



General Assembly

February Session, 2000

Raised Bill No. 5836

LCO No. 2282

Referred to Committee on Public Health

Introduced by:
(PH)

An Act Implementing The Legislative Commissioners' Recommendations For Technical Revisions To Title 19a Of The General Statutes And Certain Other Public Health Statutes.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-248 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 As used in this section and sections 17a-248b to 17a-248g, inclusive,
4 as amended, 38a-490a and [38a-516c] 38a-516a, unless the context
5 otherwise requires:

6 (1) "Commissioner" means the Commissioner of Mental Retardation.

7 (2) "Council" means the State Interagency Birth-to-Three
8 Coordinating Council established pursuant to section 17a-248b, as
9 amended by this act.

10 (3) "Early intervention services" means early intervention services,
11 as defined in 34 CFR Part 303.12, as [amended] from time to time
12 amended.

13 (4) "Eligible children" means children from birth to thirty-six months
14 of age, who are not eligible for special education and related services
15 pursuant to sections 10-76a to 10-76h, inclusive, as amended, and who
16 need early intervention services because such children are:

17 (A) Experiencing a significant developmental delay as measured by
18 standardized diagnostic instruments and procedures, including
19 informed clinical opinion, in one or more of the following areas: (i)
20 Cognitive development; (ii) physical development, including vision or
21 hearing; (iii) communication development; (iv) social or emotional
22 development; or (v) adaptive skills; or

23 (B) Diagnosed as having a physical or mental condition that has a
24 high probability of resulting in developmental delay.

25 (5) "Evaluation" means a multidisciplinary professional, objective
26 assessment conducted by appropriately qualified personnel in order to
27 determine a child's eligibility for early intervention services.

28 (6) "Individualized family service plan" means a written plan for
29 providing early intervention services to an eligible child and the child's
30 family.

31 (7) "Lead agency" means the Department of Mental Retardation, the
32 public agency responsible for the administration of the birth-to-three
33 system in collaboration with the participating state agencies.

34 (8) "Parent" means the child's parent or a person in a parental
35 relationship to the child. With respect to a child who has no parent or
36 person in a parental relationship, "parent" means the person
37 designated to serve in a parental relationship for the purposes of this
38 section and sections 17a-248b to 17a-248g, inclusive, as amended, 38a-
39 490a and [38a-516c] 38a-516a, pursuant to regulations of the
40 Department of Mental Retardation, adopted in accordance with
41 chapter 54 in consultation with the Department of Children and
42 Families, for children in foster care.

43 (9) "Participating agencies" includes, but is not limited to, the
44 Departments of Education, Social Services, Public Health, Children
45 and Families and Mental Retardation, the Insurance Department, the
46 Board of Education and Services for the Blind, the Commission on the
47 Deaf and Hearing Impaired and the Office of Protection and Advocacy
48 for Persons with Disabilities.

49 (10) "Qualified personnel" means persons who meet the standards
50 specified in 34 CFR Part 303.12(e), as [amended] from time to time
51 amended, and who are licensed physicians or psychologists or persons
52 holding a state-approved or recognized license, certificate or
53 registration in one or more of the following fields: (A) Special
54 education, including teaching of the blind and the deaf; (B) speech and
55 language pathology and audiology; (C) occupational therapy; (D)
56 physical therapy; (E) social work; (F) nursing; (G) dietary or nutritional
57 counseling; and (H) other fields designated by the commissioner that
58 meet requirements that apply to the area in which the person is
59 providing early intervention services, provided there is no conflict
60 with existing professional licensing, certification and registration
61 requirements.

62 (11) "Region" means a region within the Department of Mental
63 Retardation.

64 (12) "Service coordinator" means a person carrying out service
65 coordination, as defined in 34 CFR Part 303.22, as [amended] from time
66 to time amended.

