



Substitute Senate Bill No. 317

Public Act No. 06-195

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. Subsection (a) of section 7-73 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) To any person performing the duties required by the provisions of the general statutes relating to registration of [births,] marriages, deaths and fetal deaths, the following fees shall be allowed: (1) [To the registrar for completing each record of birth by procuring and inserting the full name of the child, or for the recording, indexing, copying and endorsing of each birth, marriage, death or fetal death certificate, two dollars; (2) for] For the license to marry, ten dollars; and [(3)] (2) for issuing each burial or burial transit removal permit, three dollars.

Sec. 2. Subsection (c) of section 19a-14 of the 2006 supplement to the general statutes, as amended by section 8 of public act 00-226, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(c) No board shall exist for the following professions that are

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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;
- (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;

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(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;

(24) Paramedic;

(25) Athletic trainer; and

[(26) Dialysis patient care technician; and]

[(27)] (26) Perfusionist.

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. 3. Section 19a-88b of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) (1) Notwithstanding section 19a-14, as amended by this act, or any other provision of the general statutes relating to continuing education or refresher training, the Department of Public Health shall

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renew a license, certificate, permit or registration issued to an individual pursuant to chapters 368d, 368v, 371 to 378, inclusive, 379a to 388, inclusive, 393a, 395, 398, 399, 400a and 400c that becomes void pursuant to section 19a-88, as amended, or 19a-195b while the holder of the license, certificate, permit or registration is on active duty in the armed forces of the United States, not later than six months from the date of discharge from active duty, upon completion of any continuing education or refresher training required to renew a license, certificate, registration or permit that has not become void pursuant to section 19a-88, as amended, or 19a-195b. A licensee applying for license renewal pursuant to this section shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(2) Notwithstanding section 19a-14, as amended by this act, or any other provisions of the general statutes relating to continuing education, the Department of Public Health shall renew a license issued to an individual pursuant to chapter 370 that becomes void pursuant to section 19a-88, as amended, while the holder of the license is on active duty in the armed forces of the United States, not later than one year from the date of discharge from active duty, upon completion of twenty-five contact hours of continuing education that meet the criteria set forth in subsection (b) of section 20-10b. A licensee applying for license renewal pursuant to this subdivision shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(3) Notwithstanding section 19a-14, as amended by this act, or any other provision of the general statutes relating to continuing education, the Department of Public Health shall renew a license issued to an individual pursuant to chapter 379 that becomes void pursuant to section 19a-88, as amended, while the holder of the license is on active duty in the armed forces of the United States, not later than

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one year from the date of discharge from active duty, upon completion of twelve contact hours of continuing education that meet the criteria set forth in subsection (b) of section 20-126c. A licensee applying for license renewal pursuant to this subdivision shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(4) Notwithstanding section 19a-14, as amended by this act, or any other provision of the general statutes relating to continuing education, the Department of Public Health shall renew a license issued to an individual pursuant to chapter 381a that becomes void pursuant to section 19a-88 of the 2006 supplement to the general statutes while the holder of the license is on active duty in the armed forces of the United States, not later than one year from the date of discharge from active duty, upon completion of six contact hours of continuing education that meet the criteria set forth in section 12 of this act. A licensee applying for license renewal pursuant to this subdivision shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(b) The provisions of this section do not apply to reservists or National Guard members on active duty for annual training that is a regularly scheduled obligation for reservists or members of the National Guard for training that is not a part of mobilization.

(c) 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.

Sec. 4. Subsection (b) of section 19a-124 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(b) The programs shall: (1) Be incorporated into existing acquired immunodeficiency syndrome prevention and outreach projects in the selected cities; (2) provide for free and anonymous exchanges of needles and syringes and (A) provide that program participants receive an equal number of needles and syringes for those returned; [] [up to a cap of thirty needles and syringes per exchange,] (B) provide that first-time applicants to the program receive an initial packet of thirty needles and syringes, educational material and a list of drug counseling services; and (C) assure, through program-developed and commissioner-approved protocols, that a person receive only one such initial packet over the life of the program; (3) offer education on the transmission of the human immunodeficiency virus and prevention measures and assist program participants in obtaining drug treatment services; and (4) for the first year of operation of the program, require all needles and syringes to be marked and checked for return rates.

Sec. 5. Section 19a-266 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section:

(1) "Breast cancer [treatment] screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

(2) "Cervical cancer [treatment] screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.

(3) "Unserved or underserved populations" means women who are:

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(A) At or below two hundred per cent of the federal poverty level for individuals; (B) without health insurance that covers breast cancer screening mammography or cervical cancer screening services; and (C) nineteen to sixty-four years of age.

(b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, [to] (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and [to] (3) provide counseling and referral services for treatment.

(c) The program shall include, but not be limited to:

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; [] the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(3) Establishment of a system [for the purpose of tracking and follow-up of] to track and follow-up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking women to be screened

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at recommended screening intervals;

(4) [Insurance] Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) [One mammogram every year for populations age forty-five to sixty-four; (2) one mammogram every year for populations age thirty-five to forty-four with a first degree female relative who has had breast cancer or with other risk factors of equal weight; (3) one pap test for cervical cancer per year for populations age nineteen to sixty-four who have had a positive finding, otherwise one every three years or more frequently as directed by a physician; (4)] Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; (2) a sixty-day follow-up pap test for victims of sexual assault; and [(5)] (3) a pap test every six months for women who have tested HIV positive.

[(e) The Department of Public Health may apply for and receive money from public and private sources and from the federal government for the purposes of a program for breast cancer and cervical cancer early detection and treatment referral. Any payment to the state as a settlement of a court action of which the proceeds may be used for women's health shall be deposited in an account designated for use by the Department of Public Health for breast and cervical cancer treatment services.]

[(f)] (e) The Commissioner of Public Health shall report annually to the joint standing committees of the General Assembly having

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cognizance of matters relating to public health and appropriations. The report shall include, but not be limited to, a description of the rate of breast cancer and cervical cancer morbidity and mortality in this state and the extent of participation in breast cancer and cervical cancer screening.

[(g)] (f) The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.

Sec. 6. (NEW) (*Effective July 1, 2006*) The Department of Public Health may apply for and receive money from public and private sources and from the federal government for the purpose of funding, in whole or in part, a comprehensive cancer program. Any payment to the state as a settlement of a court action of which the proceeds may be used for health shall be deposited in an account designated for use by the department for comprehensive cancer initiatives.

Sec. 7. Section 19a-269a of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

Any certified dialysis patient care technician employed in an outpatient or hospital dialysis unit may administer saline, heparin or lidocaine as necessary to initiate or terminate a patient's dialysis. [provided (1) the] The ratio of on-duty staff providing direct patient care to dialysis patients [is] shall be at least three to nine, and [(2)] at least one of the three on-duty direct patient care staff persons [is] shall be a registered nurse licensed to practice in this state. For purposes of this section, "certified dialysis patient care technician" means a person who has obtained certification as a dialysis patient care technician by an organization approved by the Department of Public Health.

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Sec. 8. Section 19a-422 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

To be eligible for the issuance or renewal of a youth camp license pursuant to this chapter, the camp shall satisfy the following requirements: (1) The location of the camp shall be such as to provide adequate surface drainage and afford facilities for obtaining a good water supply; (2) each dwelling unit, building and structure shall be maintained in good condition, suitable for the use to which it is put, and shall present no health or fire hazard as so certified [, within ninety days of such application,] by the department [or] and the State Fire Marshal [, as the case may be] or local fire marshal, as indicated by a current fire marshal certificate dated within the past year and available on site when the youth camp is in operation; (3) there shall be an adequate and competent staff, which includes the camp director or assistant director, one of whom shall be on site at all times the camp is in operation, activities specialists, counselors and maintenance personnel, of good character and reputation; (4) prior to assuming responsibility for campers, staff shall be trained, at a minimum, on the camp's policies and procedures pertaining to behavioral management and supervision, emergency health and safety procedures and recognizing, preventing and reporting child abuse and neglect; (5) all hazardous activities, including, but not limited to, archery, aquatics, horseback riding and firearms instruction, shall be supervised by a qualified activities specialist who has adequate experience and training in such specialist's area of specialty; [(5)] (6) the staff of a resident and nonresident camp shall at all times include an adult trained in the administration of first aid as required by the commissioner; [(6)] (7) records of personal data for each camper shall be kept in any reasonable form the camp director may choose, and shall include (A) the camper's name, age and address, (B) the name, address and telephone number of the parents or guardian, (C) the dates of admission and discharge, and (D) such other information as the

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commissioner shall require. Any youth camp licensed under this chapter shall operate only as the type of camp authorized by such license. Such camps shall not advertise any service they are not equipped or licensed to offer. The license shall be posted in a conspicuous place at camp headquarters and failure to so post the license shall result in the presumption that the camp is being operated in violation of this chapter.

