguards that exists for other forms of body disposition. To build these safeguards, this section defines cremation as including Alkaline Hydrolysis.</p> <p>Section 15: Changes term “Sanitarian” to “Environmental Health Specialist”</p> <p>Section 16: Makes clarifying and technical changes to the administration of Epinephrine by Emergency Services Personnel.</p> <p>Section 17: Clarifies instances when local health departments may share private well testing results.</p> <p>Section 18: Creates definition of ‘Suspect Asbestos-Containing Material’</p> |
|--|---|

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

Section 1: Currently, if a registrar has insufficient information to issue a birth certificate that occurred outside an institution, parents must rely on CGS 7-57 for delayed registration of birth and wait until a child has reached one year of age before they can petition the probate court. This change will allow parents to petition the court prior to the child’s first birthday.

Section 2: Adds ‘Legal Custodian’ to the list of persons who are eligible to obtain a birth certificate. Currently, the statute provides a ‘guardian’ access to a birth certificate but does not grant access to someone named as a ‘legal custodian’. The responsibilities granted to a ‘legal custodian’ are substantially similar to a ‘legal guardian’.

Section 3: Clarifies that notification is required to DPH and a water company effected by a proposed change in land use that could potentially impact an aquifer protection area or the watershed of a water company. The use of the word ‘project’ in the current statute has caused confusion on when such notifications must be submitted.

Section 4: Since there are very few hospital-sponsored SBHCs, it has been very difficult to find a representative of a hospital sponsored SBHC willing to serve on the SBHC advisory committee. In order to fill a long vacant spot on the board, this legislation proposes adding staff from a children’s hospital or a pediatric health care clinician to the list of qualifications for a Gubernatorial appointment.

Section 5: Streamlines the food variance process by removing consultation with Department of Consumer Protection (DCP) and replacing it with notice to DCP. The current consultation language delays the process and consultation on most variances is unnecessary since they occur outside DCP-regulated establishments. This section also removes the unnecessary requirement that restaurants register with DPH. Restaurants must already register with local health, and DPH will have access to such registrations if needed.

Section 6: Currently, several professions are required to renew their licenses online, including physicians, dentists, and nurses. This proposal will expand that requirement to all practitioner licenses in order to streamline the licensing process. For those that may not be able to renew online, current law requires the department to accommodate people who have extenuating circumstances. Such circumstances include but are not limited to when a licensee does not have access to a credit card.

Section 7: Currently, Connecticut is one of very few states that requires a witness signature before a patient is eligible to participate in the Medical Order for Life Sustaining Treatment program (MOLST). This has proven to be a barrier in participating in the program and the MOLST Advisory Council has recommended removing the requirement.

Section 8: Updates the dental anesthesia permit statutes to allow for the adoption of regulations to streamline the dental anesthesia permit process for dentists who are already permitted and provide dental anesthesia services at multiple locations. The current statute



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

was established when dentists primarily worked at one location. Today dentists may work in multiple locations. These changes will streamline the process once a licensee or a site has already been approved to provide anesthesia and sedation services.

Section 9: To reflect current best practices by allowing DPH the authority to certify Water Operators in Training (OIT) for water treatment plants and distribution systems. This will update the regulatory definition of OIT which is currently limited to certificates issued by educational institutes who have met the DPH examination requirements.

Section 10 to 14: Alkaline Hydrolysis is authorized under statute but otherwise lacks the regulatory regime and safeguards that exist for other forms of body disposition. Recently, the first Alkaline Hydrolysis system in the state was purchased by a Connecticut funeral home, making it an urgent need to fill these regulatory gaps. To build these safeguards, the proposal defines cremation as including Alkaline Hydrolysis and updates the definition of crematorium in certain cases to include Alkaline Hydrolysis. Cremation currently lacks a statutory definition and Alkaline Hydrolysis is included in the definition of cremation provided by the Cremation Association of North American.

Section 15: Statutes and regulations use the term ‘sanitarian’ which is an antiquated term and not used in many states. In an effort to rebrand the profession and improve workforce recruitment, the department proposes replacing the term with ‘Environmental Health Specialist.’ This is in line with the National Environmental Health Association and may be a more attractive name for recruitment of Environmental Health professionals.

Section 16: Following the passage of Public Act 23-97, the department heard from EMS providers, municipalities, and legislators that were interpreting the “shall administer” provisions as requiring Epinephrine autoinjectors to be available at all locations and vehicles where a Paramedic, EMT, or EMR may be located because they would not be able to fulfill the requirement of the statute without access to epinephrine. In addition, we heard concerns about EMR’s providing syringe injection since it is outside their scope of practice. The legislation seeks to clarify that epinephrine is only required to be located on all licensed or certified ambulances and that EMR need not be trained in a procedure outside of their scope of practice. It will remain a requirement that EMRs be trained in the administration of epinephrine autoinjectors since it is now within their scope of practice. This section also includes technical corrections to terminology.

