



Substitute House Bill No. 6713

Public Act No. 05-272

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

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

Section 1. Section 7-48a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

On and after January 1, 2002, each birth certificate shall [contain the name of the birth mother, except by the order of a court of competent jurisdiction, and] be filed with the name of the birth mother recorded. Not later than forty-five days after receipt of an order from a court of competent jurisdiction, the Department of Public Health shall create a replacement certificate in accordance with the court's order. Such replacement certificate shall include all information required to be included in a certificate of birth of this state as of the date of the birth. When a certified copy of such certificate of birth is requested by an eligible party, as provided in section 7-51, a copy of the replacement certificate shall be provided. The department shall seal the original certificate of birth in accordance with the provisions of subsection (c) of section 19a-42. Immediately after a replacement certificate has been prepared, the department shall transmit an exact copy of such certificate to the registrar of vital statistics of the town of birth and to any other registrar as the department deems appropriate. The town

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shall proceed in accordance with the provisions of section 19a-42.

Sec. 2. Subsection (f) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(f) On and after February 1, 2004, each local or regional board of education shall report to the local health department and the Department of Public Health, on an annual basis, the total number of pupils per school and per school district having a diagnosis of asthma [recorded on such health assessment forms to the local health department and the Department of Public Health] (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade ten or eleven. The report shall contain the asthma information collected as required under subsections (b) and (c) of this section and shall include pupil age, gender, race, ethnicity and school. Beginning on October 1, 2004, and every three years thereafter, the Department of Public Health shall review the asthma screening information reported pursuant to this section and shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to public health and education concerning asthma trends and distributions among pupils enrolled in the public schools. The report shall be submitted in accordance with the provisions of section 11-4a and shall include, but not be limited to, trends and findings based on pupil age, gender, race, ethnicity, school and the education reference group, as determined by the Department of Education for the town or regional school district in which such school is located.

Sec. 3. Subsection (b) of section 17b-90 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(b) No person shall, except for purposes directly connected with the administration of programs of the Department of Social Services and in

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accordance with the regulations of the commissioner, solicit, disclose, receive or make use of, or authorize, knowingly permit, participate in or acquiesce in the use of, any list of the names of, or any information concerning, persons applying for or receiving assistance from the Department of Social Services or persons participating in a program administered by said department, directly or indirectly derived from the records, papers, files or communications of the state or its subdivisions or agencies, or acquired in the course of the performance of official duties. The Commissioner of Social Services shall disclose (1) to any authorized representative of the Labor Commissioner such information directly related to unemployment compensation, administered pursuant to chapter 567 or information necessary for implementation of sections 17b-688b, 17b-688c and 17b-688h and section 122 of public act 97-2 of the June 18 special session*, (2) to any authorized representative of the Commissioner of Mental Health and Addiction Services any information necessary for the implementation and operation of the basic needs supplement program or for the management of and payment for behavioral health services for applicants for and recipients of state-administered general assistance, (3) to any authorized representative of the Commissioner of Administrative Services, or the Commissioner of Public Safety such information as the state Commissioner of Social Services determines is directly related to and necessary for the Department of Administrative Services or the Department of Public Safety for purposes of performing their functions of collecting social services recoveries and overpayments or amounts due as support in social services cases, investigating social services fraud or locating absent parents of public assistance recipients, (4) to any authorized representative of the Commissioner of Children and Families necessary information concerning a child or the immediate family of a child receiving services from the Department of Social Services, including safety net services, if the Commissioner of Children and Families or the Commissioner of Social Services has determined that imminent danger to such child's

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health, safety or welfare exists to target the services of the family services programs administered by the Department of Children and Families, (5) to a town official or other contractor or authorized representative of the Labor Commissioner such information concerning an applicant for or a recipient of financial or medical assistance under state-administered general assistance deemed necessary by said commissioners to carry out their respective responsibilities to serve such persons under the programs administered by the Labor Department that are designed to serve applicants for or recipients of state-administered general assistance, (6) to any authorized representative of the Commissioner of Mental Health and Addiction Services for the purposes of the behavioral health managed care program established by section 17a-453, [or] (7) to any authorized representative of the Commissioner of Public Health to carry out his or her respective responsibilities under programs that regulate child day care services or youth camps, or (8) to a health insurance provider, in IV-D support cases, as defined in section 46b-231, information concerning a child and the custodial parent of such child that is necessary to enroll such child in a health insurance plan available through such provider when the noncustodial parent of such child is under court order to provide health insurance coverage but is unable to provide such information, provided the Commissioner of Social Services determines, after providing prior notice of the disclosure to such custodial parent and an opportunity for such parent to object, that such disclosure is in the best interests of the child. No such representative shall disclose any information obtained pursuant to this section, except as specified in this section. Any applicant for assistance provided through said department shall be notified that, if and when such applicant receives benefits, the department will be providing law enforcement officials with the address of such applicant upon the request of any such official pursuant to section 17b-16a.

Sec. 4. Subsection (b) of section 19a-179 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(b) The commissioner may issue an emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical technician in good standing in any New England state, New York or New Jersey, (2) has completed an initial training program consistent with the United States Department of Transportation, National Highway Traffic Safety Administration [paramedic] emergency medical technician curriculum, and (3) has no pending disciplinary action or unresolved complaint against him or her.

Sec. 5. Section 19a-490b of the general statutes is amended by adding subsection (e) as follows (*Effective October 1, 2005*):

(NEW) (e) Each institution licensed pursuant to this chapter that ceases to operate shall, at the time it relinquishes its license to the department, provide to the department a certified document specifying the location at which patient health records will be stored and the procedure that has been established for patients, former patients or their authorized representatives to secure access to such health records.