Sec. 9. Section 19a-423 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

[(a) Upon the denial of an application for an original youth camp license under this chapter, the commissioner shall notify the applicant in writing of such denial, by mailing a notice to the applicant at the applicant's address shown on the application.]

[(b)] (a) The commissioner may [suspend, revoke or refuse to renew the license of any youth camp regulated and licensed under this chapter] take any of the actions authorized under subsection (b) of this section if the youth camp licensee: (1) Is convicted of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof; (2) is legally adjudicated insane or mentally incompetent, the record of such adjudication being conclusive evidence thereof; (3) uses any narcotic or any controlled drug, as defined in section 21a-240, to an extent or in a manner that such use impairs the licensee's ability to properly care for children; (4) [consistently fails to maintain standards prescribed and published by the department] fails to comply with the statutes and regulations for licensing youth camps; (5) furnishes or makes any misleading or any false statement or report to the department; (6) refuses to submit to the department any reports or refuses to make available to the department any records required by it in investigating the facility for licensing purposes; (7) fails or refuses to submit to an investigation or inspection by the department or to admit authorized representatives of the

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department at any reasonable time for the purpose of investigation, inspection or licensing; (8) fails to provide, maintain, equip and keep in safe and sanitary condition premises established for or used by the campers pursuant to minimum standards prescribed by the department or by ordinances or regulations applicable to the location of such facility; or (9) wilfully or deliberately violates any of the provisions of this chapter.

(b) The Commissioner of Public Health, after a contested case hearing held in accordance with the provisions of chapter 54, may take any of the following actions, singly or in combination, in any case in which the commissioner finds that there has been a substantial failure to comply with the requirements established under sections 19a-420 to 19a-428, inclusive, the Public Health Code or regulations adopted pursuant to section 19a-428: (1) Revoke a license; (2) suspend a license; (3) impose a civil penalty of not more than one hundred dollars per violation for each day of occurrence; (4) place a licensee on probationary status and require such licensee to report regularly to the department on the matters that are the basis of the probation; or (5) restrict the acquisition of other facilities for a period of time set by the commissioner.

(c) The commissioner shall notify the licensee, in writing, of the commissioner's intention to suspend or revoke the license or to impose a licensure action. The licensee may, if aggrieved by such intended action, make application for a hearing, in writing, over the licensee's signature to the commissioner. The licensee shall state in the application in plain language the reasons why the licensee claims to be aggrieved. The application shall be delivered to the commissioner not later than thirty days after the licensee's receipt of notification of the intended action.

(d) The commissioner shall hold a hearing not later than sixty days after receipt of such application and shall, at least ten days prior to the

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date of such hearing, mail a notice, giving the time and place of the hearing, to the licensee. The hearing may be conducted by the commissioner or by a hearing officer appointed by the commissioner, in writing. The licensee and the commissioner or hearing officer may issue subpoenas requiring the attendance of witnesses. The licensee shall be entitled to be represented by counsel and a transcript of the hearing shall be made. If the hearing is conducted by a hearing officer, the hearing officer shall state the hearing officer's findings and make a recommendation to the commissioner on the issue of revocation or suspension or the intended licensure action.

(e) The commissioner, based upon the findings and recommendation of the hearing officer, or after a hearing conducted by the commissioner, shall render the commissioner's decision, in writing, suspending, revoking or continuing the license or regarding the intended licensure action. A copy of the decision shall be sent by certified mail to the licensee. The decision revoking or suspending the license or a decision imposing a licensure action shall become effective thirty days after it is mailed by registered or certified mail to the licensee. A licensee aggrieved by the decision of the commissioner may appeal in the same manner as provided in section 19a-85.

(f) The provisions of subsections (c) to (e), inclusive, of this section shall not apply to the denial of an initial application for a license under section 19a-421, provided the commissioner notifies the applicant of any such denial and the reasons for such denial by mailing written notice to the applicant at the applicant's address shown on the license application.

Sec. 10. (NEW) (*Effective October 1, 2006*) Any person having reasonable cause to believe that a youth camp, as defined in section 19a-420 of the general statutes, is operating without a current and valid license or in violation of regulations adopted under section 19a-428 of the general statutes or in a manner which may pose a potential danger

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to the health, welfare and safety of a child receiving youth camp services, may report such information to the Department of Public Health. The department shall investigate any report or complaint received pursuant to this subsection. In connection with any investigation of a youth camp, the Commissioner of Public Health or said commissioner's authorized agent may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, to testify or to produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section. The name of the person making the report or complaint shall not be disclosed unless (1) such person consents to such disclosure, (2) a judicial or administrative proceeding results therefrom, or (3) a license action pursuant to section 19a-423 of the general statutes, as amended by this act, results from such report or complaint. All records obtained by the department in connection with any such investigation shall not be subject to the provisions of section 1-210 of the 2006 supplement to the general statutes, for a period of thirty days from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54 of the general statutes, whichever is earlier. A formal statement of charges issued by the department shall be subject to the provisions of section 1-210 of the 2006 supplement to the general statutes, from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this section.

Sec. 11. Section 20-162p of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

The commissioner may take any action set forth in section 19a-17 if

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the license holder fails to conform to the accepted standards of the respiratory care profession, including, but not limited to, the following: Conviction of a felony, fraud or deceit in the practice of respiratory care; illegal conduct; negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness, including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries in any hospital, patient or other record pertaining to respiratory care; misrepresentation or concealment of a material fact in the obtaining or reinstatement of a respiratory care practitioner license; failure to comply with the continuing education requirements set forth in section 12 of this act; or violation of any provisions of sections 20-162n to 20-162q, inclusive, as amended, or any regulation adopted pursuant to said section 20-162o. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in regulations adopted by the commissioner.

Sec. 12. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the

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department pursuant to chapter 381a of the general statutes; and

(5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the 2006 supplement to the general statutes, and is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall either maintain credentialing as a respiratory therapist, issued by the National Board for Respiratory Care, or its successor organization, or earn a minimum of six hours of continuing education within the preceding registration period. Such continuing education shall (1) be directly related to respiratory therapy; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Association for Respiratory Care, regionally accredited institutions of higher education, or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the 2006 supplement to the general statutes shall sign a statement attesting that he or she has maintained credentialing as a respiratory therapist, issued by the National Board for Respiratory Care, or has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. Each licensee shall retain credentialing records, or records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of said subsection (b) for a minimum of five years following the year in which the licensee was recredentialed or in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

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(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the 2006 supplement to the general statutes is exempt from the continuing education requirements of this section.

(e) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(f) Any licensee whose license has become void pursuant to section 19a-88 of the 2006 supplement to the general statutes and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the 2006 supplement to the general statutes shall submit evidence documenting successful completion of six contact hours of qualifying continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 13. Section 20-222 of the general statutes is amended by adding subsection (g) as follows (*Effective October 1, 2006*):

(NEW) (g) All records relating to contracts for funeral services, prepaid funeral contracts or escrow accounts shall be maintained at the address of record of the funeral home identified on the certificate of

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inspection for a period of not less than three years after the death of the individual for whom funeral services were provided.

Sec. 14. Subsection (a) of section 20-230d of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) If the cremated remains are not accepted by a person in accordance with the requested disposition of the cremated remains on the form required by section 20-230c or by the person designated to take custody and control of the cremated remains, the funeral director may dispose of such cremated remains by: (1) Burial in a cemetery, (2) storage in a crypt of a mausoleum or columbarium, (3) scattering, (4) burial in a memorial garden, (5) storage at the funeral home, or (6) such other method identified in the signed form required by section 20-230c, provided the funeral director has complied with the notice requirements of subsection (b) of this section. Upon such disposal of the cremated remains, the funeral director shall notify, in writing, the registrar of vital records [in] of the town [from which the cremation permit for the deceased was issued pursuant to section 19a-323] where the death occurred, of the manner in which the cremated remains were disposed. Such written notice shall be attached to the cremation permit.