67 Sec. 2. Section 17a-248b of the general statutes, as amended by
68 section 28 of public act 99-2 of the June special session, is repealed and
69 the following is substituted in lieu thereof:

70 (a) The lead agency shall establish a State Interagency Birth-to-Three
71 Coordinating Council and shall provide staff assistance and other
72 resources to [such] the council. The council shall consist of the
73 following members, appointed by the Governor: (1) Six parents,

74 including minority parents, of children with disabilities twelve years of
75 age or younger, with knowledge of, or experience with, programs for
76 children from birth to thirty-six months of age with disabilities, at least
77 one of whom shall be a parent of a child six years of age or younger,
78 with a disability; (2) two members of the General Assembly at the time
79 of their appointment, one of whom shall be designated by the speaker
80 of the House of Representatives and one of whom shall be designated
81 by the president pro tempore of the Senate; (3) one person involved in
82 the training of personnel who provide early intervention services; (4)
83 one person who is a member of the American Academy of Pediatrics;
84 (5) one person from each of the participating [state] agencies, who shall
85 be designated by the commissioner or executive director of the
86 participating agency and who have authority to engage in policy
87 planning and implementation on behalf of the participating agency; (6)
88 five approved providers of early intervention services; and (7) a
89 representative of a Head Start program or agency. The Governor shall
90 designate the chairperson of the council who shall not be the designee
91 of the lead agency.

92 (b) The Governor shall appoint all members of the council for terms
93 of three years.

94 (c) The council shall meet at least quarterly and shall provide public
95 notice of its meetings, which shall be open and accessible to the general
96 public. Special meetings may be called by the chairperson and shall be
97 called at the request of the [Commissioner of Mental Retardation]
98 commissioner.

99 (d) Council members who are parents of children with disabilities
100 shall be reimbursed for reasonable and necessary expenses incurred in
101 the performance of their duties [hereunder] under this section.

102 (e) The council shall: (1) Assist the lead agency in the effective
103 performance of the lead agency's responsibilities under section 17a-
104 248, as amended by this act, this section and sections 17a-248c to 17a-
105 248g, inclusive, 38a-490a and [38a-516c] 38a-516a, including identifying

106 the sources of fiscal support for early intervention services and
107 programs, assignment of financial responsibility to the appropriate
108 agency, promotion of interagency agreements and preparing
109 applications and amendments required pursuant to federal law; (2)
110 advise and assist the commissioner and other participating agencies in
111 the development of standards and procedures pursuant to said
112 sections; (3) advise and assist the commissioner and the Commissioner
113 of Education regarding the transition of children with disabilities to
114 services provided under sections 10-76a to 10-76h, inclusive, as
115 amended; (4) advise and assist the commissioner in identifying
116 barriers that impede timely and effective service delivery, including
117 advice and assistance with regard to interagency disputes; and (5)
118 prepare and submit an annual report in accordance with section 11-4a
119 to the Governor and the General Assembly on the status of the birth-
120 to-three system. At least thirty days prior to the commissioner's final
121 approval of rules and regulations pursuant to section 17a-248, as
122 amended by this act, this section, sections 17a-248c to 17a-248g,
123 inclusive, 38a-490a and [38a-516c] 38a-516a, other than emergency
124 rules and regulations, the commissioner shall submit proposed rules
125 and regulations to the council for its review. The council shall review
126 all proposed rules and regulations and report its recommendations
127 thereon to the commissioner within thirty days. The commissioner
128 shall not act in a manner inconsistent with the recommendations of the
129 council without first providing the reasons for such action. The
130 council, upon a majority vote of its members, may require that an
131 alternative approach to the proposed rules and regulations be
132 published with a notice of the proposed rules and regulations
133 pursuant to chapter 54. When an alternative approach is published
134 pursuant to this section, the commissioner shall state the reasons for
135 not selecting such alternative approach.

136 Sec. 3. Subsection (a) of section 17a-248c of the general statutes is
137 repealed and the following is substituted in lieu thereof:

138 (a) The commissioner shall establish at least one local interagency

139 coordinating council in each region of the state. The council shall
140 consist of at least four members who are parents of children aged birth
141 to three with disabilities or of children aged three through twelve with
142 disabilities. Each such council shall also include a representative from
143 the medical community, at least three public or private providers of
144 early intervention services, at least one child care provider or
145 representative of child care providers, regional representatives of
146 participating agencies, if appropriate, and a representative of at least
147 one local public school district. The commissioner may waive one or
148 more of the [foregoing] membership composition requirements set
149 forth in this subsection in those regions where such requirements
150 cannot reasonably be met.

