19a-76-1. Definitions

(1) "Full-time local director of health" or "director" means a municipal or district director of health who is responsible for enforcing public health laws and administering public health programs; and is employed on a full-time basis by a district or municipality.

(2) "Part-time health department" means a health department that has been designated by a municipality as a part-time health department for purposes of section 19a-202a of the Connecticut General Statutes.

(3) "Health department" means the municipality or district unit which is administered by the full-time local director of health.

(4) "Commissioner" means the Commissioner of Public Health.

(5) "Employee" means a person who:
   (1) is designated as a local director of health pursuant to section 19a-200 of the Connecticut General Statutes; or
   (2) reports to a local director of health, and is licensed pursuant to the provisions of chapters 370, 371, 379, 395, subsections (a) or (b) of section 20-87a of the Connecticut General Statutes or holds a bachelor's or higher degree in public health from a regionally accredited college or university; and (3) is employed by a part-time health department to provide services pursuant to section 19a-76-2 of the Regulations of Connecticut State Agencies.

(6) "Full-time employee or its equivalent" means a maximum of three employees, as defined in subdivision (5) of this section, whose total work week consists of a minimum of thirty-five hours.

(Effective December 15, 1983; Amended April 29, 1999).

19a-76-2. Basic local health program

(a) Except as provided in subsection (c) of this section, to be eligible for state grants under section 19a-202 or section 19a-245 of the Connecticut General Statutes or section 19a-202a of the Connecticut General Statutes health departments shall ensure the provision of a basic public health program in accordance with subsection (b) below. The health department may ensure the provision of a program by directly providing the service, contracting with another health department or community agency or coordinating public health services with other community or regional resources providing specialized services. Nothing in these regulations shall prohibit any health department from providing health services in addition to the basic services described in subsection (b) below.

(b) The basic health program to be provided shall include the following services that prevent disease or reduce conditions that have an adverse effect on health:
   (1) Public health statistics. There shall be participation in a mechanism for the collection, tabulation, analysis and reporting of public health statistics for the health jurisdiction served;
   (2) Health education. There shall be public and professional information and education with emphasis on prevention and individual responsibility for health status, community organization and outreach;
   (3) Nutritional services. There shall be a nutrition program including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease;
   (4) Maternal and child health. There shall be a comprehensive plan for maternal and child health services to include but not necessarily be limited to:
      (A) Prenatal, childbearing, and reproductive care;
      (B) Family planning;
      (C) Child and adolescent health including school health;
      (D) Child abuse;

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(E) Genetic disease control;
(5) Communicable and chronic disease control
(A) There shall be preventive services including immunization, screening, consultation, diagnostic services, epidemiological investigation, and community education;
(B) The qualifying health department shall identify resources and provide referral for treatment and rehabilitation of persons with communicable, chronic, and handicapping conditions including, but not necessarily limited to, tuberculosis, venereal disease, cancer, hypertension, and cardiovascular disease;
(C) There shall be a plan for the prevention and control of vision, hearing, and dental problems;
(6) Environmental services. These shall include activities relating to water, food, air, wastes, vectors, housing, bathing places, safety, noise, toxic hazards, and nuisances in the community and workplace;
(7) Community nursing services. There shall be provision for community nursing need to implement programs for which the qualifying health department is responsible;
(8) Emergency medical services. There shall be provision for the development and implementation of an emergency medical service system to include: identification of primary services, written mutual aid and mass casualty plans, and participation in regional planning.
(c) A municipality that has designated itself as having a part-time health department may ensure the provision of a basic public health program as described in subsection (b) of this section by directly providing the service, contracting with another health department or community agency or coordinating public health services with other community or regional resources providing specialized services.
(Effective December 15, 1983; Amended April 29, 1999).

19a-76-3. Use of funds
(a) Funds available to qualifying health departments under section 19a-202 or section 19a-245 of the General Statutes shall be used only to augment local appropriations provided for public health purposes through the health department in furtherance of those functions listed in section 19a-76-2 of these regulations and any other programs approved by the commissioner.
(b) Funds available to qualifying health departments under section 19a-202a of the Connecticut General Statutes shall be used only for public health purposes through the health department in furtherance of those functions listed in section

19a-76-4. Applications for funds
(a) Budget and program
(1) The director of each health department applying for funds under section 19a-202 or section 19a-245 of the Connecticut General Statutes or section 19a-202a of the Connecticut General Statutes shall submit a budget each year showing a total plan for the expenditure of all public health funds during the year together with an outline of the programs contemplated.
(2) Budget and program revisions shall be approved by the commissioner prior to implementation.
(b) Reports
(1) At the end of each fiscal year, the director of each qualifying health department shall submit to the commissioner reports of expenditures, operations, and services provided.
(Effective December 15, 1983; Amended April 29, 1999).