Section 17: Due to differing interpretations between local health authorities of the confidentiality provisions in 19a-37, there has been little consistency on what information is shared. This has included instances where results were not shared despite there being a clear public health purpose for the sharing of such results. The revisions to this section seek to clarify the confidentiality provisions and ensure data is shared appropriately.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

Section 18: Creates a definition of ‘Suspect Asbestos Containing Material.’ This will clarify standards in the asbestos abatement regulations in RSCA 19a-332-1 to 19a-332-16 and allow better regulation of vermiculite which is a known hazardous material.

BACKGROUND

Origin of Proposal New Proposal Resubmission

If this is a resubmission, please share the prior bill number, the reason the bill did not move forward, and any changes made or conversations had since it was last proposed:

Please consider the following, if applicable:

| | |
|---|--|
| How does this proposal connect to the 10-year vision for the agency’s mission? | Updating these various statutes will help DPH better serve the public, promote public health and develop the public health workforce. |
| How will we measure if the proposal successfully accomplishes its goals? | Through increased recruitment and retention of Water Operators and Environmental Health Specialists, through reduced instances of asbestos related health impacts, through quicker approval of food variances. |
| Have there been changes in federal/state laws or regulations that make this legislation necessary? | Section 16: PA 23-97 section 42 |
| Has this proposal or a similar proposal been | Section 18: Many states regulate vermiculite as suspect ACM or a “suspect miscellaneous material” or similar, as a way to fill a gap in EPA |



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Variou s Revisions

| | |
|--|--|
| implemented in other states? If yes, to what result? | regulation, and do so under a defined category of presumed or suspect ACM. |
| Have certain constituencies called for this proposal? | <p>Section 7: The MOLST Advisory Council</p> <p>Section 8: Dentists</p> <p>Section 10 to 14: Representatives of the Funeral Industry</p> <p>Section 15: Local Health Departments and the CT Environmental Health Association</p> <p>Section 16: EMS providers and some municipalities</p> <p>Section 17: Local Health Departments</p> <p>Section 18: Department has heard support from the asbestos abatement industry and the insurance industry because it clarifies a grey area in the law and will save money by preventing inadvertent disturbances of asbestos requiring abatement if not properly managed at the beginning of the project.</p> |

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

Check here if this proposal does NOT impact other agencies

Section 1:

| | |
|-------------------------------------|--|
| 1. Agency Name | Probate Court |
| Agency Contact (name, title) | Cindy Boynton, Manager of Communications & Intergovernmental Relations |
| Date Contacted | 9/21/2023 |
| Status | <input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

Section 5

| | |
|-----------------------|-----------------------------------|
| 2. Agency Name | Department of Consumer Protection |
|-----------------------|-----------------------------------|



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

| | |
|-------------------------------------|---|
| Agency Contact (name, title) | Leslie O’Brien, Legislative Program Manager |
| Date Contacted | 9/11/2023 |
| Status | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

Section 10-14

| | |
|-------------------------------------|---|
| 3. Agency Name | Office of the Chief Medical Examiner |
| Agency Contact (name, title) | Dr. James Gill and Dr. Maura DeJoseph |
| Date Contacted | 9/25/2023 |
| Status | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

Section 10-14

| | |
|-------------------------------------|--|
| 4. Agency Name | Department of Energy and Environmental Protection |
| Agency Contact (name, title) | Harrison Nantz, Legislative Liaison |
| Date Contacted | 9/25/2023 |
| Status | <input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing |
| Open Issues, if any | |

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

| | |
|---|---|
| State | <p>Section 6: Small savings from a reduction in printing and mailing costs.</p> <p>Section 10 to 14: Small increase in crematory inspection fees and permits when a business purchases an alkaline hydrolysis system.</p> |
| Municipal (Include any municipal mandate that can be found within legislation) | |
| Federal | |
| Additional notes | |

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[] Check here if this proposal does NOT lead to any measurable outcomes

| |
|--|
| <p>Section 5: Through quicker approval of food variances</p> <p>Section 9: Through increased recruitment and retention of Water Operators</p> <p>Section 15: Through increased recruitment and retention of Environmental Health Specialists</p> <p>Section 18: Through reduced instances of asbestos related health impacts</p> |
|--|

ANYTHING ELSE WE SHOULD KNOW?

| |
|--|
| <p>Section 1: Section 19a-41-1 of regulations prescribes the documentary requirements for registering a birth that occurs outside of an institution</p> |
|--|



INSERT FULLY DRAFTED BILL HERE

Section 1: Subsection (c) of section 7-48 of the Connecticut General Statutes is repealed, and the following is substitute in lieu thereof (*Effective October 1, 2024*):

(c) (1) When a birth occurs outside an institution, the certificate shall be prepared and filed by the physician or midwife in attendance at or immediately after the birth or, in the absence of such a person, [by the father or mother] a parent of the child shall apply to the vital records registrar of the town where the birth is alleged to have occurred, for the registration of the birth. The birth parent shall submit information and documentation as required pursuant to regulations adopted under section 19a-41, to demonstrate parentage and that the birth occurred at the place and on the date alleged. Upon submission to the local registrar of such information in conformity with the regulations, such registrar shall prepare and properly file the birth certificate. If the birth parent is unable to submit such information required to support the facts of birth, such parent may petition the court of probate for the district where the birth is alleged to have occurred for an order requiring the local registrar to create and file the birth certificate.