151 Sec. 4. Section 17a-248d of the general statutes is repealed and the
152 following is substituted in lieu thereof:

153 (a) [Effective July 1, 1996, the] The lead agency, in coordination with
154 the participating agencies and in consultation with the council, shall
155 establish and maintain a state-wide birth-to-three system of early
156 intervention services pursuant to Part H of the Individuals with
157 Disabilities Education Act, 20 USC 1471 et seq., for eligible children
158 and families of such children.

159 (b) The state-wide system shall include a system for compiling data
160 on the number of eligible children in the state in need of appropriate
161 early intervention services, the number of such eligible children and
162 their families served, the types of services provided and other
163 information as deemed necessary by the lead agency.

164 (c) The state-wide system shall include a comprehensive child-find
165 system and public awareness program to ensure that eligible children
166 are identified, located, referred to the system and evaluated. The
167 following persons and entities, within two working days of identifying
168 a child from birth to three years of age suspected of having a
169 developmental delay or of being at risk of having a developmental
170 delay, shall refer the parent of such child to the early intervention

171 system unless the person knows the child has already been referred:
172 (1) Hospitals; (2) child health care providers; (3) local school districts;
173 (4) public health facilities; (5) early intervention service providers; (6)
174 participating agencies; and (7) such other social service and health care
175 agencies and providers as the commissioner specifies in regulation.

176 (d) The commissioner, in coordination with the participating [state]
177 agencies and in consultation with the council, shall adopt regulations,
178 pursuant to chapter 54, to carry out the provisions of section 17a-248,
179 as amended by this act, and sections 17a-248b to 17a-248g, inclusive, as
180 amended, 38a-490a and [38a-516c] 38a-516a.

181 Sec. 5. Section 17a-248g of the general statutes is repealed and the
182 following is substituted in lieu thereof:

183 (a) Subject to the provisions of this section, funds appropriated to
184 the lead agency for purposes of section 17a-248, as amended by this
185 act, sections 17a-248b to 17a-248f, inclusive, as amended, this section
186 and sections 38a-490a and [38a-516c] 38a-516a shall not be used to
187 satisfy a financial commitment for services that would have been paid
188 from another public or private source but for the enactment of said
189 sections, except for federal funds available pursuant to Part H of the
190 Individuals with Disabilities Education Act, 20 USC 1471 et seq.,
191 except that whenever considered necessary to prevent the delay in the
192 receipt of appropriate early intervention services by the eligible child
193 or family in a timely fashion, funds provided under said sections may
194 be used to pay the service provider pending reimbursement from the
195 public or private source that has ultimate responsibility for the
196 payment.

197 (b) Nothing in section 17a-248, as amended by this act, sections 17a-
198 248b to 17a-248f, inclusive, as amended, this section and sections 38a-
199 490a and [38a-516c] 38a-516a shall be construed to permit the
200 Department of Social Services or any other state agency to reduce
201 medical assistance pursuant to this chapter or other assistance or
202 services available to eligible children. Notwithstanding any [other

203 provisions] provision of the general statutes, costs incurred for early
204 intervention services that otherwise qualify as medical assistance that
205 are furnished to an eligible child who is also eligible for benefits
206 pursuant to this chapter shall be considered medical assistance for
207 purposes of payments to providers and state reimbursement to the
208 extent that federal financial participation is available for such services.

209 (c) Providers of early intervention services shall, in the first instance
210 and where applicable, seek payment from all third-party payers prior
211 to claiming payment from the birth-to-three system for services
212 rendered to eligible children, provided, for the purpose of seeking
213 payment from the Medicaid program or from other third-party payers
214 as agreed upon by the provider, the obligation to seek payment shall
215 not apply to a payment from a third-party payer who is not prohibited
216 from applying such payment, and who will apply such payment, to an
217 annual or lifetime limit specified in the third-party payer's policy or
218 contract.

219 (d) The [Commissioner of Mental Retardation] commissioner, in
220 consultation with the Office of Policy and Management and the
221 Insurance Commissioner, shall adopt regulations, pursuant to chapter
222 54, providing public reimbursement for deductibles and copayments
223 imposed under an insurance policy or health benefit plan to the extent
224 that such deductibles and copayments are applicable to early
225 intervention services.