Sec. 6. Subsection (a) of section 19a-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Upon receipt of an application for an initial license, the Department of Public Health, subject to the provisions of section 19a-491a, shall issue such license if, upon conducting a scheduled inspection and investigation, it finds that the applicant and facilities meet the requirements established under section 19a-495, provided a

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license shall be issued to or renewed for an institution, as defined in subsection (d), (e) or (f) of section 19a-490, only if such institution is not otherwise required to be licensed by the state. Upon receipt of an application for an initial license to establish, conduct, operate or maintain an institution, as defined in subsection (d), (e) or (f) of section 19a-490, and prior to the issuance of such license, the commissioner may issue a provisional license for a term not to exceed twelve months upon such terms and conditions as the commissioner may require. If an institution, as defined in subsections (b), (c), (d), (e) and (f) of section 19a-490, applies for license renewal and has been certified as a provider of services by the United States Department of Health and Human Resources under Medicare or Medicaid programs within the immediately preceding twelve-month period, or if an institution, as defined in subsection (b) of section 19a-490, is currently certified, the commissioner or the commissioner's designee may waive the inspection and investigation of such facility required by this section and, in such event, any such facility shall be deemed to have satisfied the requirements of section 19a-495 for the purposes of licensure. Such license shall be valid for two years or a fraction thereof and shall terminate on March thirty-first, June thirtieth, September thirtieth or December thirty-first of the appropriate year. A license issued pursuant to this chapter, other than a provisional license or a nursing home license, unless sooner suspended or revoked, shall be renewable biennially [, without charge,] after an unscheduled inspection is conducted by the department, and upon the filing by the licensee, and approval by the department, of a report upon such date and containing such information in such form as the department prescribes and satisfactory evidence of continuing compliance with requirements, and in the case of an institution, as defined in subsection (d), (e) or (f) of section 19a-490, after inspection of such institution by the department. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place in the licensed premises.

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Sec. 7. Section 20-11a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) No person shall participate in an intern or resident physician program or United States medical officer candidate training program until such person has received a permit issued by the Department of Public Health. The permit shall be issued solely for purposes of participation in graduate education as an intern, resident or medical officer candidate in a hospital or hospital-based program. No person shall receive a permit until a statement has been filed with the department on the applicant's behalf by the hospital administrator certifying that the applicant is to be appointed an intern, resident or medical officer candidate in the hospital or hospital-based program and that the applicant has received the degree of doctor of medicine, osteopathic medicine or its equivalent and, if educated outside the United States or Canada (1) has successfully completed all components of a "fifth pathway program" conducted by an American medical school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, (2) received certification from the Educational Commission for Foreign Medical Graduates, (3) has successfully completed the examination for licensure prescribed by the department pursuant to section 20-10, or (4) holds a current valid license in another state or territory.

(b) No person shall participate in a clinical clerkship program unless such person is (1) a student in a medical school located in the United States or Canada accredited by the Liaison Committee on Medical Education or the American Osteopathic Association; or (2) is a third or fourth year student in a medical school located outside the United States or Canada, provided the clerkship is conducted within a program that is based in a hospital that has a residency program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association in the clinical area

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of the clerkship or within a program that is based in a hospital that is a primary affiliated teaching hospital of a medical school accredited by the Liaison Committee on Medical Education.

Sec. 8. Section 20-198 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) No person shall be granted [such] a license to practice veterinary medicine, surgery or dentistry until the department finds that such person (1) was graduated with the degree of doctor of veterinary medicine, or its equivalent, from a school of veterinary medicine, surgery or dentistry which, at the time such person graduated, was accredited by the American Veterinary Medical Association, [if such school is located in the United States, its territories or Canada,] or (2) if graduated from a school located outside of the United States, its territories or Canada, has demonstrated to the satisfaction of the department that such person has completed a degree program equivalent in level, content and purpose to the degree of doctor of veterinary medicine as granted by a school of veterinary medicine, surgery or dentistry [which] that is accredited by the American Veterinary Medical Association. No person who was graduated from a school of veterinary medicine, surgery or dentistry [which] that is not accredited by the American veterinary Medical Association and that is located outside the United States, its territories or Canada shall be granted a license unless such person has also received certification from the Educational Commission for Foreign Veterinary Graduates or Program for the Assessment of Veterinary Education Equivalence.

(b) The department may, under such regulations as the Commissioner of Public Health may adopt, in accordance with chapter 54, with the advice and assistance of the board, deny eligibility for licensure to a graduate of a school [which] that has been found to have provided fraudulent or inaccurate documentation regarding either the school's educational program or the academic credentials of graduates

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of the school's program or to have failed to meet educational standards prescribed in such regulations.

Sec. 9. Section 20-200 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Notwithstanding the provisions of section 20-198, as amended by this act, the Department of Public Health may issue a license by endorsement to any veterinarian of good professional character who is currently licensed and practicing in some other state or territory, having requirements for admission determined by the department to be at least equal to the requirements of this state, upon the payment of a fee of four hundred fifty dollars to said department. Notwithstanding the provisions of section 20-198, as amended by this act, the department may, upon payment of a fee of four hundred fifty dollars, issue a license without examination to a currently practicing, competent veterinarian in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory [which] that maintains licensing standards which, except for examination, are commensurate with this state's standards, and (2) has worked continuously as a licensed veterinarian in an academic or clinical setting in another state or territory for a period of not less than five years immediately preceding the application for licensure without examination. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the board annually of the number of applications it receives for licensure under this section.

(b) The Department of Public Health may issue a temporary permit to an applicant for licensure without examination upon receipt of a completed application form, accompanied by the fee for licensure without examination, a copy of a current license from another state of

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the United States, the District of Columbia or a commonwealth or territory subject to the laws of the United States, and a notarized affidavit attesting that the license is valid and belongs to the person requesting notarization. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days and shall not be renewable. The department shall not issue a temporary permit under this section to any applicant against whom professional disciplinary action is pending, or who is the subject of an unresolved complaint.

Sec. 10. Subdivision (1) of subsection (a) of section 20-236 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) (1) Any person desiring to obtain a license as a barber shall apply in writing on forms furnished by the Department of Public Health and shall pay to the department a fee of fifty dollars. The department shall not issue a license until the applicant has made written application to the department, setting forth by affidavit that the applicant has (A) successfully completed the eighth grade, [or has passed an equivalency examination evidencing such education, prepared by the Commissioner of Education,] (B) completed a course of not less than fifteen hundred hours of study in a school approved in accordance with the provisions of this chapter, or, if trained outside of Connecticut, in a barber school or college whose requirements are equivalent to those of a Connecticut barber school or college, and (C) passed a written examination satisfactory to the department. Examinations required for licensure under this chapter shall be prescribed by the department with the advice and assistance of the board. The department shall establish a passing score for examinations required under this chapter with the advice and assistance of the board.