(2) A parent who petitions probate court shall include with the petition all affidavits and documentary evidence submitted to the local registrar. Such court shall schedule a hearing and cause notice of the hearing to be given to the following persons: (A) The petitioner; (B) the registrar; and (C) any such other person as the court may determine has an interest in the hearing. The registrar or the registrar's authorized representative may appear and testify at such hearing. The petitioner shall have the burden of proving the parentage of the child, and that the birth occurred on the date and at the place alleged. If the court finds by a preponderance of the evidence that the birth occurred on the date and at the place alleged by the petitioner, the court shall issue an order directing the local registrar of the town where the birth occurred to prepare, register and appropriately file the birth certificate.

(3) In any proceeding under subdivision (2) of this subsection, the court, on the motion of any party or on the court's own motion, may order genetic tests, which shall mean deoxyribonucleic acid tests, to be performed by a hospital, accredited laboratory, qualified physician or other qualified person designated by the court to determine parentage. The petitioner shall be responsible for the cost of any genetic test required by the court, except the department shall pay such cost for any petitioner who is found by the court to be indigent. If the results of such test indicate a ninety-nine per cent or greater probability that a person is the biological parent of the child for whom a registration of birth is sought, the results shall constitute a rebuttable presumption that the person is, in fact, the parent of the child for whom a registration of birth is sought.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

Section 2: Subsection (a) of Section 7-51 of the Connecticut General Statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a)(1) The department and registrars of vital statistics shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (A) The person whose birth is recorded, if such person is (i) over eighteen years of age, (ii) a certified homeless youth, as defined in section 7-36, or (iii) a minor emancipated pursuant to sections 46b-150 to 46b-150e, inclusive; (B) such person's child, grandchild, spouse, parent, [guardian or], grandparent, or court appointed guardian or legal custodian; (C) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (D) the local director of health for the town or city where the birth or fetal death occurred or where the person who gave birth was a resident at the time of the birth or fetal death, or the director's authorized agent; (E) attorneys-at-law representing such person or such person's parent, guardian, child or surviving spouse; (F) a conservator of the person appointed for such person; (G) a member of a genealogical society incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state; (H) an agent of a state or federal agency as approved by the department; and (I) a researcher approved by the department pursuant to section 19a-25.

Section 3: Section 8-3i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section “water company” means a water company, as defined in section 25-32a, and “petition” includes a petition or proposal to change the regulations, boundaries or classifications of zoning districts.

(b) When an application, petition, request or plan is filed with the zoning commission, planning and zoning commission or zoning board of appeals of any municipality concerning any [project on any site that] land, all or a portion of which is within the aquifer protection area delineated pursuant to section 22a-354c or the watershed of a water company, the applicant or the person making the filing shall: (1) Provide written notice of the application, petition, request or plan to the water company and the Department of Public Health; and (2) determine if the [project] land is within the watershed of a water company by consulting the maps posted on the department's Internet web site showing the boundaries of the watershed. Such applicant shall send such notice to the water company by certified mail, return receipt requested, and to the department by electronic mail to the electronic mail address designated on its Internet web site for receipt of such notice. Such applicant shall mail such notice not later than seven days after the date of the application. Such water company and the Commissioner of Public Health may, through a representative, appear and be heard at any hearing on any such application, petition, request or plan.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

(c) Notwithstanding the provisions of subsection (b) of this section, when an agent of the zoning commission, planning and zoning commission or zoning board of appeals is authorized to approve an application, petition, request or plan concerning any [site] land that is within the aquifer protection area delineated pursuant to section 22a-354c or the watershed of a water company without the approval of the zoning commission, planning and zoning commission or zoning board of appeals, and such agent determines that the proposed activity will not adversely affect the public water supply, the applicant or person making the filing shall not be required to notify the water company or the Department of Public Health.

Section 4: Section 19a-6i of the general statutes is repealed and the following is substituted in lieu thereof (*Upon Passage*):

(a) There is established a school-based health center advisory committee for the purpose of advising the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers and expanded school health sites, (2) minimum standards for the provision of services in school-based health centers and expanded school health sites to ensure that high quality health care services are provided in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r, and (3) other topics of relevance to the school-based health centers and expanded school sites, as requested by the commissioner.