Sec. 15. Subdivision (20) of section 21a-240 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(20) (A) "Drug paraphernalia" refers to equipment, products and materials of any kind which are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing or concealing, or [injecting,] ingesting, inhaling or

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otherwise introducing into the human body, any controlled substance contrary to the provisions of this chapter including, but not limited to: (i) Kits intended for use or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived; (ii) kits used, intended for use or designed for use in manufacturing, compounding, converting, producing, processing or preparing controlled substances; (iii) isomerization devices used, intended for use in increasing the potency of any species of plant which is a controlled substance; (iv) testing equipment used, intended for use or designed for use in identifying or analyzing the strength, effectiveness or purity of controlled substances; (v) dilutents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose used, intended for use or designed for use in cutting controlled substances; (vi) separation gins and sifters used, intended for use or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana; (vii) capsules and other containers used, intended for use or designed for use in packaging small quantities of controlled substances; (viii) containers and other objects used, intended for use or designed for use in storing or concealing controlled substances; [(ix) in a quantity greater than thirty hypodermic syringes, needles and other objects used, intended for use or designed for use in parenterally injecting controlled substances into the human body; (x)] (ix) objects used, intended for use or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such as: Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with screens, permanent screens, hashish heads or punctured metal bowls; water pipes; carburetion tubes and devices; smoking and carburetion masks; roach clips: Meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand; miniature cocaine spoons, and cocaine vials; chamber pipes; carburetor pipes; electric pipes; air-driven pipes;

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chillums; bongos or ice pipes or chillers;

(B) "Factory" means any place used for the manufacturing, mixing, compounding, refining, processing, packaging, distributing, storing, keeping, holding, administering or assembling illegal substances contrary to the provisions of this chapter, or any building, rooms or location which contains equipment or paraphernalia used for this purpose.

Sec. 16. Section 21a-267 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person shall use or possess with intent to use drug paraphernalia, as defined in subdivision (20) of section 21a-240, as amended by this act, to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to [inject,] ingest, inhale or otherwise introduce into the human body, any controlled substance as defined in subdivision (9) of section 21a-240. Any person who violates any provision of this subsection shall be guilty of a class C misdemeanor.

(b) No person shall deliver, possess with intent to deliver or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to [inject,] ingest, inhale or otherwise introduce into the human body, any controlled substance. Any person who violates any provision of this subsection shall be guilty of a class A misdemeanor.

(c) Any person who violates subsection (a) or (b) of this section in or on, or within one thousand five hundred feet of, the real property

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comprising a public or private elementary or secondary school and who is not enrolled as a student in such school shall be imprisoned for a term of one year which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of subsection (a) or (b) of this section.

Sec. 17. Section 38a-988 of the general statutes is amended by adding subdivision (20) as follows (*Effective October 1, 2006*):

(NEW) (20) Made to the Department of Public Health in conjunction with the investigation of a health care provider pursuant to section 19a-14, as amended by this act.

Sec. 18. Section 46b-22a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All marriages [,] celebrated before [July 9, 2003] the effective date of this section, otherwise valid except that the justice of the peace joining such persons in marriage did not have a valid certificate of qualification, are validated, provided the justice of the peace who joined such persons in marriage represented himself or herself to be a duly qualified justice of the peace and such persons reasonably relied upon such representation.

Sec. 19. Section 46b-24a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All marriages celebrated before [July 9, 2003] the effective date of this section, otherwise valid except that the license for any such marriage was issued in a town other than the town in this state in which such marriage was celebrated, or where either party to the marriage resided at the time of the marriage license application, are validated.

Sec. 20. (NEW) (*Effective October 1, 2006*) (a) Except as provided in

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subsection (c) of this section, each person licensed to practice dentistry under the provisions of chapter 379 of the general statutes who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which each such person shall carry as insurance or indemnity against claims for injury or death for professional malpractice shall be not less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars.

(b) Each insurance company that issues professional liability insurance, as defined in subdivision (4) of subsection (b) of section 38a-393 of the general statutes, shall on and after January 1, 2007, render to the Commissioner of Public Health a true record of the names and addresses, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such cancellation or refusal to renew said policies for the year ending on the thirty-first day of December next preceding.

(c) A person subject to the provisions of subsection (a) of this section shall be deemed in compliance with such subsection when providing dental services at a clinic licensed by the Department of Public Health that is recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 or any successor internal revenue code, as may be amended from time to time, provided: (1) Such person is not compensated for such services; (2) the clinic does not charge patients for such services; (3) the clinic maintains professional liability insurance coverage in the amounts required by subsection (a) of this section for each aggregated forty hours of service or fraction thereof for such persons; (4) the clinic carries additional appropriate professional liability coverage on behalf of the clinic and its employees in the amounts of five hundred thousand dollars per occurrence, with an aggregate of not less than one million five hundred thousand

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dollars; and (5) the clinic maintains total professional liability coverage of not less than one million dollars per occurrence with an annual aggregate of not less than three million dollars. Such person shall be subject to the provisions of subsection (a) of this section when providing direct patient care services in any setting other than such clinic. Nothing in this subsection shall be construed to relieve the clinic from any insurance requirements otherwise required by law.

(d) No person insured pursuant to the requirements of subsection (a) of this section with a claims-made medical malpractice insurance policy shall lose the right to unlimited additional extended reporting period coverage upon such person's permanent retirement from practice if such person solely provides professional services without charge at a clinic recognized as tax exempt under Section 501(c)(3) of said internal revenue code.

Sec. 21. (NEW) (*Effective October 1, 2006*) Upon the transfer of more than a fifty per cent ownership share, discontinuance or termination of a funeral service business, the person, firm, partnership or corporation to whom the inspection certificate has been issued shall:

(1) Notify each person who has purchased a prepaid funeral contract from such funeral service business of such transfer, discontinuance or termination;

(2) Mail a letter to each person for whom the funeral service business is storing cremated remains notifying such person of such transfer, discontinuance or termination; and

(3) Provide the Department of Public Health with a notice of such transfer, discontinuance or termination and a list of all unclaimed cremated remains held by the funeral service business at the time of such transfer, discontinuance or termination not later than ten days after any such transfer, discontinuance or termination.

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Sec. 22. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

(1) "Consumer" means any individual who (A) is provided access to a tanning facility in exchange for a fee or other compensation, or (B) in exchange for a fee or other compensation, is afforded use of a tanning device as a condition or benefit of membership or access;

(2) "Operator" means an individual designated by the tanning facility to control operation of the tanning facility and to instruct and assist the consumer in the proper operation of the tanning device;

(3) "Tanning device" means any equipment that emits radiation used for tanning of the skin, such as a sunlamp, tanning booth or tanning bed that emits ultraviolet radiation, and includes any accompanying equipment, such as timers or handrails; and

(4) "Tanning facility" means any place where a tanning device is used for a fee, membership dues or other compensation.

(b) Any operator who, knowing that a person is under sixteen years of age or under circumstances where such operator should know that a person is under sixteen years of age, allows such person to use a tanning device without the written consent of a parent or guardian shall be fined not more than one hundred dollars. Such fine shall be payable to the municipal health department or health district for the municipality in which the tanning facility is located.

(c) Any municipal health department established under chapter 368e of the general statutes, and any district department of health established under chapter 368f of the general statutes, may, within its available resources, enforce the provisions of this section.

Sec. 23. (NEW) (*Effective July 1, 2006*) (a) As used in this section, "nursing facility management services" means services provided in a nursing facility to manage the operations of such facility, including the

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provision of care and services.

(b) On and after January 1, 2007, no person or entity shall provide nursing facility management services in this state without obtaining a certificate from the Department of Public Health.