226 (e) The [Commissioner of Mental Retardation] commissioner shall
227 establish a schedule of fees based on a sliding scale for early
228 intervention services. The schedule of fees shall consider the cost of
229 such services relative to the financial resources of the parents or legal
230 guardians of eligible children. The Department of Mental Retardation
231 may assign its right to collect fees to a designee or provider
232 participating in the early intervention program and providing services
233 to a recipient in order to assist the provider in obtaining payment for
234 such services. The commissioner may implement procedures for the

235 collection of the schedule of fees while in the process of adopting such
236 criteria in regulation provided the commissioner prints notice of
237 intention to adopt the regulations in the Connecticut Law Journal
238 within twenty days of implementing the policy. Such collection
239 procedures and schedule of fees shall be valid until the time the final
240 regulations are effective.

241 (f) The [Commissioner of Mental Retardation] commissioner shall
242 develop and implement procedures to hold a recipient harmless for the
243 impact of pursuit of payment for early intervention services against
244 lifetime insurance limits.

245 (g) Notwithstanding any provision of title 38a relating to the
246 permissible exclusion of payments for services under governmental
247 programs, no such exclusion shall apply with respect to payments
248 made pursuant to section 17a-248, as amended by this act, sections 17a-
249 248b to 17a-248f, inclusive, as amended, this section and sections 38a-
250 490a and [38a-516c] 38a-516a. Except as provided in this subsection,
251 nothing in this section shall increase or enhance coverages provided
252 for within an insurance contract subject to the provisions of section 10-
253 94f, subsection (a) of section 10-94g, subsection (a) of section 17a-219b,
254 subsection (a) of section 17a-219c, sections 17a-248, as amended by this
255 act, 17a-248b to 17a-248f, inclusive, as amended, this section, and
256 sections 19a-1c, as amended, 38a-490a and [38a-516c] 38a-516a.

257 Sec. 6. Subsection (b) of section 17a-667 of the general statutes, as
258 amended by section 35 of public act 99-2 of the June special session, is
259 repealed and the following is substituted in lieu thereof:

260 (b) The council shall consist of the following members: (1) The
261 Secretary of the Office of Policy and Management, or [his] the
262 secretary's designee; (2) the Commissioners of Children and Families,
263 Consumer Protection, Correction, Education, Higher Education,
264 Mental Health and Addiction Services, Motor Vehicles, Public Health,
265 Public Safety, Social Services [,] and Transportation and the Insurance
266 Commissioner, or their designees; (3) the Chief Court Administrator,

267 or [his] the Chief Court Administrator's designee; (4) the [chairman]
268 chairperson of the Board of Parole, or [his] the chairperson's designee;
269 (5) the Chief State's Attorney, or [his] the Chief State's Attorney's
270 designee; (6) the Chief Public Defender, or [his] the Chief Public
271 Defender's designee; and (7) the cochairpersons and ranking members
272 of the joint standing committees of the General Assembly having
273 cognizance of matters relating to public health, criminal justice and
274 appropriations, or their designees. The Commissioner of Mental
275 Health and Addiction Services shall be [chairman] chairperson of the
276 council. The Office of Policy and Management shall, within available
277 appropriations, provide staff for the council. [The chairman of the
278 council shall schedule the first meeting of the council to be held not
279 later than October 1, 1997.]

280 Sec. 7. Section 17a-688 of the general statutes, as amended by section
281 5 of public act 99-234, is repealed and the following is substituted in
282 lieu thereof:

283 (a) All records maintained by the court of cases coming before it
284 under the provisions of sections 17a-465a, 17a-673, as amended, and
285 17a-680 to 17a-690, inclusive, as amended, shall be sealed and available
286 only to the respondent or [his] the respondent's counsel unless the
287 court, after hearing held with notice to the respondent, determines
288 such record should be disclosed for cause shown.

289 (b) Medical treatment facilities shall keep and submit such records
290 of all persons examined, admitted or treated pursuant to sections
291 17a-465a, 17a-673, as amended, and 17a-680 to 17a-690, inclusive, as
292 amended, as may be required by the department.

293 (c) No person, hospital [,] or treatment facility [or the department]
294 may disclose or permit the disclosure of, nor may the department
295 disclose or permit the disclosure of, the identity, diagnosis, prognosis
296 or treatment of any such patient that would constitute a violation of
297 federal statutes concerning confidentiality of alcohol or drug patient
298 records and any regulations pursuant thereto, [or as they] as such

299 federal statutes and regulations may be amended from time to time.
300 The department shall adopt regulations, in accordance with chapter 54,
301 to protect the confidentiality of any such information that is obtained
302 by [it] the department.