(b) The committee shall be composed of the following members:

(1) One appointed by the speaker of the House of Representatives, who shall be a family advocate or a parent whose child utilizes school-based health center services;

(2) One appointed by the president pro tempore of the Senate, who shall be a school nurse;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a community health center;

(4) One appointed by the majority leader of the Senate, who shall be a representative of a school-based health center that is sponsored by a nonprofit health care agency;

(5) One appointed by the minority leader of the House of Representatives, who shall be a representative of a school-based health center that is sponsored by a school or school system;

(6) One appointed by the minority leader of the Senate, who shall be a representative of a school-based health center that does not receive state funds;

(7) Two appointed by the Governor, one [each] of whom shall be a representative of the Connecticut Chapter of the American Academy of Pediatrics and one of whom shall be either a representative of a school-based health center that is sponsored by a hospital, staff from a children’s hospital, or a pediatric healthcare clinician;



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

- (8) Three appointed by the Commissioner of Public Health, one of whom shall be a representative of a school-based health center that is sponsored by a local health department, one of whom shall be from a municipality that has a population of at least fifty thousand but less than one hundred thousand and that operates a school-based health center and one of whom shall be from a municipality that has a population of at least one hundred thousand and that operates a school-based health center;
- (9) The Commissioner of Public Health, or the commissioner's designee;
- (10) The Commissioner of Social Services, or the commissioner's designee;
- (11) The Commissioner of Mental Health and Addiction Services, or the commissioner's designee;
- (12) The Commissioner of Education, or the commissioner's designee;
- (13) The Commissioner of Children and Families, or the commissioner's designee;
- (14) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee; and
- (15) Three school-based health center providers, one of whom shall be the executive director of the Connecticut Association of School-Based Health Centers and two of whom shall be appointed by the board of directors of the Connecticut Association of School-Based Health Centers.

Section 5: Section 19a-36i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) No person, firm or corporation shall operate or maintain any food establishment where food or beverages are served or sold to the public in any town, city or borough without obtaining a valid permit to operate from the director of health of such town, city or borough, in a form and manner prescribed by the director of health. The director of health shall issue a permit to operate a food establishment upon receipt of an application if the food establishment meets the requirements of this section. All food establishments shall comply with the food code.

(b) All food establishments shall be inspected by a certified food inspector in a form and manner prescribed by the commissioner. The Commissioner of Public Health may, **[in consultation with]** after notifying the Commissioner of Consumer Protection, grant a variance for the requirements of the food code if the Commissioner of Public Health determines that such variance would not result in a health hazard or nuisance.

[(c) No permit to operate a food establishment shall be issued by a director of health unless the applicant has provided the director of health with proof of registration with the department and a written application for a permit in a form and manner prescribed by the department. Temporary food establishments and certified farmers' markets, as defined in section 22-6r, shall be exempt from registering with the Department of Public Health.]



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

Section 6: Section 19a-88 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(g) (1) The Department of Public Health shall administer a secure on-line license renewal system for persons holding a license pursuant to chapters 370 to 373, inclusive, chapters 375 to 378, inclusive, 379 to 381b, inclusive, 382a, 383 to 383d, inclusive, 383f to 388, inclusive, 393a, 395, 397a to 399, inclusive, 400a, and 400c. [to practice medicine or surgery under chapter 370, dentistry under chapter 379, nursing under chapter 378 or nurse-midwifery under chapter 377]. The department shall require such persons to renew their licenses using the on-line renewal system and to pay professional services fees on-line by means of a credit card or electronic transfer of funds from a bank or credit union account, except in extenuating circumstances, including, but not limited to, circumstances in which a licensee does not have access to a credit card and submits a notarized affidavit affirming that fact, the department may allow the licensee to renew his or her license using a paper form prescribed by the department and pay professional service fees by check or money order.

Section 7: Section 19a-580h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

(1) “Medical order for life-sustaining treatment” means a written medical order by a physician, advanced practice registered nurse or physician assistant to effectuate a patient’s request for life-sustaining treatment when the patient has been determined by a physician or advanced practice registered nurse to be approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty;

(2) “Health care provider” means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional medical services; and

(3) “Legally authorized representative” means a minor patient’s parent, guardian appointed by the Probate Court or a health care representative appointed in accordance with sections 19a-576 and 19a-577.

(b) The Commissioner of Public Health shall establish a state-wide program to implement the use of medical orders for life-sustaining treatment by health care providers. Patient participation in the program shall be voluntary. An agreement to participate in the program shall be documented by the signature of the patient or the patient’s legally authorized representative on the medical order for life sustaining treatment form [and verified by the signature of a witness].

(c) Notwithstanding the provisions of sections 19a-495 and 19a-580d and the regulations adopted thereunder, the Commissioner of Public Health shall adopt regulations, in accordance



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

with the provisions of chapter 54, for the program established in accordance with this section to ensure that: (1) Medical orders for life-sustaining treatment are transferrable among, and recognized by, various types of health care institutions subject to any limitations set forth in federal law; (2) any procedures and forms developed for recording medical orders for life-sustaining treatment require the signature of the patient or the patient’s legally authorized representative and a witness on the medical order for life-sustaining treatment and the patient or the patient’s legally authorized representative is given the original order immediately after signing such order and a copy of such order is immediately placed in the patient’s medical record; (3) prior to requesting the signature of the patient or the patient’s legally authorized representative on such order, the physician, advanced practice registered nurse or physician assistant writing the medical order discusses with the patient or the patient’s legally authorized representative the patient’s goals for care and treatment and the benefits and risks of various methods for documenting the patient’s wishes for end-of-life treatment, including medical orders for life-sustaining treatment; and (4) each physician, advanced practice registered nurse or physician assistant that intends to write 2 a medical order for life-sustaining treatment receives training concerning: (A) The importance of talking with patients about their personal treatment goals; (B) methods for presenting choices for end-of-life care that elicit information concerning patients’ preferences and respects those preferences without directing patients toward a particular option for end-of-life care; (C) the importance of fully informing patients about the benefits and risks of an immediately effective medical order for life-sustaining treatment; (D) awareness of factors that may affect the use of medical orders for life sustaining treatment, including, but not limited to, advanced health care directives, race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness and geographic area of residence; and (E) procedures for properly completing and effectuating medical orders for life-sustaining treatment.