(c) Any person or entity seeking a certificate to provide nursing facility management services shall apply to the department, in writing, on a form prescribed by the department. Such application shall include the following information:

(1) The name and business address of the applicant and whether the applicant is an individual, partnership, corporation or other legal entity;

(2) A description of the applicant's nursing facility management experience;

(3) An affidavit signed by the applicant disclosing any matter in which the applicant has been convicted of an offense classified as a felony under section 53a-25 of the general statutes or pleaded nolo contendere to a felony charge, or held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property; or is subject to a currently effective injunction or restrictive or remedial order of a court of record at the time of application, within the past five years has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, but not limited to, actions affecting the operation of a nursing facility, residential care home or any facility subject to sections 17b-520 to 17b-535, inclusive, of the general statutes, or a similar statute in another state or country; and

(4) The location and description of any nursing facility in which the

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applicant currently provides management services or has provided such services within the past five years.

(d) In addition to the information provided pursuant to subsection (c) of this section, the department may reasonably request to review the applicant's audited and certified financial statements, which shall remain the property of the applicant when used for either initial or renewal certification under this section.

(e) Each application for a certificate to provide nursing facility management services shall be accompanied by an application fee of three hundred dollars. The certificate shall list each location at which nursing facility management services may be provided by the holder of the certificate.

(f) The department shall base its decision on whether to issue or renew a certificate on the information presented to the department and on the compliance status of the managed entities. The department may deny certification to any applicant for the provision of nursing facility management services at any specific facility or facilities where there has been a substantial failure to comply with the Public Health Code.

(g) Renewal applications shall be made biennially after (1) submission of the information required by subsection (c) of this section and any other information required by the department pursuant to subsection (d) of this section, and (2) submission of evidence satisfactory to the department that any nursing facility at which the applicant provides nursing facility management services is in substantial compliance with the provisions of chapter 368v of the general statutes, the Public Health Code and licensing regulations, and (3) payment of a three-hundred-dollar fee.

(h) In any case in which the Commissioner of Public Health finds that there has been a substantial failure to comply with the

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requirements established under this section, the commissioner may initiate disciplinary action against a nursing facility management services certificate holder pursuant to section 19a-494 of the general statutes.

(i) The department may limit or restrict the provision of management services by any nursing facility management services certificate holder against whom disciplinary action has been initiated under subsection (h) of this section.

Sec. 24. Section 19a-127m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

All hospitals, licensed pursuant to provisions of the general statutes, shall be required to implement performance improvement plans. Such plans shall be [submitted on or before June 30, 2003, and annually thereafter by each hospital] made available upon request to the Department of Public Health. [as a condition of licensure.]

Sec. 25. Subsection (b) of section 19a-127n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) On and after October 1, 2002, a hospital or outpatient surgical facility shall report adverse events to the Department of Public Health on a form prescribed by the Commissioner of Public Health as follows: (1) A written report and the status of any corrective steps shall be submitted not later than seven days after the adverse event occurred; and (2) a corrective action plan shall be filed not later than thirty days after the adverse event occurred. Emergent reports, as defined in the regulations adopted pursuant to subsection (c) of this section, shall be made to the department immediately. Failure to implement a corrective action plan may result in disciplinary action by the [Commissioner of Public Health] commissioner, pursuant to section

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19a-494.

Sec. 26. Subsection (c) of section 19a-127n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(c) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to carry out the provisions of this section. Such regulations shall include, but shall not be limited to, a list of adverse events that are in addition to those contained in the National Quality Forum's List of Serious Reportable Events, [and a prescribed form for the reporting of adverse events pursuant to subsection (b) of this section. The commissioner may require the use of said form prior to the adoption of said regulations.]

Sec. 27. Section 19a-490h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Each hospital licensed by the Department of Public Health as a short-term general hospital, outpatient surgical facility or outpatient clinic shall include in the record of each trauma patient a notation indicating the extent and outcome of screening for alcohol and substance abuse. For purposes of this section, "trauma patient" means a patient of sufficient age to be at risk of alcohol and substance abuse with a traumatic injury, as defined in the most recent edition of the International Classification of Disease, who is admitted to the hospital on an inpatient basis, is transferred to or from an acute care setting, dies or requires emergent trauma team activation.

(b) Each such hospital shall establish protocols for screening patients for alcohol and substance abuse and shall annually submit to the [Departments of Public Health and] Department of Mental Health and Addiction Services a copy of such protocols and a report on their implementation.

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(c) The Department of Mental Health and Addiction Services, after consultation with the Department of Public Health, shall assist each hospital required to conduct alcohol and substance abuse screening pursuant to subsections (a) and (b) of this section with the development and implementation of alcohol and substance abuse screening protocols.

Sec. 28. Section 19a-521 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

As used in this section and sections 19a-522 to [19a-534] 19a-534a, inclusive, 19a-536 to 19a-539, inclusive, and 19a-550 to 19a-554, inclusive, unless the context otherwise requires: "Nursing home facility" means any nursing home or residential care home as defined in section 19a-490, as amended, or any rest home with nursing supervision which provides, in addition to personal care required in a residential care home, nursing supervision under a medical director twenty-four hours per day, or any chronic and convalescent nursing home which provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries; "department" means the Department of Public Health and "commissioner" means the Commissioner of Public Health or the commissioner's designated representative.

Sec. 29. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means any person who receives a license from the

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department pursuant to chapter 376c of the general statutes; and

(5) "Registration period" means the one-year period for which a license renewed in accordance with section 19a-88 of the 2006 supplement to the general statutes, is current and valid.

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2008, a licensee applying for license renewal shall either maintain registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or its successor organization, or earn a minimum of twenty-four contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; and (2) reflect the professional needs of the licensee in order to meet the health care needs of the public. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American College of Radiology, American Healthcare Radiology Administrators, American Institute of Ultrasound in Medicine, American Society of Radiologic Technologists, Canadian Association of Medical Radiation Technologists, Radiological Society of North America, Society of Diagnostic Medical Sonography, Society of Nuclear Medicine Technologist Section, Society for Vascular Ultrasound, Section for Magnetic Resonance Technologists, a hospital or other health care institution, regionally accredited schools of higher education or a state or local health department.

(c) Each licensee applying for license renewal pursuant to section 19a-88 of the 2006 supplement to general statutes shall sign a statement attesting that he or she has maintained registration as a radiographer or radiation therapy technologist issued by the American Registry of Radiologic Technologists, or has satisfied the continuing education requirements of subsection (b) of this section on a form prescribed by the department. A licensee who fails to comply with the requirements

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of this section may be subject to disciplinary action pursuant to section 20-74cc or 19a-17 of the general statutes. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements of subsection (b) of this section for a minimum of three years following the year in which the continuing education activities were completed and shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(d) A licensee applying for the first time for license renewal pursuant to section 19a-88 of the 2006 supplement to the general statutes is exempt from the continuing education requirements of this section.

(e) A licensee who is not engaged in active professional practice in any form during a registration period shall be exempt from the continuing education requirements of this section, provided the licensee submits to the department, prior to the expiration of the registration period, a notarized application for exemption on a form prescribed by the department and such other documentation as may be required by the department. The application for exemption pursuant to this subsection shall contain a statement that the licensee may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(f) In individual cases involving medical disability or illness, the commissioner may, in the commissioner's discretion, grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the department, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or

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extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(g) Any licensee whose license has become void pursuant to section 19a-88 of the 2006 supplement to the general statutes and who applies to the department for reinstatement of such license pursuant to section 19a-14 of the 2006 supplement to the general statutes, as amended by this act, shall submit evidence documenting successful completion of twelve contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

Sec. 30. Section 20-101 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit a registered nurse who holds a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical

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nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred twenty days after the date of graduation, provided such graduate advanced practice registered nurse is working in a hospital or other organization under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses approved pursuant to section 20-90, from nursing the sick for a period not to exceed ninety calendar days after the date of graduation, provided such graduate nurses are working in hospitals or organizations where adequate supervision is provided, and such hospital or other organization has verified that the graduate nurse has successfully completed a nursing program. Upon notification that the graduate nurse has failed the licensure examination or that the graduate advanced practice registered nurse has failed the certification examination, all privileges under this section shall automatically cease. No provision of this chapter shall prohibit any registered nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-94, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any licensed practical nurse who has been issued a temporary permit by the department, pursuant to subsection (b) of section 20-97, from caring for the sick pending the issuance of a license without examination; nor shall it prohibit any qualified registered nurse or any qualified licensed practical nurse of another state from caring for a patient temporarily in this state, provided such nurse has been granted a temporary permit from said department and provided such nurse shall not represent or hold himself or herself out as a nurse licensed to practice in this state; nor shall it prohibit registered nurses or licensed

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practical nurses from other states from doing such nursing as is incident to their course of study when taking postgraduate courses in this state; nor shall it prohibit nursing or care of the sick, with or without compensation or personal profit, in connection with the practice of the religious tenets of any church by adherents thereof, provided such persons shall not otherwise engage in the practice of nursing within the meaning of this chapter. This chapter shall not prohibit the care of persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity.