303 (d) If the person seeking treatment or rehabilitation for alcohol
304 dependence or drug dependence is a minor, the fact that the minor
305 sought such treatment or rehabilitation or that [he] the minor is
306 receiving such treatment or rehabilitation, shall not be reported or
307 disclosed to the parents or legal guardian of the minor without [his]
308 the minor's consent. The minor may give legal consent to receipt of
309 such treatment and rehabilitation. A minor shall be personally liable
310 for all costs and expenses for alcohol and drug dependency treatment
311 afforded [him at his] to the minor at the minor's request under section
312 17a-682.

313 (e) The commissioner may use or make available to authorized
314 persons information from patients' records for purposes of conducting
315 scientific research, management audits, financial audits [,] or program
316 evaluation, provided such information shall not be utilized in a
317 manner that discloses a patient's name or other identifying
318 information.

319 Sec. 8. Subsection (b) of section 19a-17n of the general statutes is
320 repealed and the following is substituted in lieu thereof:

321 (b) The participating physician shall not accept compensation for
322 providing health care services from patients served pursuant to this
323 section and section 19a-17m, nor from clinics serving these patients. As
324 used in this [act] section and section 19a-17m, "compensation" means
325 any remuneration of value to the participating physician for services
326 provided by the physician, but shall not be construed to include any
327 nominal copayments charged by the clinic, nor reimbursement of
328 related expenses of a participating physician authorized by the clinic in
329 advance of being incurred.

330 Sec. 9. Section 19a-58 of the general statutes is repealed and the
331 following is substituted in lieu thereof:

332 The Department of Public Health shall develop a pamphlet which:
333 (1) Specifies the indicators for high risk of hearing impairment in
334 infants; (2) explains the diagnostic procedures which should be carried
335 out to determine whether a hearing impairment actually exists or may
336 potentially develop and where such diagnostic services are available;
337 (3) alerts parents to the resources available for the treatment and
338 education of infants and children that develop hearing impairments; []
339 and (4) contains any other information the department deems
340 necessary. The Department of Public Health shall make the pamphlet
341 available to hospitals and physicians for distribution to the parents or
342 guardians of infants that have been identified as having high risk for
343 hearing impairment. The Commissioner of Public Health shall adopt
344 regulations, in accordance with the provisions of chapter 54, to
345 develop indicators of high risk of infant hearing impairment. In
346 developing such indicators, the commissioner shall consult with
347 persons, including but not limited to, pediatricians, otolaryngologists
348 and audiologists.

349 Sec. 10. Subsection (b) of section 19a-59 of the general statutes, as
350 amended by section 36 of public act 99-2 of the June special session, is
351 repealed and the following is substituted in lieu thereof:

352 (b) The Department of Public Health shall establish a plan to
353 implement and operate a program of early identification of infant
354 hearing impairment. The purpose of such plan shall be to: (1) Identify
355 infants at high risk of having hearing impairments; (2) notify parents
356 of such infants of the risk; (3) inform parents of resources available to
357 them for further testing and treatment, including rehabilitation
358 services for such infants; [] and (4) inform parents of financial
359 assistance available through the Department of Public Health,
360 including, but not limited to, parental eligibility criteria, which may
361 result in reduced cost or no cost to parents for testing, evaluation or

362 treatment, including rehabilitation of such infants. The department
363 shall develop such plan in consultation with persons including, but not
364 limited to, pediatricians, otolaryngologists, audiologists, educators and
365 parents of deaf and hearing impaired children.