Sec. 11. Section 20-250 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2005*):

As used in this chapter, unless the context otherwise requires:

(1) "Board" means the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians established under section 20-235a;

(2) "Commissioner" means the Commissioner of Public Health;

(3) "Department" means the Department of Public Health;

(4) "Hairdressing and cosmetology" means the art of dressing, arranging, curling, waving, weaving, cutting, singeing, bleaching and coloring the hair and treating the scalp of any person, and massaging, cleansing, stimulating, manipulating, exercising or beautifying with the use of the hands, appliances, cosmetic preparations, antiseptics, tonics, lotions, creams, powders, oils or clays and doing similar work on the face, neck and arms, and manicuring the fingernails of any person for compensation, provided nothing in this subdivision shall prohibit an unlicensed person from performing facials, eyebrow arching, shampooing, manicuring of the fingernails or, for cosmetic purposes only, trimming, filing and painting the healthy toenails, excluding cutting nail beds, corns and calluses or other medical treatment involving the foot or ankle, or braiding hair;

(5) "Registered hairdresser and cosmetician" means any person who (A) has successfully completed the ninth grade, [or has passed an equivalency examination, evidencing such education, prepared by the Commissioner of Education and conducted by the Department of Public Health,] and (B) holds a license to practice as a registered hairdresser and cosmetician; and

(6) "Student" means any person who is engaged in learning or acquiring a knowledge of hairdressing and cosmetology at a school approved in accordance with the provisions of this chapter who has

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successfully completed ninth grade or its equivalent. The provisions of this subdivision shall not apply to schools conducted by the State Board of Education.

Sec. 12. Section 20-252 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

No person shall engage in the occupation of registered hairdresser and cosmetician without having obtained a license from the department. Persons desiring such licenses shall apply in writing on forms furnished by the department. No license shall be issued, except a renewal of a license, to a registered hairdresser and cosmetician unless the applicant has shown to the satisfaction of the department that the applicant has complied with the laws and the regulations administered or adopted by the department. No applicant shall be licensed as a registered hairdresser and cosmetician, except by renewal of a license, until the applicant has made written application to the department, setting forth by affidavit that the applicant has successfully completed the eighth grade [or has passed an equivalency examination, evidencing such education, prepared by the Commissioner of Education] and that the applicant has completed a course of not less than fifteen hundred hours of study in a school approved in accordance with the provisions of this chapter, in a school teaching hairdressing and cosmetology under the supervision of the State Board of Education, or, if trained outside of Connecticut, in a school teaching hairdressing and cosmetology whose requirements are equivalent to those of a Connecticut school and until the applicant has passed a written examination satisfactory to the department. Examinations required for licensure under this chapter shall be prescribed by the department with the advice and assistance of the board. The department shall establish a passing score for examinations with the advice and assistance of the board which shall be the same as the passing score established in section 20-236, as amended by this act.

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Sec. 13. Section 7-68 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

On receipt by the registrar of vital statistics of any town of a certificate of death containing the facts required by section 7-65 for a permit for burial, or when it appears that such certificate is already a matter of record, or that the original burial permit, by virtue of which the body of any deceased person was brought into such town, is on file or recorded in such registrar's office, the registrar, upon request, shall issue a permit for the disinterment or removal of such body to [the responsible] a licensed funeral director or embalmer [, as indicated on the death certificate or burial permit,] or to an individual designated on an order from a judge of the Superior Court or judge of probate, as provided in section 19a-413, stating therein the locality of the interment, disinterment or removal; but no permit for the disinterment of the body of any deceased person shall be issued in any case where death was caused by a communicable disease, except by the permission and under the direction of the town director of health.

Sec. 14. Subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

- (1) Speech and language pathologist and audiologist;
- (2) Hearing instrument specialist;
- (3) Nursing home administrator;
- (4) Sanitarian;
- (5) Subsurface sewage system installer or cleaner;

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- (6) Marital and family therapist;
- (7) Nurse-midwife;
- (8) Licensed clinical social worker;
- (9) Respiratory care practitioner;
- (10) Asbestos contractor and asbestos consultant;
- (11) Massage therapist;
- (12) Registered nurse's aide;
- (13) Radiographer;
- (14) Dental hygienist;
- (15) Dietitian-Nutritionist;
- (16) Asbestos abatement worker;
- (17) Asbestos abatement site supervisor;
- (18) Licensed or certified alcohol and drug counselor;
- (19) Professional counselor;
- (20) Acupuncturist;
- (21) Occupational therapist and occupational therapist assistant;
- (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;
- (23) Emergency medical technician, emergency medical technician-intermediate, medical response technician and emergency medical

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services instructor; and

(24) Paramedic.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Sec. 15. Subsection (c) of section 19a-14 of the general statutes, as amended by section 8 of public act 00-226, is repealed and the following is substituted in lieu thereof (*Effective on and after the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner*):

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

- (1) Speech and language pathologist and audiologist;
- (2) Hearing instrument specialist;
- (3) Nursing home administrator;
- (4) Sanitarian;
- (5) Subsurface sewage system installer or cleaner;
- (6) Marital and family therapist;

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- (7) Nurse-midwife;
- (8) Licensed clinical social worker;
- (9) Respiratory care practitioner;
- (10) Asbestos contractor and asbestos consultant;
- (11) Massage therapist;
- (12) Registered nurse's aide;
- (13) Radiographer;
- (14) Dental hygienist;
- (15) Dietitian-Nutritionist;
- (16) Asbestos abatement worker;
- (17) Asbestos abatement site supervisor;
- (18) Licensed or certified alcohol and drug counselor;
- (19) Professional counselor;
- (20) Acupuncturist;
- (21) Occupational therapist and occupational therapist assistant;
- (22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;
- (23) Emergency medical technician, emergency medical technician-intermediate, medical response technician and emergency medical services instructor;

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(24) Paramedic; and

(25) Athletic trainer.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Sec. 16. Subsection (b) of section 19a-112a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2005*):

(b) (1) For the purposes of this section, "protocol" means the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, including the Interim Sexual Assault Toxicology Screen Protocol, as revised from time to time and as incorporated in regulations adopted in accordance with subdivision (2) of this subsection, pertaining to the collection of evidence in any sexual assault investigation.