Sec. 31. Subsection (b) of section 20-126c of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Except as otherwise provided in this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in [infectious] each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) access to care, (C) risk management, (D) care of special needs patients, and (E) domestic violence, including sexual abuse. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district

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or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l, as amended, may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Sec. 32. Subsection (b) of section 20-10b of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, for registration periods beginning on and after October 1, 2007, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in [infectious] each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, and (D) domestic violence. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society,

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county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

Sec. 33. Subsection (c) of section 20-8a of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The Commissioner of Public Health shall establish a list of twenty-four persons who may serve as members of medical hearing panels established pursuant to subsection (g) of this section. Persons appointed to the list shall serve as members of the medical hearing panels and provide the same services as members of the Connecticut Medical Examining Board. Members from the list serving on such panels shall not be voting members of the Connecticut Medical Examining Board. The list shall consist of twenty-four members appointed by the commissioner, at least eight of whom shall be physicians, as defined in section 20-13a, with at least one of such physicians being a graduate of a medical education program accredited by the American Osteopathic Association, at least one of whom shall be a physician assistant licensed pursuant to section 20-12b, and nine of whom shall be members of the public. No professional member of the list shall be an elected or appointed officer of a professional society or association relating to such member's profession at the time of appointment to the list or have been such an officer during the year immediately preceding such appointment to the list. A licensed professional appointed to the list shall be a practitioner in good professional standing and a resident of this state. All vacancies shall be filled by the commissioner. Successors and appointments to fill a vacancy on the list shall possess the same qualifications as those required of the member succeeded or replaced. No person whose spouse, parent, brother, sister, child or spouse of a child is a physician,

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as defined in section 20-13a, or a physician assistant, as defined in section 20-12a, shall be appointed to the list as a member of the public. Each person appointed to the list shall serve without compensation at the pleasure of the commissioner. Each medical hearing panel shall consist of three members, one of whom shall be a member of the Connecticut Medical Examining Board, one of whom shall be a physician or physician assistant, as appropriate, and one of whom shall be a public member. The physician and public member may be a member of the board or a member from the list established pursuant to this subsection. [At least one of the three members shall be a member of the Connecticut Medical Examining Board. The public member may be a member of the board or a member from the list established pursuant to this subsection.]

Sec. 34. Subdivision (19) of section 19a-175 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(19) "Management service" means an employment organization [which] that does not own or lease ambulances or other emergency medical vehicles and that provides emergency medical technicians or paramedics to [any entity including an ambulance service but does not include a commercial ambulance service or a volunteer or municipal ambulance service] an emergency medical service organization.

Sec. 35. Section 19a-180 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No person shall operate any ambulance service, rescue service or management service without either a license or a certificate issued by the commissioner. No person shall operate a commercial ambulance service or commercial rescue service or a management service without a license issued by the commissioner. A certificate shall be issued to any volunteer or municipal ambulance service which shows proof

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satisfactory to the commissioner that it meets the minimum standards of the commissioner in the areas of training, equipment and personnel. Applicants for a license shall use the forms prescribed by the commissioner and shall submit such application to the commissioner accompanied by an annual fee of one hundred dollars. In considering requests for approval of permits for new or expanded emergency medical services in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services. Written notice of such hearing shall be given to current providers in the geographic region where such new or expanded services would be implemented, provided, any volunteer ambulance service which elects not to levy charges for services rendered under this chapter shall be exempt from the provisions concerning requests for approval of permits for new or expanded emergency medical services set forth in this subsection. A primary service area responder in a municipality in which the applicant operates or proposes to operate shall, upon request, be granted intervenor status with opportunity for cross-examination. Each applicant for licensure shall furnish proof of financial responsibility which the commissioner deems sufficient to satisfy any claim. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish satisfactory kinds of coverage and limits of insurance for each applicant for either licensure or certification. Until such regulations are adopted, the following shall be the required limits for licensure: (1) For damages by reason of personal injury to, or the death of, one person on account of any accident, at least five hundred thousand dollars, and more than one person on account of any accident, at least one million dollars, (2) for damage to property at least fifty thousand dollars, and (3) for malpractice in the care of one passenger at least two hundred fifty thousand dollars, and for more than one passenger at least five hundred thousand dollars. In lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this

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subsection, a single limit of liability shall be allowed as follows: (A) For damages by reason of personal injury to, or death of, one or more persons and damage to property, at least one million dollars; and (B) for malpractice in the care of one or more passengers, at least five hundred thousand dollars. A certificate of such proof shall be filed with the commissioner. Upon determination by the commissioner that an applicant is financially responsible, properly certified and otherwise qualified to operate a commercial ambulance service, rescue service or management service, the commissioner shall issue [a] the appropriate license effective for one year to such applicant. If the commissioner determines that an applicant for either a certificate or license is not so qualified, the commissioner shall notify such applicant of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing on the denial of the application.

(b) Any person, management service organization or emergency medical service organization which does not maintain standards or violates regulations adopted under any section of this chapter applicable to such person or organization may have such person's or organization's license or certification suspended or revoked or may be subject to any other disciplinary action specified in section 19a-17 after notice by certified mail to such person or organization of the facts or conduct which warrant the intended action. Such person or emergency medical service organization shall have an opportunity to show compliance with all requirements for the retention of such certificate or license. In the conduct of any investigation by the commissioner of alleged violations of the standards or regulations adopted under the provisions of this chapter, the commissioner may issue subpoenas requiring the attendance of witnesses and the production by any medical service organization or person of reports, records, tapes or other documents which concern the allegations under investigation. All records obtained by the commissioner in connection with any such

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investigation shall not be subject to the provisions of section 1-210, as amended, for a period of six months from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A complaint, as defined in subdivision (6) of section 19a-13, shall be subject to the provisions of section 1-210, as amended, from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this chapter.

(c) Any person, management service organization or emergency medical service organization aggrieved by an act or decision of the commissioner regarding certification or licensure may appeal in the manner provided by chapter 54.

(d) Any person guilty of any of the following acts shall be fined not more than two hundred fifty dollars, or imprisoned not more than three months, or be both fined and imprisoned: (1) In any application to the commissioner or in any proceeding before or investigation made by the commissioner, knowingly making any false statement or representation, or, with knowledge of its falsity, filing or causing to be filed any false statement or representation in a required application or statement; (2) issuing, circulating or publishing or causing to be issued, circulated or published any form of advertisement or circular for the purpose of soliciting business which contains any statement that is false or misleading, or otherwise likely to deceive a reader thereof, with knowledge that it contains such false, misleading or deceptive statement; (3) giving or offering to give anything of value to any person for the purpose of promoting or securing ambulance or rescue service business or obtaining favors relating thereto; (4) administering or causing to be administered, while serving in the capacity of an

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employee of any licensed ambulance or rescue service, any alcoholic liquor to any patient in such employee's care, except under the supervision and direction of a licensed physician; (5) in any respect wilfully violating or failing to comply with any provision of this chapter or wilfully violating, failing, omitting or neglecting to obey or comply with any regulation, order, decision or license, or any part or provisions thereof; (6) with one or more other persons, conspiring to violate any license or order issued by the commissioner or any provision of this chapter.

(e) No person shall place any advertisement or produce any printed matter that holds that person out to be an ambulance service unless such person is licensed or certified pursuant to this section. Any such advertisement or printed matter shall include the license or certificate number issued by the commissioner.