366 Sec. 11. Subsection (a) of section 19a-87b of the general statutes is
367 repealed and the following is substituted in lieu thereof:

368 (a) No person, group of persons, association, organization,
369 corporation, institution or agency, public or private, shall maintain a
370 family day care home, as defined in section 19a-77, without a license
371 issued by the Commissioner of Public Health. Licensure forms shall be
372 obtained from the Department of Public Health. Applications for
373 licensure shall be made to the [Commissioner of Public Health]
374 commissioner on forms provided by the department and shall contain
375 the information required by regulations adopted under this section.
376 The licensure and application forms shall contain a notice that false
377 statements made therein are punishable in accordance with section
378 53a-157b. Applicants shall state, in writing, that they are in compliance
379 with the regulations adopted by the [Commissioner of Public Health]
380 commissioner pursuant to subsection [(b)] (c) of this section. Before a
381 family day care home license is granted, the department shall make an
382 inquiry and investigation which shall include a visit and inspection of
383 the premises for which the license is requested. Any inspection
384 conducted by the department shall include an inspection for evident
385 sources of lead poisoning. The department shall provide for a chemical
386 analysis of any paint chips found on such premises. The commissioner
387 shall not require an annual inspection for homes seeking license
388 renewal or for licensed homes except that the commissioner shall make
389 unannounced visits, during customary business hours, to at least
390 thirty-three and one-third per cent of the licensed family day care
391 homes each year. A licensed family day care home shall not be subject
392 to any conditions on the operation of such home by local officials,
393 other than those imposed by the department pursuant to this
394 subsection, if the home complies with all local codes and ordinances

395 applicable to single and multifamily dwellings.

396 Sec. 12. Subsection (d) of section 19a-87b of the general statutes is
397 repealed and the following is substituted in lieu thereof:

398 (d) Applications for initial licensure under this section shall be
399 accompanied by a fee of [ten dollars and such licenses shall be issued
400 for a term of one year, except that, on and after December 31, 1995,
401 such applications shall be accompanied by a fee of] twenty dollars and
402 such licenses shall be issued for a term of two years. Applications for
403 renewal of licenses granted under this section shall be accompanied by
404 a fee of [ten dollars and such licenses shall be renewed for a term of
405 one year, except that, for licenses expiring on and after December 31,
406 1995, applications for renewal shall be accompanied by a fee of] twenty
407 dollars and such licenses shall be renewed for a term of two years. No
408 such license shall be renewed unless the licensee certifies that the
409 children enrolled in the family day care home have received age-
410 appropriate immunization in accordance with regulations adopted
411 pursuant to subsection [(b)] (c) of this section.

412 Sec. 13. Subsection (c) of section 19a-87e of the general statutes is
413 repealed and the following is substituted in lieu thereof:

414 (c) Any person who is licensed to conduct, operate or maintain a
415 family day care home shall notify the commissioner of any conviction
416 of the owner, conductor, operator or maintainer of the family day care
417 home or of any person residing in the household or any person
418 employed [therein] in such family day care home in a position
419 connected with the provision of care to a child receiving child day care
420 services, of a crime which affects the commissioner's discretion under
421 subsection (a) of this section, immediately upon obtaining knowledge
422 of such conviction. Failure to comply with the notification requirement
423 of this subsection may result in the suspension or revocation of the
424 license or [take] the taking of any other action against a license set
425 forth in regulation adopted pursuant to section 19a-79 and shall subject
426 the licensee to a civil penalty of not more than one hundred dollars per

427 day for each day after the person obtained knowledge of the
428 conviction.

429 Sec. 14. Section 19a-88 of the general statutes, as amended by section
430 17 of public act 99-102, section 4 of public act 99-249 and section 61 of
431 public act 99-2 of the June special session, is repealed and the following
432 is substituted in lieu thereof:

433 (a) Each person holding a license to practice dentistry, optometry,
434 midwifery or dental hygiene shall, annually, during the month of [his]
435 such person's birth, register with the Department of Public Health,
436 upon payment of the professional services fee for class I, as defined in
437 section 33-182l in the case of a dentist, the professional services fee for
438 class H, as defined in section 33-182l in the case of an optometrist,
439 [except that in the fiscal year ending June 30, 1993, optometrists shall
440 pay a fee of three hundred seventy-five dollars,] five dollars in the case
441 of a midwife, and fifty dollars in the case of a dental hygienist, on
442 blanks to be furnished by the department for such purpose, giving
443 [his] such person's name in full, [his] such person's residence and
444 business address and such other information as the department
445 requests.

446 (b) Each person holding a license to practice medicine, surgery,
447 podiatry, chiropractic or natureopathy shall, annually, during the
448 month of [the] such person's birth, register with the Department of
449 Public Health, upon payment of the professional services fee for class I,
450 as defined in section 33-182l, on blanks to be furnished by the
451 department for such purpose, giving [his] such person's name in full,
452 [his] such person's residence and business address and such other
453 information as the department requests.