(d) Nothing in this section shall be construed to limit the authority of the Commissioner of Developmental Services under subsection (g) of section 17a-238 concerning orders applied to persons receiving services under the direction of said commissioner.

(e) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section until such time as regulations are adopted pursuant to subsection (c) of this section.

Section 8: Section 20-123b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) On and after the effective date of the regulations adopted in accordance with subsection (d) of this section, no dentist licensed under this chapter shall use moderate sedation, deep sedation or general anesthesia, as these terms are defined in section 20-123a, on any patient unless such dentist has a permit, currently in effect, issued by the commissioner, initially for a period of twelve months and renewable annually thereafter, authorizing the use of such



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

moderate sedation, deep sedation or general anesthesia. A dentist may use minimal sedation, as defined in section 20-123a, without obtaining a permit issued by the commissioner.

(b) No applicant shall be issued [a] an initial permit [initially] or reinstatement of a lapsed permit to administer moderate sedation or general anesthesia as required in subsection (a) of this section unless (1) the commissioner approves the results of an on-site evaluation of the applicant's facility conducted in consultation with the Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state, (2) the commissioner is satisfied that the applicant is in compliance with guidelines in the American Dental Association Guidelines for Teaching and the Comprehensive Control of Pain and Anxiety in Dentistry, or successor guidelines, and (3) such initial application includes payment of a fee in the amount of two hundred dollars. An applicant who has obtained an initial permit or reinstatement of a lapsed permit as required in this section may administer moderate sedation or general anesthesia at an additional facility provided such additional facility has had an approved on-site evaluation conducted in consultation with the Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state. The commissioner may waive the on-site evaluation of any additional facility, provided such additional facility has been evaluated in accordance with subdivision (1) of this subsection in the preceding five years. Any practitioner requesting such waiver shall apply in writing to the commissioner in a form and manner as prescribed by the commissioner. The commissioner may impose any conditions deemed appropriate upon granting such waiver or may revoke any waiver granted upon a finding that the health, safety or welfare of any patient has been jeopardized

(c) The commissioner may annually renew such permit to administer moderate sedation or general anesthesia [annually,] provided (1) application for renewal is received by the commissioner not later than three months after the date of expiration of such permit, (2) payment of a renewal fee of two hundred dollars is received with such application, and (3) an on-site evaluation of the dentist's facility [is] has been conducted within the past five years in consultation with The Connecticut Society of Oral and Maxillo-Facial Surgeons by an individual or individuals selected from a list of site evaluators approved by the commissioner, provided such evaluation is conducted without cost to the state on a schedule established in regulations adopted pursuant to this section and the commissioner approves the results of each such evaluation.

(d) A dentist who has obtained a permit to administer moderate sedation or general anesthesia shall maintain all required office equipment, personnel, and emergency medications, at the



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

facility where the moderate sedation and general anesthesia is being administered. The commissioner, in consultation with the Anesthesia Committee of the Connecticut Society of Oral and Maxillofacial Surgeons, shall post such list of minimum equipment and emergency medications on the Department’s internet website. The commissioner shall also distribute such list to each permitted practitioner in the state.

[(d)] (e) The commissioner, with the advice and assistance of the State Dental Commission, shall adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section.

[(e)] (f) The commissioner or the State Dental Commission may deny or revoke a permit based on disciplinary action taken against a dentist pursuant to the provisions of section 20-114.

Section 9: Section 25-32 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

(n) (1) On and after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant, water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, or perform a cross connection survey without a certificate issued by the commissioner under this subsection. On or after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant or water distribution system as an operator-in-training without a certificate issued by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators and operators-in-training of such water treatment plants[,] and water distribution systems, and for the issuance of certificates to operators of small water systems, including, but not limited to, standards and procedures for the department's approval of third parties to administer certification examinations to such operators and operators-in-training; (C) procedures for the renewal of such certificates to operators every three years; (D) standards for training required for the issuance or renewal of a certificate; (E) standards and procedures for the department's approval of course providers and courses of study as they relate to certified operators and certified operators-in-training of water treatment plants[,] and water distribution systems and as they relate to certified operators of small water systems and certified persons who test backflow prevention devices or perform cross connection surveys for initial and renewal applications; and (F) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. For purposes of this subsection, “small water system” means a public water system, as defined in