(f) Each licensed or certified ambulance service shall secure and maintain medical control, as defined in section 19a-179 of the 2006 supplement to the general statutes, by a sponsor hospital, as defined in said section 19a-179, for all its emergency medical personnel, whether such personnel are employed by the ambulance service or a management service.

(g) Each applicant whose request for new or expanded emergency medical services is approved shall, not later than six months after the date of such approval, acquire the necessary resources, equipment and other material necessary to comply with the terms of the approval and operate in the service area identified in the application. If the applicant fails to do so, the approval for new or expanded medical services shall be void and the commissioner shall rescind the approval.

(h) Notwithstanding the provisions of subsection (a) of this section, any volunteer or municipal ambulance service that is licensed or certified and is a primary service area responder may apply to the

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commissioner to add one emergency vehicle to its existing fleet every three years, on a short form application prescribed by the commissioner. No such volunteer or municipal ambulance service may add more than one emergency vehicle to its existing fleet pursuant to this subsection regardless of the number of municipalities served by such volunteer or municipal ambulance service. Upon making such application, the applicant shall notify in writing all other primary service area responders in any municipality or abutting municipality in which the applicant proposes to add the additional emergency vehicle. Except in the case where a primary service area responder entitled to receive notification of such application objects, in writing, to the commissioner not later than fifteen calendar days after receiving such notice, the application shall be deemed approved thirty calendar days after filing. If any such primary service area responder files an objection with the commissioner within the fifteen calendar day time-period and requests a hearing, the applicant shall be required to demonstrate need at a public hearing as required under subsection (a) of this section.

(i) The commissioner shall develop a short form application for primary service area responders seeking to add an emergency vehicle to its existing fleet pursuant to subsection (h) of this section. The application shall require the applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1) the applicant's name and address, (2) the primary service area where the additional vehicle is proposed, (3) an explanation as to why the additional vehicle is necessary and its proposed use, (4) proof of insurance, (5) a list of the providers to whom notice was sent pursuant to subsection (h) of this section and proof of such notification, and (6) total call volume, response time and calls passed within the primary service area for the one year period preceding the date of the application.

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Sec. 36. Subdivision (1) of section 20-86a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

For the purposes of sections 20-86a to 20-86e, inclusive, as amended by this act:

(1) "Nurse-midwifery" means the management of [care of essentially normal newborns and women, antepartally, intrapartally, postpartally and gynecologically, occurring within a health care team, directed by a qualified obstetrician-gynecologist] women's health care needs, focusing particularly on family planning and gynecological needs of women, pregnancy, childbirth, the postpartum period and the care of newborns, occurring within a health care team and in collaboration with qualified obstetrician-gynecologists.

Sec. 37. Section 20-86b of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

[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 that may be prescribed, dispensed or administered by the nurse-midwife. Such protocols shall be 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.] Nurse-midwives shall practice within a health care system and have clinical relationships with obstetrician-gynecologists that provide for consultation, collaborative management or referral, as indicated by the health status of the patient. Nurse-midwifery care shall be consistent with the standards of care established by the

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American College of Nurse-Midwives. Each nurse-midwife shall provide each patient with information regarding, or referral to, other providers and services upon request of the patient or when the care required by the patient is not within the midwife's scope of practice. 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. 38. Section 20-86d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

The Commissioner of Public Health shall appoint a committee of three nurse-midwives, each of whom shall be licensed under this chapter and actively engaged in the practice of nurse-midwifery for not less than five years, and shall seek their advice and assistance in the administration of the program of regulation of nurse-midwives. No person who holds an office in the Connecticut Chapter of the American College of Nurse-Midwives may be appointed to the committee.

Sec. 39. (NEW) (*Effective October 1, 2006*) Nothing in chapter 377 of the general statutes shall be construed to prohibit graduates of nurse-midwifery programs approved by the American College of Nurse-Midwives from practicing midwifery for a period not to exceed (1) ninety calendar days after the date of graduation, or (2) the date upon which the graduate is notified that he or she has failed the licensure examination, whichever is shorter, provided (A) such graduate nurses are working in a hospital or organization where adequate supervision, as determined by the Commissioner of Public Health, is provided, and

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(B) such hospital or other organization has verified that the graduate nurse has successfully completed a midwifery program approved by the American College of Nurse-Midwives.

Sec. 40. (NEW) (*Effective from passage*) On or before October 1, 2006, the Department of Public Health shall publish guidelines establishing mold abatement protocols that include acceptable methods for performing mold remediation or abatement work. Such guidelines shall not be deemed to be regulations, as defined in section 4-166 of the general statutes.

Sec. 41. Subsection (c) of section 19a-127l of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(c) (1) There is established a Quality of Care Advisory Committee which shall advise the Department of Public Health on the issues set forth in subdivisions (1) to (12), inclusive, of subsection (b) of this section. The advisory committee shall meet at least quarterly.

(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, and (C) not later than January 1, 2008, study and make recommendations to the department concerning best practices with respect to communications between a patient's primary care provider and other providers involved in a patient's care, including hospitalists and specialists. The department shall, at least quarterly, disseminate

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information regarding quality improvement practices, patient safety issues and preventative strategies to the subcommittee and hospitals.

Sec. 42. Subsection (g) of section 19a-490 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) "Mental health facility" means any facility for the care or treatment of mentally ill or emotionally disturbed [adults] persons, or any mental health outpatient treatment facility that provides treatment to persons sixteen years of age or older who are receiving services from the Department of Mental Health and Addiction Services, but does not include family care homes for the mentally ill.

Sec. 43. Section 20-65i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

A license to practice athletic training shall not be required of: (1) A practitioner who is licensed or certified by a state agency and is performing services within the scope of practice for which such person is licensed or certified; (2) a student intern or trainee pursuing a course of study in athletic training, provided the activities of such student intern or trainee are performed under the supervision of a person licensed to practice athletic training and the student intern or trainee is given the title of "athletic trainer intern", or similar designation; (3) a person employed or volunteering as a coach of amateur sports who provides first aid for athletic injuries to athletes being coached by such person; (4) a person who furnishes assistance in an emergency; or (5) a person who acts as an athletic trainer in this state for less than thirty days per calendar year and who is licensed as an athletic trainer by another state or is certified by the [National Athletic Trainers' Association] Board of Certification, Inc., or its successor organization.

Sec. 44. Section 20-65j of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license to practice athletic training shall have: (1) A baccalaureate degree from a regionally accredited institution of higher education, or from an institution of higher learning located outside of the United States that is legally chartered to grant postsecondary degrees in the country in which such institution is located; and (2) current certification as an athletic trainer by the [National Athletic Trainers' Association] Board of Certification, Inc., or its successor organization.

(b) An applicant for licensure to practice athletic training by endorsement shall present evidence satisfactory to the commissioner (1) of licensure or certification as an athletic trainer, or as a person entitled to perform similar services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, and (2) that there is no disciplinary action or unresolved complaint pending against such applicant.

(c) [For the period from the effective date of this section to one year from said date] Prior to April 30, 2007, the commissioner shall grant a license as an athletic trainer to any applicant who presents evidence satisfactory to the commissioner of (1) the continuous providing of services as an athletic trainer since October 1, 1979, or (2) certification as an athletic trainer by the [National Athletic Trainers' Association] Board of Certification, Inc., or its successor organization.

Sec. 45. Section 20-65k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The commissioner shall grant a license to practice athletic training to an applicant who presents evidence satisfactory to the

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commissioner of having met the requirements of section 20-65j. An application for such license shall be made on a form required by the commissioner. The fee for an initial license under this section shall be one hundred fifty dollars.

(b) A license to practice athletic training may be renewed in accordance with the provisions of section 19a-88, as amended, provided any licensee applying for license renewal shall maintain certification as an athletic trainer by the [National Athletic Trainers' Association] Board of Certification, Inc., or its successor organization. The fee for such renewal shall be one hundred dollars.

Sec. 46. (NEW) (*Effective from passage*) The Department of Public Health may take any action set forth in section 19a-17 of the general statutes if a person issued a license pursuant to section 20-65k of the general statutes, as amended by this act, fails to conform to the accepted standards of the athletic trainer profession, including, but not limited to, the following: Conviction of a felony; fraud or deceit in the practice of athletic training; illegal, negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any patient record pertaining to athletic training; misrepresentation or concealment of a material fact in the obtaining or reinstatement of an athletic trainer license; or violation of any provisions of chapter 375a of the general statutes, or any regulation adopted under said chapter 375a. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the general statutes. Notice of any

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contemplated action under said section 19a-17, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54 of the general statutes.