454 (c) (1) Each person holding a license to practice as a registered
455 nurse, shall, annually, during the month of such person's birth, register
456 with the Department of Public Health, upon payment of the
457 professional services fee for class B, as defined in section 33-182l, on
458 blanks to be furnished by the department for such purpose, giving

459 such person's name in full, [with] such person's residence and business
460 address and such other information as the department requests. Each
461 person holding a license to practice as a registered nurse who has
462 retired from the profession may renew such license, but the fee shall be
463 ten per cent of the professional services fee for class B, as defined in
464 section 33-182l. Any license provided by the department at a reduced
465 fee shall indicate that the registered nurse is retired.

466 (2) Each person holding a license as an advanced practice registered
467 nurse shall, annually, during the month of such person's birth, register
468 with the Department of Public Health, upon payment of the
469 professional services fee for class C, as defined in section 33-182l, on
470 blanks to be furnished by the department for such purpose, giving
471 such person's name in full, [with] such person's residence and business
472 address and such other information as the department requests. No
473 such license shall be renewed unless the department is satisfied that
474 the person maintains current certification as either a nurse practitioner,
475 a clinical nurse specialist or a nurse anesthetist from one of the
476 following national certifying bodies which certify nurses in advanced
477 practice: The American Nurses' Association, the Nurses' Association of
478 the American College of Obstetricians and Gynecologists Certification
479 Corporation, the National Board of Pediatric Nurse Practitioners and
480 Associates or the American Association of Nurse Anesthetists. Each
481 person holding a license to practice as an advanced practice registered
482 nurse who has retired from the profession may renew such license, but
483 the fee shall be ten per cent of the professional services fee for class C,
484 as defined in section 33-182l. Any license provided by the department
485 at a reduced fee shall indicate that the advanced practice registered
486 nurse is retired.

487 (3) Each person holding a license as a licensed practical nurse shall,
488 annually, during the month of such person's birth, register with the
489 Department of Public Health, upon payment of the professional
490 services fee for class A, as defined in section 33-182l, on blanks to be
491 furnished by the department for such purpose, giving such person's

492 name in full, [with] such person's residence and business address and
493 such other information as the department requests. Each person
494 holding a license to practice as a licensed practical nurse who has
495 retired from the profession may renew such license, but the fee shall be
496 ten per cent of the professional services fee for class A, as defined in
497 section 33-182l. Any license provided by the department at a reduced
498 fee shall indicate that the licensed practical nurse is retired.

499 (4) Each person holding a license as a nurse-midwife shall, annually,
500 during the month of such person's birth, register with the Department
501 of Public Health, upon payment of the professional services fee for
502 class C, as defined in section 33-182l, on blanks to be furnished by the
503 department for such purpose, giving such person's name in full, [with]
504 such person's residence and business address and such other
505 information as the department requests. No such license shall be
506 renewed unless the department is satisfied that the person maintains
507 current certification from the American College of Nurse-Midwives.

508 (5) Each person holding a license to practice physical therapy shall,
509 annually, during the month of such person's birth, register with the
510 Department of Public Health, upon payment of the professional
511 services fee for class B, as defined in section 33-182l, on blanks to be
512 furnished by the department for such purpose, giving such person's
513 name in full, [with] such person's residence and business address and
514 such other information as the department requests.

515 (6) Each person holding a license as a physician assistant shall,
516 annually, during the month of such person's birth, register with the
517 Department of Public Health, upon payment of a fee of seventy-five
518 dollars, on blanks to be furnished by the department for such purpose,
519 giving such person's name in full, [with] such person's residence and
520 business address and such other information as the department
521 requests. No such license shall be renewed unless the department is
522 satisfied that the practitioner has met the mandatory continuing
523 medical education requirements of the National Commission on

524 Certification of Physician Assistants or a successor organization for the
525 certification or recertification of physician assistants that may be
526 approved by the department and has passed any examination or
527 continued competency assessment the passage of which may be
528 required by said commission for maintenance of current certification
529 by said commission.

530 (d) No provision of this section shall be construed to apply to any
531 person practicing Christian Science.