(2) The commission shall recommend the protocol to the Chief State's Attorney for adoption as regulations in accordance with the provisions of chapter 54. Such protocol shall include nonoccupational post-exposure prophylaxis for human immunodeficiency virus (nPEP), as recommended by the National Centers for Disease Control. The commission shall annually review the protocol and may annually recommend changes to the protocol for adoption as regulations.

Sec. 17. Subdivision (9) of section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from*

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passage):

(9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. [; (B) adopt]

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and

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certified ambulance services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service. [; and (C) establish]

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two

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hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for intramunicipality mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision.

Sec. 18. Subsection (c) of section 20-7a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(c) Each practitioner of the healing arts who (1) has an ownership or investment interest in an entity [which] that provides diagnostic or therapeutic services, or (2) receives compensation or remuneration for referral of such patient to an entity [which] that provides diagnostic or therapeutic services shall disclose such interest to any patient prior to referring such patient to such entity for diagnostic or therapeutic services and provide reasonable referral alternatives. Such information shall be verbally disclosed to each patient or shall be posted in a conspicuous place visible to patients in the practitioner's office. The posted information shall list the therapeutic and diagnostic services in which the practitioner has an ownership or investment interest and therapeutic and diagnostic services from which the practitioner receives compensation or remuneration for referrals and state that alternate referrals will be made upon request. Therapeutic services include physical therapy, radiation therapy, intravenous therapy and rehabilitation services including physical therapy, occupational therapy or speech and language pathology or any combination [thereof] of such therapeutic services. This subsection shall not apply to in-office ancillary services. As used in this subsection, "ownership or investment interest" [shall] does not include ownership of investment securities purchased by the practitioner on terms available to the general public and [which] that are publicly traded; and "entity

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[which] that provides diagnostic or therapeutic services" [shall include] includes services provided by an entity within a hospital but [which] that is not owned by the hospital. Violation of this subsection [shall constitute] constitutes conduct subject to disciplinary action under subdivision (6) of subsection (a) of section 19a-17.

Sec. 19. Section 20-86b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

A clinical practice relationship shall exist between each nurse-midwife and an obstetrician-gynecologist and shall be based upon mutually agreed upon medical guidelines and protocols. Such protocols shall be in writing and contain a list of medications, devices and laboratory tests [which] that may be prescribed, dispensed or administered by the nurse-midwife. Such protocols shall be [filed with] provided to the Department of Public Health upon request of the department. The term "directed" does not necessarily imply the physical presence of an obstetrician-gynecologist while care is being given by a nurse-midwife. Each nurse-midwife shall sign the birth certificate of each infant delivered by the nurse-midwife. A nurse-midwife may make the actual determination and pronouncement of death of an infant delivered by the nurse-midwife provided: (1) The death is an anticipated death; (2) the nurse-midwife attests to such pronouncement on the certificate of death; and (3) the nurse-midwife or a physician licensed pursuant to chapter 370 certifies the certificate of death not later than twenty-four hours after such pronouncement.

Sec. 20. Section 20-122 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person, except a licensed and registered dentist, and no corporation, except a professional service corporation organized and existing under chapter 594a for the purpose of rendering professional dental services, and no institution shall own or operate a dental office,

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or an office, laboratory or operation or consultation room in which dental medicine, dental surgery or dental hygiene is carried on as a portion of its regular business; but the provisions of this section [shall] do not apply to hospitals, community health centers, public or parochial schools, or convalescent homes, or institutions under control of an agency of the state of Connecticut, or the state or municipal board of health, or a municipal board of education; or those educational institutions treating their students, or to industrial institutions or corporations rendering treatment to their employees on a nonprofit basis, provided permission [therefor] for such treatment has been granted by the State Dental Commission. Such permission may be revoked for cause after hearing by said commission.

(b) Any licensed practitioner who provides dental services in a dental office or other location in violation of subsection (a) of this section shall be subject to disciplinary action under sections 20-114 and 19a-17.

(c) Notwithstanding the provisions of subsections (a) and (b) of this section or chapter 594a, a professional service corporation whose capital stock is held by or under the control of a personal representative or the estate of a deceased or incompetent dentist may operate a dental office or other location for the purpose of rendering professional dental services for a reasonable period of time, not to exceed eighteen months from the date of the dentist's death or the date the dentist is lawfully determined to be incompetent, whichever is applicable.

Sec. 21. Section 20-206d of the general statutes is amended by adding subsection (c) as follows (*Effective from passage*):

(NEW) (c) No provision of this chapter shall be construed to prohibit an out-of-state massage therapist who (1) is licensed or certified in another state whose standards for licensure or certification

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are equivalent to or greater than those required in this state, or (2) if licensure or certification is not required in such other state, is a member in good standing of the American Massage Therapy Association, from providing uncompensated massage therapy services during the Special Olympics or similar athletic competitions for persons with disabilities, provided such out-of-state massage therapist (A) does not represent himself or herself to be a Connecticut licensed massage therapist; (B) provides massage therapy under the supervision of a Connecticut licensed massage therapist; and (C) only provides massage therapy to persons participating in the Special Olympics or similar athletic competitions for persons with disabilities.

Sec. 22. Section 20-408 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

As used in this chapter, unless the context otherwise requires:

(1) "The practice of speech and language pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language or feeding and swallowing or other upper aerodigestive functions for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals.

(2) "Licensed speech and language pathologist" means a person licensed under this chapter to practice speech and language pathology.

(3) "The practice of audiology" means the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation, counseling and the determination and use of appropriate amplification related to hearing and disorders of hearing, including the fitting or selling of hearing aids, for the purpose of

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modifying communicative disorders involving speech, language, auditory function or other aberrant behavior related to hearing loss.

(4) "Licensed audiologist" means a person licensed under this chapter to practice audiology.

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

(6) "Department" means the Department of Public Health.

Sec. 23. Section 20-410 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

No person shall engage in or offer to engage in the practice of speech and language pathology or audiology or represent himself as a speech and language pathologist or audiologist in this state unless [he] such person is licensed or exempted under the provisions of this chapter.