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (7) of subsection (a) of section 19a-17, against an operator, an operator-in-training, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's professional activities; (C) incompetent, negligent or illegal performance of the certified operator's or certified operator-in-training's professional activities; (D) conviction of the certified operator or operator-in-training for a felony; or (E) failure of the certified operator or operator-in-training to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, or operator-in-training certificate for a water treatment plant or water distribution system, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date, except a certificate issued for an operator-in-training pursuant to this section shall expire six years from the date of issuance and is not renewable. The commissioner may renew a certificate other than a certificate for an operator-in-training, for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Section 10: Section 7-36 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

As used in this chapter and sections 19a-40 to 19a-45, inclusive, unless the context otherwise requires

(21) Cremation means the disposition of a body through incineration or Alkaline Hydrolysis



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

Section 11: Section 19a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

(a) Any resident of this state, or any corporation formed under the law of this state, may erect, maintain and conduct a crematory in this state and provide the necessary appliances and facilities for the disposal by incineration of the bodies of the dead, in accordance with the provisions of this section. The location of such crematory shall be within the confines of an established cemetery containing not less than twenty acres, which cemetery shall have been in existence and operation for at least five years immediately preceding the time of the erection of such crematory, or shall be within the confines of a plot of land approved for the location of a crematory by the selectmen of any town, the mayor and council or board of aldermen of any city and the warden and burgesses of any borough; provided, in any town, city or borough having a zoning commission, such commission shall have the authority to grant such approval. On and after July 1, 2017, no new crematory shall be located within five hundred feet of any residential structure or land for residential purposes not owned by the owner of the crematory.

(b) Application for such approval shall be made in writing to the local authority specified in subsection (a) of this section and a hearing shall be held within the town, city or borough in which such location is situated within sixty-five days from the date of receipt of such application. Notice of such hearing shall be given to such applicant by mail, postage paid, to the address given on the application, and to the Commissioner of Public Health, and by publication twice in a newspaper having a substantial circulation in the town, city or borough at intervals of not less than two days, the first being not more than fifteen days or less than ten days, and the second being not less than two days before such hearing. The local authority shall approve or deny such application within sixty-five days after such hearing, provided an extension of time not to exceed a further period of sixty-five days may be had with the consent of the applicant. The grounds for its action shall be stated in the records of the authority. Each applicant shall pay a fee of ten dollars, together with the costs of the publication of such notice and the reasonable expense of such hearing, to the treasurer of such town, city or borough.

(c) (1) No such crematory shall be erected until the plans therefor have been filed with and approved by the Department of Public Health; and no such crematory shall be used until it has been inspected and received a certificate of inspection by said department and a fee of one thousand two hundred fifty dollars is paid to the Department of Public Health for its inspection and approval. For the purposes of this subsection, "Crematory" means an establishment at which human remains are reduced to bone fragments through incineration or Alkaline Hydrolysis. A crematory that performs Alkaline Hydrolysis shall only be located on the grounds of a Funeral Home licensed under Chapter 385.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

(2) Each holder of an inspection certificate shall, annually, on or before July first, submit in writing to the Department of Public Health an application for renewal of such certificate together with a fee of three hundred fifteen dollars. If the department issues to such applicant such an inspection certificate, the same shall be valid until July first next following, unless revoked or suspended.

(3) Upon receipt of an application for a renewal of such certificate, the Department of Public Health shall make an inspection of each crematory.

(4) A crematory shall be open at all times for inspection by the Department of Public Health. The department may make inspections whenever it deems advisable.

(5) If, upon inspection by the Department of Public Health, it is found that such crematory is in such condition as to be detrimental to public health, the department shall give to the applicant or operator of the crematory notice and opportunity for hearing as provided in regulations adopted by the Commissioner of Public Health, in accordance with the provisions of chapter 54. The commissioner may, after such hearing, revoke, suspend or refuse to issue or renew any such certificate upon cause found at hearing. Any person aggrieved by the finding of or action taken by the Department of Public Health may appeal therefrom in accordance with the provisions of section 4-183.

(6) Any of the inspections provided for in this section may be made by a person designated by the Department of Public Health or by a representative of the Commissioner of Public Health.

Section 12: Section 19a-322 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

The managers of each crematory shall keep books of record, which shall be open at reasonable times for inspection, in which shall be entered the name, age, sex and residence of each person whose body is cremated, together with the authority for such cremation and the disposition of the ashes. The owner or superintendent shall complete the cremation permit required by section 19a-323, retain a copy for record and immediately forward the original permit to the registrar of the town in which the death occurred. The registrar shall keep the cremation permit on file and record it with other vital statistics. When any body is removed from this state for the purpose of cremation, the person having the legal custody and control of such body shall cause a certificate to be procured from the person in charge of the crematory in which such body **[is incinerated]** undergoes cremation, stating the facts called for in this section, and cause such certificate to be filed for record with the registrar of the town in which the death occurred. Each crematory shall



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

retain on its premises, for not less than three years after final disposition of cremated remains, books of record, copies of cremation permits, cremation authorization documentation and documentation of receipt of cremated remains. For the purposes of this section, “Crematory” means an establishment at which human remains are reduced to bone fragments through incineration or Alkaline Hydrolysis, “Cremation” means the disposition of a body through incineration or Alkaline Hydrolysis.