532 (e) Each person holding a license or certificate issued under section
533 19a-514, 20-74s, as amended, 20-195cc or 20-206ll and chapters 370 to
534 373, inclusive, 375, 378 to 381a, inclusive, 383 to 388, inclusive, 393a,
535 395, 398, 399 or 400a and section 20-206n, 20-206o or section 56 of [this
536 act] public act 99-2 of the June special session shall, annually, during
537 the month of [the applicant's] such person's birth, apply for renewal of
538 such license or certificate to the Department of Public Health, giving
539 [the applicant's] such person's name in full, [the applicant's] such
540 person's residence and business address and such other information as
541 the department requests. Each person holding a license or certificate
542 issued pursuant to section 20-475 or 20-476 shall, annually, during the
543 month of [the applicant's] such person's birth, apply for renewal of
544 such license or certificate to the department. Each entity holding a
545 license issued pursuant to section 20-475 shall, annually, during the
546 anniversary month of initial licensure, apply for renewal of such
547 license or certificate to the department.

548 (f) Any person or entity which fails to comply with the provisions of
549 this section shall be notified by the department that [his] such person's
550 or entity's license or certificate shall become void ninety days after the
551 time for its renewal under this section unless it is so renewed. Any
552 such license shall become void upon the expiration of such ninety-day
553 period.

554 Sec. 15. Subsection (a) of section 19a-215 of the general statutes is
555 repealed and the following is substituted in lieu thereof:

556 (a) For the purposes of this section:

557 (1) "Commissioner's list of reportable diseases and laboratory
558 findings" means the list developed pursuant to section [19a-5] 19a-2a.

559 (2) "Confidential" means confidentiality of information pursuant to
560 section 19a-25.

561 (3) "Health care provider" means a person who has direct or
562 supervisory responsibility for the delivery of health care or medical
563 services, [This shall include] including licensed physicians, nurse
564 practitioners, nurse midwives, physician assistants, nurses, dentists,
565 medical examiners and administrators, superintendents and managers
566 of health care facilities.

567 Sec. 16. Subsection (a) of section 19a-243 of the general statutes, as
568 amended by section 11 of public act 99-234, is repealed and the
569 following is substituted in lieu thereof:

570 (a) Each [such] board may make and adopt reasonable rules and
571 regulations for the promotion of general health within the district not
572 in conflict with law or with the Public Health Code. The powers of
573 each district shall include but not be limited to the following
574 enumerated powers: (1) To sue and be sued; (2) to make and execute
575 contracts and other instruments necessary or convenient to the exercise
576 of the powers of the health district; (3) to make and from time to time
577 amend and repeal bylaws, rules and regulations; (4) to acquire real
578 estate; (5) to provide for the financing of the programs, projects or
579 other functions of the district in the manner described in subsection (b)
580 of this section; and (6) to have [whatever] such other powers as are
581 necessary to properly carry out [their] its powers as an independent
582 entity of government.

583 Sec. 17. Subdivision (1) of section 19a-630 of the general statutes, as
584 amended by section 2 of public act 99-172, is repealed and the
585 following is substituted in lieu thereof:

586 (1) "Health care facility or institution" means any facility or
587 institution engaged primarily in providing services for the prevention,
588 diagnosis or treatment of human health conditions, including, but not
589 limited to: [, outpatient] Outpatient clinics; [] free standing outpatient
590 surgical facilities; [] imaging centers; [] home health agencies, as
591 defined in section 19a-490; clinical laboratory or central service
592 facilities serving one or more health care facilities, practitioners or
593 institutions; hospitals; residential care homes; nursing homes; rest
594 homes; nonprofit health centers; diagnostic and treatment facilities;
595 rehabilitation facilities; [] and mental health facilities. [; health care
596 facility or institution] "Health care facility or institution" includes any
597 parent company, subsidiary, affiliate [] or joint venture, or any
598 combination thereof, of [a health care] any such facility or institution, [;
599 but not including] but does not include any health care facility
600 operated by a nonprofit educational institution solely for the students,
601 faculty and staff of such institution and their dependents, or any
602 Christian Science sanatorium operated, or listed and certified, by the
603 First Church of Christ, Scientist, Boston, Massachusetts.

604 Sec. 18. This act shall take effect from its passage.

Statement of Purpose:

To make technical changes recommended by the Legislative
Commissioner's Office.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]