Sec. 24. Section 20-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Except as provided in subsection (b) of this section no person shall be licensed under this chapter until [he] such person has successfully passed a written examination, the subject and scope of which shall be determined by the commissioner. Application for such examination shall be on forms prescribed and furnished by the department and accompanied by satisfactory proof that [he] the applicant: (1) Is of good professional character; (2) possesses a master's or doctorate degree in speech and language pathology or audiology from a program accredited, at the time of the applicant's graduation, by the educational standards board of the American Speech-Language Hearing Association or such successor organization as may be approved by the department, or has completed an integrated educational program which, at the time of the applicant's completion,

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satisfied the educational requirements of said organization for the award of a certificate of clinical competence; (3) has had a minimum of thirty-six weeks and one thousand eighty hours of full-time or a minimum of forty-eight weeks and one thousand four hundred forty hours of part-time professional employment in speech and language pathology or audiology under the supervision of a licensed or certified speech and language pathologist or audiologist. Such employment shall follow the completion of the educational requirements of subdivision (2) of this subsection. Persons engaged in such employment under the direct supervision of a person holding a valid hearing instrument specialist's license or as an audiologist under this chapter who is authorized to fit and sell hearing aids pursuant to section 20-398 shall not be required to obtain a temporary permit pursuant to section 20-400. [Full-time employment] "Full-time employment" means a minimum of thirty hours a week and [part-time employment] "part-time employment" means a minimum of fifteen hours a week. The postgraduate supervised employment requirements of subdivision (3) of this subsection shall be waived for persons who meet the January 1, 2007, Standards for the Certificate of Clinical Competence in Audiology of the American Speech-Language Hearing Association, or its successor organization.

(b) The commissioner may waive the written examination for any person who (1) is licensed as a speech and language pathologist or audiologist in another state and such state has licensing requirements at least equivalent to the requirements in this state; or (2) holds a certificate from a national professional organization, approved by the commissioner, in speech and language pathology or audiology.

Sec. 25. Section 20-412 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

The fee for an initial license as provided for in section 20-411, as amended by this act, as a speech and language pathologist or

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audiologist shall be one hundred dollars and for a combined license as a speech and language pathologist and audiologist shall be one hundred eighty dollars. Licenses shall expire in accordance with section 19a-88 and shall become invalid unless renewed. Renewal may be effected upon payment of a fee of one hundred dollars and in accordance with section 19a-88.

Sec. 26. Section 20-413 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

Nothing in this chapter shall be construed as prohibiting:

(1) Consulting with or disseminating research findings and scientific information to accredited academic institutions or governmental agencies or offering lectures to the public for a fee, monetary or otherwise;

(2) The activities and services of a graduate student or speech and language pathology intern in speech and language pathology pursuing a course of study leading to a graduate degree in speech and language pathology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Speech and Language Pathology Intern", "Speech and Language Pathology Trainee", or other such title clearly indicating the training status appropriate to his level of training;

(3) The activities and services of a graduate student or audiology intern in audiology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Audiology Intern", "Audiology Trainee", or other such title clearly indicating the training

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status appropriate to his level of training;

(4) (A) A person from another state offering speech and language pathology or audiology services in this state, provided such services are performed for no more than five days in any calendar year and provided such person meets the qualifications and requirements for licensing in this state; or (B) a person from another state who is licensed or certified as a speech and language pathologist or audiologist by a similar authority of another state, or territory of the United States, or of a foreign country or province whose standards are equivalent to or higher than, at the date of his certification or licensure, the requirements of this chapter and regulations adopted hereunder, or a person who meets such qualifications and requirements and resides in a state or territory of the United States, or a foreign country or province which does not grant certification or license to speech and language pathologists or audiologists, from offering speech and language pathology or audiology services in this state for a total of not more than thirty days in any calendar year;

(5) The activities and services of a person who meets the requirements of subdivisions (1) and (2) of subsection (a) of section 20-411, as amended by this act, while such person is engaged in full or part-time employment in fulfillment of the professional employment requirement of subdivision (3) of said subsection (a);

(6) Nurses and other personnel from engaging in screening and audiometric testing, under the supervision of a licensed physician, surgeon or audiologist, for the purpose of identifying those persons whose sensitivity of hearing is below the standard acceptable level;

(7) The activity and services of hearing instrument specialists;

(8) The use of supervised support personnel to assist licensed speech and language pathologists with tasks that are (A) designed by

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the licensed speech and language pathologists being assisted, (B) routine, and (C) related to maintenance of assistive and prosthetic devices, recording and charting or implementation of evaluation or intervention plans. For purposes of this subdivision, "supervised" means (i) not more than three support personnel are assisting one licensed speech and language pathologist, (ii) in-person communication between the licensed speech and language pathologist and support personnel is available at all times, and (iii) the licensed speech and language pathologist provides the support personnel with regularly scheduled direct observation, guidance, direction and conferencing for not less than thirty per cent of client contact time for the support personnel's first ninety workdays and for not less than twenty per cent of client contact time thereafter.

Sec. 27. Section 20-416 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Proceedings under this chapter and any appeals from the decisions or orders of the commissioner shall be in accordance with the provisions of chapter 54 and the regulations adopted by the Commissioner of Public Health.

(b) The department shall adopt regulations in accordance with chapter 54 for the administration of this chapter and for the conduct of the practice of speech and language pathology and audiology.

Sec. 28. Subsection (a) of section 46a-11b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any person paid for caring for persons in any facility and any licensed practical nurse,

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medical examiner, dental hygienist, dentist, occupational therapist, optometrist, chiropractor, psychologist, podiatrist, social worker, school teacher, school principal, school guidance counselor, school paraprofessional, mental health professional, physician assistant, licensed or certified substance abuse counselor, licensed marital and family therapist, speech and language pathologist, clergyman, police officer, pharmacist, physical therapist, licensed professional counselor or sexual assault counselor or battered women's counselor, as defined in section 52-146k, who has reasonable cause to suspect or believe that any person with mental retardation has been abused or neglected shall, as soon as practicable but not later than seventy-two hours after such person has reasonable cause to suspect or believe that a person with mental retardation has been abused or neglected, report such information or cause a report to be made in any reasonable manner to the director or persons the director designates to receive such reports. Such initial report shall be followed up by a written report not later than five calendar days after the initial report was made. Any person required to report under this subsection who fails to make such report shall be fined not more than five hundred dollars.