Section 13: Section 19a-323 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

(a) The body of any deceased person may be disposed of by [incineration or] cremation in this state or may be removed from the state for such purpose. For the purposes of this section, “Cremation” means the disposition of a body through incineration or Alkaline Hydrolysis

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



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

the cremation of a stillborn fetus or the body of a deceased person under the age of eighteen. Upon request of the Chief Medical Examiner, the Secretary of the Office of Policy and Management may waive payment of such cremation certificate fee. No cremation certificate shall be required for a permit to cremate the remains of bodies pursuant to section 19a-270a. When the cremation certificate is submitted to a town other than that where the person died, the registrar of vital statistics for such other town shall ascertain from the original removal, transit and burial permit that the certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Public Health Code and that the entry regarding the place of disposal is correct. Whenever the registrar finds that the place of disposal is incorrect, the registrar shall issue a corrected removal, transit and burial permit and, after inscribing and recording the original permit in the manner prescribed for sextons' reports under section 7-66, shall then immediately give written notice to the registrar for the town where the death occurred of the change in place of disposal stating the name and place of the crematory and the date of cremation. Such written notice shall be sufficient authorization to correct these items on the original certificate of death. The fee for a cremation permit shall be five dollars and for the written notice one dollar. The Department of Public Health shall provide forms for cremation permits, which shall not be the same as for regular burial permits and shall include space to record information about the intended manner of disposition of the cremated remains, and such blanks and books as may be required by the registrars.

(c) If the body of a deceased person is brought into this state for cremation and is accompanied by a permit for final disposition issued by a legally constituted authority of the state from which the body was brought, indicating cremation for the body, such permit shall be sufficient authority to cremate the body and no additional cremation certificate or permit shall be required.

(d) No body shall be cremated until at least forty-eight hours after death, unless such death was the result of communicable disease, and no body shall be received by any crematory that performs incineration unless accompanied by the permit provided for in this section. Alkaline Hydrolysis shall not be performed without the permit provided for in this section.

Section 14: Section 20-207 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective Upon Passage*):

As used in this chapter, unless the context otherwise requires, the following terms shall have the meanings specified:

(12) "Cremation" means the disposition of a body through incineration or Alkaline Hydrolysis.

Section 15: (*Effective July 1, 2024*)



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

All references to “sanitarian” be changed to “Environmental Health Specialist” in the following statutes and any other statute where such terminology appears: 20-362, 20-365, 19a-36a, Section 20-358, 20-359, 19a-35a, 19a-242, 20-361, 20-360, 19a-200, 19a-230, 22a-430, 19a-206, 19a-2a, 19a-14.

Section 16: Section 19a-197a of the general statutes, as revised by PA 23-97 Sec. 42 and HB 7001 sec. 6, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section, "emergency medical services personnel" means (1) any class of emergency medical technician certified pursuant to sections 20-206// and 20-206mm, including, but not limited to, any advanced emergency medical technician, (2) any paramedic licensed pursuant to sections 20-206// and 20-206mm, and (3) any emergency medical responder certified pursuant to sections 20-206// and 20-206mm.

(b) Any emergency medical services personnel who has been trained, in accordance with national standards recognized by the Commissioner of Public Health, in the administration of epinephrine using automatic prefilled cartridge injectors, similar automatic injectable equipment or prefilled vial and syringe and who functions in accordance with written protocols and the standing orders of a licensed physician serving as an [emergency department] Emergency Medical Services Medical director [may administer, on or before June 30, 2024, and] shall, if available, administer[, on and after July 1, 2024,] epinephrine using such injectors, equipment or prefilled vial and syringe when the use of epinephrine is deemed necessary by the emergency medical services personnel for the treatment of a patient. All emergency medical services personnel shall receive such training [from an organization designated by the commissioner] in accordance with the national standards recognized by the commissioner except an emergency medical responder, as defined in section 20-2066jj of the General Statutes, need only be trained to utilize means of administration of epinephrine that is within their scope of practice as determined in accord with section 19a-179a of the General Statutes.

(c) All licensed or certified ambulances shall be equipped with epinephrine in such injectors, equipment or prefilled vials and syringes to be administered as described in subsection (b) of this section and in accordance with written protocols and standing orders of a licensed physician serving as an [emergency department] Emergency Medical Services Medical director.