Sec. 47. Section 20-71 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department of Public Health may issue a license to practice physical therapy without examination, on payment of a fee of two hundred twenty-five dollars, to an applicant who is a physical therapist registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapists in such state, territory, province or country were, at the time of application, similar to or higher than the requirements in force in this state.

(b) The department may issue a physical therapist assistant license without examination, on payment of a fee of one hundred fifty dollars, to an applicant who [:(1) Is] is a physical therapist assistant registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapist assistants in such state, territory, province or country were, at the time of application, similar to or higher than the requirements in force in this state. [:(2) was eligible for registration as a physical therapist assistant before 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; or (3) as of July 1, 2000, (A) is a graduate of an approved United States physical therapy school, approved by the Board of Examiners for Physical Therapists, with the consent of the

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Commissioner of Public Health, or (B) has completed twenty years of employment as a physical therapist assistant prior to October 1, 1989.]

(c) Notwithstanding the provisions of section 20-70, prior to April 30, 2007, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having completed twenty years of employment as a physical therapist assistant prior to October 1, 1989, on payment of a fee of one hundred fifty dollars.

(d) Notwithstanding the provisions of section 20-70, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having registered as a physical therapist assistant with the Department of Public Health on or before April 1, 2006, on payment of a fee of one hundred fifty dollars.

Sec. 48. Section 20-195dd of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a professional counselor shall submit evidence satisfactory to the Commissioner of Public Health of having:

- (1) Completed sixty graduate semester hours deemed to be in or related to the discipline of [professional] counseling by the National Board for Certified Counselors, or its successor organization, at a regionally accredited institution of higher education, which included the core and clinical curriculum of the Council for Accreditation of Counseling and Related Educational Programs and preparation in principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior; [, and has] (2) earned, from a regionally accredited institution of higher education [with a major deemed to be in the discipline of professional counseling by the National Board for Certified Counselors or its

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successor organization, either] (A) a master's degree of at least forty-two graduate semester hours [or] with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization, (B) a master's degree with a major in social work, marriage and family therapy, counseling, psychology or a related mental health field and a sixth-year degree deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization, or [(B)] (C) a doctoral degree with a major deemed to be in the discipline of counseling by the National Board for Certified Counselors or its successor organization; [(2)] (3) acquired three thousand hours of postgraduate-degree-supervised experience in the practice of professional counseling, performed over a period of not less than one year, that included a minimum of one hundred hours of direct supervision by (A) a physician licensed pursuant to chapter 370 who has obtained certification in psychiatry from the American Board of Psychiatry and Neurology, (B) a psychologist licensed pursuant to chapter 383, (C) an advanced practice registered nurse licensed pursuant to chapter 378 and certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, (D) a marital and family therapist licensed pursuant to chapter 383a, (E) a clinical social worker licensed pursuant to chapter 383b, (F) a professional counselor licensed, or prior to October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or (G) a physician certified in psychiatry by the American Board of Psychiatry and Neurology, psychologist, advanced practice registered nurse certified as a clinical specialist in adult psychiatric and mental health nursing with the American Nurses Credentialing Center, marital and family therapist, clinical social worker or professional counselor licensed or certified as such or as a person entitled to perform similar services, under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state; and [(3)] (4) passed an examination prescribed by

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the commissioner.

(b) Prior to December 30, 2001, an applicant for a license as a professional counselor may, in lieu of the requirements set forth in subsection (a) of this section, submit evidence satisfactory to the commissioner of having: (A) Earned at least a thirty-hour master's degree, sixth-year degree or doctoral degree from a regionally accredited institution of higher education with a major in social work, marriage and family therapy, counseling, psychology or forensic psychology; (B) practiced professional counseling for a minimum of two years within a five-year period immediately preceding application; and (C) passed an examination prescribed by the commissioner.

(c) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant is licensed or certified as a professional counselor, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that there are no disciplinary actions or unresolved complaints pending.

Sec. 49. (NEW) (*Effective from passage*) (a) For purposes of this section and section 50 of this act:

(1) "Drugs" means (A) substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of said publications; (B) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (C) substances, other than food, intended to affect the structure or any function of the body of man or animals; and (D) substances intended for use as a component of any article specified in subparagraph (A), (B) or (C) of this subdivision. "Drugs" does not

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include devices or their components, parts or accessories;

(2) "Controlled drugs" means those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to section 21a-243 of the general statutes, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. "Controlled drugs" does not include alcohol, nicotine or caffeine;

(3) "Controlled substance" means a drug, substance or immediate precursor in schedules I to V, inclusive, of the Connecticut controlled substance scheduling regulations adopted pursuant to section 21a-243 of the general statutes. "Controlled substance" does not include alcohol, nicotine or caffeine.

(b) Upon declaration of an emergency by the Governor or the Governor's authorized representative having authority to declare emergencies, a hospital pharmacy, pharmacy or registrant authorized by state or federal law to be in possession of controlled substances may, in accordance with applicable federal regulations, policies and guidelines and with prior approval of the Commissioner of Consumer Protection, transfer or distribute drugs or controlled drugs to a licensed pharmacy, a registrant authorized by state or federal law to be in possession of controlled substances, or a location authorized by the commissioner. Such registrant shall record the transfer accurately and in compliance with all state and federal statutes and regulations and

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shall report the transfer, in writing, to the commissioner.

Sec. 50. (NEW) (*Effective from passage*) (a) Each licensed wholesaler that distributes prescription drugs, including licensed repackagers of the finished form of controlled drugs or noncontrolled prescription drug products, shall provide the Commissioner of Consumer Protection an inventory report regarding such wholesaler's on-hand inventory of specifically identified prescription drugs, in all forms and strengths.

(b) (1) The Commissioner of Consumer Protection shall establish a list of strategic prescription drugs for which reporting is required pursuant to subsection (a) of this section. The list shall include, but not be limited to, selected vaccines and antibiotic products. The list shall be based on priorities established by the commissioner after consultation with the Commissioner of Public Health. The list shall be based upon anticipated medication requirements for public health preparedness, pharmacological-terrorism prevention or response, and medication and economic integrity and shall be issued biannually, indicating any additions, substitutions or deletions that have been made to such list since it was last issued.

(2) An inventory report made pursuant to subsection (a) of this section shall include, but not be limited to, (A) the name, address, town and state of the wholesaler and manufacturer, (B) the name of the prescription drug, (C) the quantity of the drug on hand, including the size of each container and number of containers, and (D) the date of the report. Such information shall be reported at such time and in a manner prescribed by the Commissioner of Consumer Protection.

(c) Information provided by licensed wholesalers pursuant to this section shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200 of the general statutes, and shall be available only to the Department of Consumer Protection, the

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Department of Public Health, the Office of Emergency Management and such other agencies or entities as the Commissioner of Consumer Protection determines, after request by such agency or entity and demonstration of a need for the information for purposes of public health preparedness, pharmacological-terrorism prevention or response, medication integrity or such other purpose deemed appropriate by the commissioner.

(d) The Commissioner of Consumer Protection, with the advice and assistance of the Commission of Pharmacy, may adopt regulations, in accordance with chapter 54 of the general statutes, to carry out the provisions of this section.

(e) Any person who violates the provisions of subsection (a) of this section shall be fined not more than ten thousand dollars or imprisoned not more than one year, or both.

Sec. 51. (*Effective from passage*) (a) The Commissioner of Public Health shall establish an ad hoc committee for the purpose of assisting the commissioner in examining and evaluating statutory and regulatory changes to improve health care through access to school based health centers, particularly by persons who are underinsured, uninsured or receiving services under the state Medicaid program. The committee shall hold its first meeting not later than July 15, 2006. The committee shall focus on improving school based resources, facilitating access to school based health centers and identifying or recommending appropriate fiscal support for the operational and capital activities of school based health centers. The committee shall also assess the current school based health center system, with particular focus on (1) expansion of existing services in order to achieve the school based health center model, (2) supportive processes necessary for such expansion, including the development and use of unified data systems, (3) identifying geographical areas of need, (4) financing necessary to sustain an expanded system, and (5) availability

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of services under the current system and under an expanded system. Other topics may be included at the discretion of the commissioner and the committee.