Sec. 29. (NEW) (*Effective from passage*) (a) The Commissioner of Consumer Protection shall convene a working group comprised of the Commissioners of Consumer Protection and Emergency Management and Homeland Security, or their designees, a member of the Commission of Pharmacy, the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health, or their designees, and representatives of retail drug establishments, independent pharmacies and pharmaceutical manufacturers. The working group shall be responsible for submitting recommendations to the Governor and to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the development and implementation of a program to authenticate the

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pedigree of prescription drugs distributed in this state.

(b) For purposes of this section, (1) "authenticate" means to affirmatively verify, before any distribution of a prescription drug occurs, that each transaction listed on the pedigree has occurred; (2) "pedigree" means a document or electronic file containing information that records each distribution of any given prescription drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesale distributor or repackager, until final sale to a pharmacy or other person dispensing or administering the prescription drug; and (3) "prescription drug" means any drug, including any biological product, except for blood and blood components intended for transfusion or biological products that are also medical devices required by federal law or regulations, to be dispensed only by a prescription, including finished dosage forms and bulk drug substances subject to Section 503(b) of the federal Food, Drug and Cosmetic Act.

Sec. 30. Subdivision (2) of subsection (c) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(2) Said committee shall create a standing subcommittee on best practices. The subcommittee shall (A) advise the department on effective methods for sharing with providers the quality improvement information learned from the department's review of reports and corrective action plans, including quality improvement practices, patient safety issues and preventative strategies, and (B) not later than January 1, 2006, review and make recommendations concerning best practices with respect to when breast cancer screening should be conducted using comprehensive ultrasound screening or mammogram examinations. The department shall, at least quarterly, disseminate information regarding quality improvement practices, patient safety issues and preventative strategies to the subcommittee and hospitals.

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Sec. 31. (*Effective from passage*) Notwithstanding the provisions of chapter 386 of the general statutes, during the period commencing on the effective date of this section and ending thirty days after said effective date, the Department of Public Health shall issue a license as a barber to any applicant who presents evidence satisfactory to the department that the applicant (1) was employed under the direction of a professional barber in Portugal for a period of not less than five years, (2) subsequent to such employment, served for not less than three years in the Armed Forces of Portugal prior to January 1978, and (3) has completed a course of not less than six hundred hours of study in a school approved in accordance with the provisions of said chapter 386.

Sec. 32. Subsection (b) of section 19a-515 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(b) Each licensee shall complete a minimum of forty hours of continuing education every two years. Such two-year period shall commence on the first date of renewal of the licensee's license after January 1, 2004. The continuing education shall be in areas related to the licensee's practice. Qualifying continuing education activities are courses offered or approved by the Connecticut Association of Healthcare Facilities, the Connecticut Association of Not-For-Profit Providers for the Aging, the Connecticut Chapter of the American College of Health Care Administrators, the Association For Long Term Care Financial Managers, any accredited college or university, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, or by federal or state departments or agencies.

Sec. 33. Section 20-220 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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Except as provided in section 20-223, no person shall carry on or engage in the business of funeral directing, or hold himself out to the public as a funeral director, unless he is licensed by the Department of Public Health as a funeral director and unless he owns his business of funeral directing or is an employee or member of a firm, partnership or corporation operating a funeral directing business at an established place of business, for which place of business there has been issued a certificate of inspection by said department as provided in section 20-222. Facilities that accept bodies for anatomical purposes pursuant to section 19a-270 are exempt from this section.

Sec. 34. Section 20-230 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

No person, firm, association or corporation shall engage in the business of funeral directing, except in continuing the supervision of a funeral, or in the profession of embalming or the sale of funeral merchandise in or on any cemetery or tax-exempt property. Facilities that accept bodies for anatomical purposes pursuant to section 19a-270 are exempt from this section.

Sec. 35. Section 2 of public act 05-144 is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) For the purposes of this section:

(1) "Before or after school program" means any educational or recreational program for children [offered] administered in any building or on the grounds of any school by a local or regional board of education or other municipal agency, [or by a private provider,] before or after regular school hours, or both, but does not include a program that is licensed by the Department of Public Health;

(2) "Cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver

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epinephrine in a standard dose for emergency first aid response to allergic reactions;

(3) "Day camp" means any recreational camp program operated by a municipal agency; and

(4) "Day care facility" means any child day care center or group day care home, as defined in subdivisions (1) and (2) of subsection (a) of section 19a-77 of the general statutes, that is excluded from the licensing requirements of sections 19a-77 to 19a-87, inclusive, of the general statutes by subsection (b) of section 19a-77 of the general statutes, as amended by this act.

(b) Upon the request and with the written authorization of the parent or guardian of a child attending any before or after school program, day camp or day care facility, and pursuant to the written order of (1) a physician licensed to practice medicine, (2) a physician assistant licensed to prescribe in accordance with section 20-12d of the general statutes, or (3) an advanced practice registered nurse licensed to prescribe in accordance with sections 20-94a and 20-94b of the general statutes, the owner or operator of such before or after school program, day camp or day care facility shall approve and provide general supervision to an identified staff member trained to administer medication with a cartridge injector to such child if the child has a medically diagnosed allergic condition that may require prompt treatment in order to protect the child against serious harm or death. Such staff member shall be trained in the use of a cartridge injector by a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse [and] or shall complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health.

Sec. 36. Section 1 of public act 05-149 is amended by adding

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subsection (f) as follows: (*Effective from passage*):

(NEW) (f) Any person who conducts research involving embryonic stem cells in violation of the requirements of subdivision (2) of subsection (d) of this section shall be fined not more than fifty thousand dollars, or imprisoned not more than five years, or both.