Section 17: Section 19a-37 of the general statutes is repealed and the following is substitute in lieu thereof (*Effective Upon Passage*):

(a) As used in this section:



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

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

(2) “Domestic purposes” means drinking, bathing, washing of clothes and dishes, cooking, and other common household uses;

(3) “First draw sample” means a 1-liter sample of tap water which has been standing in plumbing pipes for not less than 6 hours which is collected without flushing the tap;

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

[(3)] (5) “Public well” means a water supply well that supplies a public water system;

[(4)] (6) “Semipublic well” means a water supply well that (A) does not meet the definition of a private well or public well, and (B) provides water for drinking and other domestic purposes; [and]

[(5)] (7) “Water supply well” means an artificial excavation constructed by any method for the purpose of obtaining or providing water for drinking or other domestic, industrial, commercial, agricultural, recreational or irrigation use, or other outdoor water use; and

(c) (1) Any laboratory or firm which conducts a water quality test on a private well serving a residential property or semipublic well located in Connecticut shall, not later than thirty days after the completion of such test, report the results of such test to (A) the [public] local health authority of the municipality where the property is located, and (B) the Department of Public Health in a format specified by the department. Results submitted to the Department of Public Health or the local health authority pursuant to this subsection, information obtained from any Department of Public Health or local health authority investigation regarding those results and any Department of Public Health or local health authority study of morbidity or mortality regarding the results shall be confidential pursuant to section 19a-25 except that the local health authority and the department may disclose such well test results, or information obtained from an investigation regarding such results to the following eligible parties: (A) the owner of the property on which the well is located; (B) a prospective buyer who has signed a contract to purchase the property on which the well is located; (C) other persons or entities when such disclosure is necessary to carry out a statutory or regulatory responsibility of the local health authority or department; and (D) an agent of a state agency as approved by the department.



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

(2) On and after October 1, 2022, the owner of each newly constructed private well or semipublic well shall test the water quality of such well. Such test shall be performed by a laboratory and include, but need not be limited to, testing for coliform, nitrate, nitrite, sodium, chloride, iron, [lead,] manganese, hardness, turbidity, pH, sulfate, apparent color, odor, arsenic and uranium. If such new well is constructed for an existing structure, a first draw sample collected from the existing plumbing system shall also be tested for lead. The owner shall submit test results to the [Department of Public Health] local health authority of the municipality where the well is located, in a form and manner prescribed by the Commissioner of Public Health. Approval by the local health authority that the test results comply with maximum contaminant levels as prescribed by sections 19-13-B101 and 19-13-B102 of the Regulations of Connecticut State Agencies shall be obtained before the water supply well is used for domestic purposes.

(e) [No regulation may require that a] A certificate of occupancy for a dwelling unit on [such] a residential property may not be withheld or revoked on the basis of a water quality test performed on a private well pursuant to this section, unless such test results indicate that any maximum contaminant level applicable to public water supply systems for any contaminant listed in the regulations of Connecticut state agencies has been exceeded. No municipality administrative agency, or local health [district or municipal health officer] authority may establish regulations or ordinances that withhold, [or] cause to be withheld, or revoke such a certificate of occupancy on the basis of a water quality test performed on a private well pursuant to this section, except as provided in this section.

Section 18: Section 19a-332 of the general statutes is repealed and the following is substitute in lieu thereof (*Effective Upon Passage*):

As used in subsection (c) of section 19a-14 and sections 19a-332 to 19a-332e, inclusive, 20-435 to 20-442, inclusive, and 52-577a:

(1) “Asbestos” means the asbestiform varieties of actinolite, amosite, anthophyllite, chrysotile, crocidolite and tremolite;

(2) “Asbestos abatement” means the removal, encapsulation, enclosure, renovation, repair, demolition or other disturbance of asbestos-containing materials and suspect asbestos-containing materials, but does not include activities which are related to (A) the removal or repair of asbestos cement pipe and are performed by employees of a water company as defined in section 25-32a, or (B) the removal of nonfriable asbestos-containing material found exterior to a building or structure other than material defined as regulated asbestos-containing material in 40 CFR 61, the National Emission Standards for Hazardous Air Pollutants, as amended from time to time;

(3) “Asbestos abatement worker” means any employee of a licensed asbestos contractor who engages in asbestos abatement, has completed a training program approved by the department and has been issued a certificate by the department;



Agency Legislative Proposal – 2024 Session
Document Name: DPH-Various Revisions

- (4) “Asbestos abatement site supervisor” means any asbestos abatement worker employed by a licensed asbestos contractor who has been specifically trained as a supervisor in a training program approved by the department and who has been issued a certificate by the department;
- (5) “Asbestos-containing material” means material composed of asbestos of any type and in an amount equal to or greater than one per cent by weight, either alone or mixed with other fibrous or nonfibrous material;
- (6) “Asbestos contractor” means any person or entity engaged in asbestos abatement whose employees actually perform the asbestos abatement work and who has been issued a license by the commissioner;
- (7) “Asbestos consultant” means any person who engages in any activity directly involved with asbestos consultation services and who has been issued a certificate by the commissioner and a license by the department;
- (8) “Asbestos consultation services” means the inspection or evaluation of a building for asbestos hazards, including, but not limited to, the development of asbestos abatement plans, site inspections, air monitoring and provisions of industrial hygiene services related to asbestos abatement;
- (9) “Authorized agent” means an officer or employee duly designated by the commissioner;
- (10) “Commissioner” means the Commissioner of Public Health; and
- (11) “Department” means the Department of Public Health.
- (12) “Suspect asbestos-containing material” means interior and exterior materials that have a reasonable likelihood of containing asbestos based upon their appearance, composition and use.