Sec. 37. Subdivision (1) of subsection (f) of section 29-315 of the general statutes, as amended by public act 05-187, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(f) (1) Not later than July 31, 2006, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v shall have a complete automatic fire extinguishing system approved by the State Fire Marshal installed throughout such chronic and convalescent nursing home or rest home with nursing supervision. Not later than July 1, 2004, the owner or authorized agent of each such home shall submit plans for the installation of such system, signed and sealed by a licensed professional engineer, to the local fire marshal and building official within whose jurisdiction such home is located or to the State Fire Marshal, as the case may be, and shall apply for a building permit for the installation of such system. The owner or authorized agent shall notify the [Commissioner] Department of Public Health of such submission.

(2) On or before July 1, 2005, and quarterly thereafter, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v shall submit a report to the local fire marshal describing progress in installing the automatic fire extinguishing systems required under subsection (a) of this section. In preparing such report each such nursing home or rest home shall conduct a facility risk analysis. Such analysis shall include, but not be limited to, an analysis of the following factors: Type of construction,

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number of stories and residents, safeguards in the facility, types of patients, travel distance to exits and arrangement of means of egress. After review of the report, the local fire marshal may require the nursing home or rest home to implement alternative fire safety measures to reduce the level of risk to occupants before installation of automatic fire sprinklers is completed.

Sec. 38. Section 2 of public act 05-187 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

On or before July 1, 2005, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v of the general statutes shall submit a plan for employee fire safety training and education to the [Commissioners] Departments of Public Health and Public Safety and the Labor Department. Such plan shall, at a minimum, comply with standards adopted by the federal Occupational Safety and Health Administration, including, but not limited to, standards listed in 29 CFR 1910.38, 1910.39 and 1910.157, as adopted pursuant to chapter 571 of the general statutes, or 29 USC Section 651 et seq., as appropriate. The commissioners shall review each such plan and may make recommendations they deem necessary. Once approved or revised, such plan shall not be required to be resubmitted until further revised or there is a change of ownership of the nursing or rest home.

Sec. 39. (*Effective from passage*) (a) There is established an ad hoc committee for the purpose of assisting the Commissioner of Public Health in examining and evaluating the feasibility of establishing a nurse intervention program that would be an alternative, voluntary and private opportunity for the rehabilitation of any nurse licensed pursuant to chapter 378 of the general statutes who (1) has a chemical dependency or mental or physical illness, (2) during his or her participation in such a program does not pose a threat in his or her practice of nursing, to the health and safety of any person, and (3)

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agrees to have his or her rehabilitation monitored by program staff in lieu of disciplinary action.

(b) (1) The ad hoc committee shall consist of the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health and the following members appointed by the commissioner: (A) Two employees of the Department of Public Health, (B) two employees of the Department of Mental Health and Addiction Services, (C) two representatives of the Connecticut State Board of Examiners for Nursing, (D) two representatives of a professional organization representing registered nurses in this state, (E) two representatives of a professional organization representing licensed practical nurses in this state, and (F) two representatives from the nursing community at large with a background in substance abuse issues among nurses. The Commissioner of Public Health, or a designee, shall be an ex-officio member with full voting rights.

(2) The Commissioner of Public Health may expand the membership of the ad hoc committee to include representatives from related fields if the commissioner decides such expansion would be useful.

(c) On or before February 1, 2006, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, the results of the examination, with specific recommendations for statutory changes, if any, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 40. Subsection (b) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Recreation operations such as, but not limited to, creative art studios for children that offer parent-child recreational programs and classes in music, dance, drama and art that are no longer than two hours in length, library programs, [boys' and girls' clubs,] church-related activities, scouting, camping or community-youth programs;

(4) Informal arrangements among neighbors or relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents are on the premises for retail shopping, in accordance with section 19a-77a, provided that the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center; [or]

(7) Drop-in programs administered by a nationally chartered boys'

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and girls' club; or

[(7)] (8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution.

Sec. 41. Subdivision (3) of subsection (d) of section 20-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(3) No electronic data intermediary shall operate without the approval of the Commissioner of Consumer Protection. An electronic data intermediary seeking approval shall apply to the Commission of Pharmacy in the manner prescribed by the commissioner. The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria for the approval of electronic data intermediaries, [including requirements for] to ensure that (A) [the] procedures to be used for the transmission and retention of prescription data by an intermediary, and (B) mechanisms to be used by an intermediary to safeguard the confidentiality of such data, are consistent with the provisions and purposes of this section.

Sec. 42. Section 19a-6e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department of Public Health shall establish a registry of data on traumatic brain injury patients. Each hospital, as defined in section 19a-490, shall make available to the registry such data concerning each traumatic brain injury patient admitted to such hospital as the Commissioner of Public Health shall require by regulations adopted in accordance with chapter 54. The data contained in such registry may be used by the department and authorized researchers as specified in such regulations, provided [no] personally identifiable information in

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such registry concerning any such traumatic brain injury patient [may be disclosed by the registry without the written consent of such patient or a person authorized by law to consent on behalf of such patient] shall be held confidential pursuant to section 19a-25. The data contained in the registry shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The commissioner may enter into a contract with a nonprofit association in this state concerned with the prevention and treatment of brain injuries to provide for the implementation and administration of the registry established pursuant to this section.

Sec. 43. Subsection (a) of section 19a-55 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The administrative officer or other person in charge of each institution caring for newborn infants shall cause to have administered to every such infant in its care an HIV-related test, as defined in section 19a-581, a test for phenylketonuria and other metabolic diseases, hypothyroidism, galactosemia, sickle cell disease, maple syrup urine disease, homocystinuria, biotinidase deficiency, congenital adrenal hyperplasia and such other tests for inborn errors of metabolism as shall be prescribed by the Department of Public Health. The tests shall be administered as soon after birth as is medically appropriate. If the mother has had an HIV-related test pursuant to section 19a-90 or 19a-593, the person responsible for testing under this section may omit an HIV-related test. The Commissioner of Public Health shall (1) administer the newborn screening program, (2) direct persons identified through the screening program to appropriate specialty centers for treatments, consistent with any applicable confidentiality requirements, and (3) set the fees to be charged to institutions to cover all expenses of the comprehensive screening program including testing, tracking and treatment. The fees to be charged pursuant to

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subdivision (3) of this section shall be set at a minimum of twenty-eight dollars. The commissioner shall adopt regulations, in accordance with chapter 54, [specifying the abnormal conditions to be tested for and the manner of recording and reporting results. On or before January 1, 2004, such regulations] to implement the provisions of this section. The Commissioner of Public Health shall publish a list of all the abnormal conditions for which the department screens newborns under the newborn screening program, which shall include [requirements for testing] screening for amino acid disorders, organic acid disorders and fatty acid oxidation disorders, including, but not limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD) and medium-chain acyl-CoA dehydrogenase (MCAD).

Sec. 44. Section 17b-242 of the general statutes, as amended by section 1 of public act 05-118, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) The Department of Social Services shall determine the rates to be paid to home health care agencies and homemaker-home health aide agencies by the state or any town in the state for persons aided or cared for by the state or any such town. For the period from February 1, 1991, to January 31, 1992, inclusive, payment for each service to the state shall be based upon the rate for such service as determined by the Office of Health Care Access, except that for those providers whose Medicaid rates for the year ending January 31, 1991, exceed the median rate, no increase shall be allowed. For those providers whose rates for the year ending January 31, 1991, are below the median rate, increases shall not exceed the lower of the prior rate increased by the most recent annual increase in the consumer price index for urban consumers or the median rate. In no case shall any such rate exceed the eightieth percentile of rates in effect January 31, 1991, nor shall any rate exceed the charge to the general public for similar services. Rates effective February 1, 1992, shall be based upon rates as determined by

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the Office of Health Care Access, except that increases shall not exceed the prior year's rate increased by the most recent annual increase in the consumer price index for urban consumers and rates effective February 1, 1992, shall remain in effect through June 30, 1993. Rates effective July 1, 1993, shall be based upon rates as determined by the Office of Health Care Access except if the Medicaid rates for any service for the period ending June 30, 1993, exceed the median rate for such service, the increase effective July 1, 1993, shall not exceed one per cent. If the Medicaid rate for any service for the period ending June 30, 1993, is below the median rate, the increase effective July 1, 1993, shall not exceed the lower of the prior rate increased by one and one-half times the most recent annual increase in the consumer price index for urban consumers or the median rate plus one per cent. The Commissioner of Social Services shall establish a fee schedule for home health services to be effective on and after July 1, 1994. The commissioner may annually increase any fee in the fee schedule based on an increase in the cost of services. The commissioner shall increase the fee schedule for home health services provided under the Connecticut home-care program for the elderly established under section 17b-342, effective July 1, 2000, by two per cent over the fee schedule for home health services for the previous year. The commissioner may increase any fee payable to a home health care agency or homemaker-home health aide agency upon the application of such an agency evidencing extraordinary costs related to (1) serving persons with AIDS; (2) high-risk maternal and child health care; (3) escort services; or (4) extended hour services. In no case shall any rate or fee exceed the charge to the general public for similar services. A home health care agency or homemaker-home health aide agency which, due to any material change in circumstances, is aggrieved by a rate determined pursuant to this subsection may, within ten days of receipt of written notice of such rate from the Commissioner of Social Services, request in writing a hearing on all items of aggrievement. The commissioner shall, upon the receipt of all documentation necessary to

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evaluate the request, determine whether there has been such a change in circumstances and shall conduct a hearing if appropriate. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection. The commissioner may implement policies and procedures to carry out the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days of implementing the policies and procedures. Such policies and procedures shall be valid for not longer than nine months.

(b) The Department of Social Services shall monitor the rates charged by home health care agencies and homemaker-home health aide agencies. Such agencies shall file annual cost reports and service charge information with the department.

(c) The home health services fee schedule shall include a fee for the administration of medication, which shall apply when the purpose of a nurse's visit is limited to the administration of medication. Administration of medication may include, but is not limited to, blood pressure checks, glucometer readings, pulse rate checks and similar indicators of health status. The fee for medication administration shall include administration of medications while the nurse is present, the pre-pouring of additional doses that the client will self-administer at a later time and the teaching of self-administration. The department shall not pay for medication administration in addition to any other nursing service at the same visit. The department may establish prior authorization requirements for this service. Before implementing such change, the Commissioner of Social Services shall consult with the chairpersons of the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services.

(d) The home health services fee schedule established pursuant to

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subsection (c) of this section shall include rates for psychiatric nurse visits.

(e) The Department of Social Services, when processing or auditing claims for reimbursement submitted by home health care agencies and homemaker-home health aide agencies shall, in accordance with the provisions of chapter 15, accept electronic records and records bearing the electronic signature of [an individual duly authorized by any such agency to submit records to the department] a licensed physician or licensed practitioner of a healthcare profession that has been submitted to the home health care agency or homemaker home-health aide agency.

(f) If the electronic record or signature that has been transmitted to a home health care agency or homemaker-home health aide agency is illegible or the department is unable to determine the validity of such electronic record or signature, the department shall review additional evidence of the accuracy or validity of the record or signature, including, but not limited to, (1) the original of the record or signature, or (2) a written statement, made under penalty of false statement, from (A) the licensed physician or licensed practitioner of a health care profession who signed such record, or (B) if such licensed physician or licensed practitioner of a health care profession is unavailable, the medical director of the agency verifying the accuracy or validity of such record or signature, and the department shall make a determination whether the electronic record or signature is valid.

[(f)] (g) The Department of Social Services, when auditing claims submitted by home health care agencies and home-maker home health aide agencies, shall consider any signature from a licensed physician or licensed practitioner of a health care profession that may be required on a plan of care for home health services, to have been provided in timely fashion if (1) the document bearing such signature was [provided to such agency] signed prior to the time when such

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agency seeks reimbursement from the department for services provided, and (2) verbal or telephone orders from the licensed physician or licensed practitioner of a health care profession were received prior to the commencement of services covered by the plan of care and such orders were subsequently documented. Nothing in this subsection shall be construed as limiting the powers of the Commissioner of Public Health to enforce the provisions of sections 19-13-D73 and 19-13-D74 of the regulations of Connecticut state agencies and 42 CFR 484.18(c).

(h) For purposes of this section, "licensed practitioner of a healthcare profession" has the same meaning as "licensed practitioner" in section 21a-244a.

Sec. 45. Sections 10a-194e and 17b-256e of the general statutes are repealed. (*Effective July 1, 2005*)

Approved July 13, 2005