(b) (1) The ad hoc committee shall consist of the Commissioners of Public Health and Social Services, or their designees, and the following members appointed by the Commissioner of Public Health (A) two employees of the Department of Public Health, (B) one employee of the Department of Mental Health and Addiction Services recommended by the Department of Mental Health and Addiction Services, (C) one employee of the Office of Policy and Management recommended by the Office of Policy and Management, and (D) three school based health center providers recommended by the Connecticut Association of School Based Health Centers.

(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 December 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 any necessary statutory or regulatory changes, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 52. (NEW) (*Effective October 1, 2006*) The Department of Public Health shall, within available appropriations, establish a comprehensive cancer plan for the state of Connecticut. Such plan shall provide for (1) creation of a state-wide smoking cessation program targeting Medicaid recipients, (2) development and implementation of a program to encourage colorectal screenings for state residents, (3) development and implementation of a state-wide clinical trials

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network, (4) identification of services for, and provision of assistance to, cancer survivors, and (5) identification of, and the provision of services to, organizations that offer educational programs on hospice or palliative care.

Sec. 53. Section 1 of public act 06-120 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section, "clinical laboratory" has the same meaning as provided in section 19a-30 of the general statutes, and "patient" does not include any person under eighteen years of age.

(b) Beginning September 1, 2006:

(1) Each physician licensed under chapter 370 of the general statutes shall order a serum creatinine test as part of each patient's annual physical examination if the patient has not submitted to such test within the one-year period preceding the annual physical examination. The order shall include a notification that the test is being ordered pursuant to the provisions of this subdivision.

[(2) Each hospital licensed in this state shall order a serum creatinine test for each patient admitted to the hospital at least once during such patient's hospital stay. The order shall include a notification that the test is being ordered pursuant to the provisions of this subdivision.]

(2) For each serum creatinine test performed on a patient admitted as an inpatient to a hospital licensed in this state, the ordering provider shall request, at least once during such patient's hospital stay, that the laboratory performing the test include an estimated glomerular filtration rate in the laboratory report if the patient has not submitted to such test within the one-year period preceding such hospitalization.

(3) Any person, firm or corporation operating a clinical laboratory licensed in this state shall ensure that when the clinical laboratory tests

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a specimen to determine a patient's serum creatinine level, as ordered or prescribed by a physician or provider in a hospital pursuant to subdivision (1) or (2) of this section, the clinical laboratory shall (A) calculate the patient's estimated glomerular filtration rate using the patient's age and gender, which information shall be provided to the clinical laboratory by the physician or the provider in a hospital, and (B) include the patient's estimated glomerular filtration rate with its report to the physician or the provider in a hospital.

(4) A person, firm or corporation operating a clinical laboratory licensed in this state shall be deemed in compliance with subdivision (3) of this section if the clinical laboratory makes available to the ordering physician or provider in a hospital test order codes for serum creatinine that include eGFR.

Sec. 54. (NEW) (*Effective October 1, 2006*) Each public golf course, as defined in section 30-33 of the general statutes, shall provide and maintain in a central location on the premises of the public golf course, at least one automatic external defibrillator, as defined in section 19a-175 of the general statutes.

Sec. 55. (NEW) (*Effective October 1, 2006*) (a) As used in this section, "Alzheimer's special care unit or program" means any nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice or adult foster home that locks, secures, segregates or provides a special program or unit for residents with a diagnosis of probable Alzheimer's disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, and that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer's disease or dementia.

(b) On and after January 1, 2007, each Alzheimer's special care unit or program shall provide written disclosure to any person who will be

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placed in such a unit or program or to that person's legal representative or other responsible party. Such disclosure shall be signed by the patient or responsible party and shall explain what additional care and treatment or specialized program will be provided in the Alzheimer's special care unit or program that is distinct from the care and treatment required by applicable licensing rules and regulations, including, but not limited to:

(1) Philosophy. A written statement of the overall philosophy and mission of the Alzheimer's special care unit or program that reflects the needs of residents with Alzheimer's disease, dementia or other similar disorders.

(2) Preadmission, admission and discharge. The process and criteria for placement within or transfer or discharge from the Alzheimer's special care unit or program.

(3) Assessment, care planning and implementation. The process used for assessing and establishing and implementing the plan of care, including the method by which the plan of care is modified in response to changes in condition.

(4) Staffing patterns and training ratios. The nature and extent of staff coverage, including staff to patient ratios and staff training and continuing education.

(5) Physical environment. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents.

(6) Residents' activities. The frequency and types of resident activities and the ratio of residents to recreation staff.

(7) Family role in care. The involvement of families and family support programs.

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(8) Program costs. The cost of care and any additional fees.

(c) Each Alzheimer's special care unit or program shall develop a standard disclosure form for compliance with subsection (b) of this section and shall annually review and verify the accuracy of the information provided by Alzheimer's special care units or programs. Each Alzheimer's special care unit or program shall update any significant changes to the information reported pursuant to subsection (b) of this section not later than thirty days after such change.

Sec. 56. (NEW) (*Effective from passage*) Each Alzheimer's special care unit or program shall annually provide Alzheimer's and dementia specific training to all licensed and registered direct care staff who provide direct patient care to residents enrolled in Alzheimer's special care units or programs. Such requirements shall include, but not limited to, (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment and not less than three hours of such training annually thereafter, and (2) annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff.

Sec. 57. Subsection (f) of section 28-25b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(f) On and after January 1, 2001, each public safety answering point shall submit to the office, on a quarterly basis, a report of [the calls for emergency medical services received] all calls for services received through the 9-1-1 system by the public safety answering point. Such report shall include, but not be limited to, the following information: (1) The number of 9-1-1 calls during the reporting quarter; [that involved a medical emergency;] and (2) for each such call, the elapsed time period from the time the call was received to the time the call was

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answered, and the elapsed time period from the time the call was answered to the time [emergency response services were dispatched or] the call was transferred or [relayed to another public safety agency or private safety agency] terminated, expressed in time ranges or fractile response times. The information required under this subsection may be submitted in any written or electronic form selected by such public safety answering point and approved by the Commissioner of Public Safety, provided the commissioner shall take into consideration the needs of such public safety answering point in approving such written or electronic form. On a quarterly basis, the office shall [furnish such information to the Commissioner of Public Health, shall] make such information available to the public and shall post such information on its web site on the Internet.

Sec. 58. Section 53-341 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[No person engaged in the practice of any branch of the art of healing the sick or injured or professing to be engaged in such practice shall make use of the title "doctor" or any abbreviation thereof without further specification or qualification descriptive of the school or kind of practice engaged in by such person or advertise as possessing such title unless such person has received a degree of doctor of medicine or doctor of dental surgery from a reputable university or college authorized by law to confer such a degree. No person who has not been legally licensed or registered to practice any branch of the healing arts in this state shall use or advertise or permit to be used or advertised in connection with such person's name or any trade name in the conduct of any occupation or profession involving or pertaining to public health the title "doctor" or any abbreviation thereof or any designation tending to designate the capability to diagnose, treat, prevent or cure of any human disease, pain, injury, deformity or physical condition, actual or imaginary, except that any dentist who

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has received a degree of doctor of dental surgery from a reputable university or college authorized by law to confer such degree and who is licensed to practice dentistry in this state may be designated as the possessor of such degree or title. No provision of this section shall apply to any person admitted to practice under the provisions of the Medical Registration Act of 1893. Any person violating any provision of this section shall be fined not more than one hundred dollars or imprisoned not more than sixty days or both.]

(a) Except as otherwise permitted by chapters 369 to 388, inclusive, and subsection (b) of this section, no person engaged in the practice of any branch of the art of healing the sick or injured or professing to be engaged in such practice, other than a person who is licensed to practice medicine under the provisions of chapter 370, may use or imply the use of the words "physician", "surgeon", "medical doctor", "osteopath" or "doctor", or the initials "M.D.", "D.O." or "Dr.", or any similar title or description of services, with the intent to represent, or in a manner that is likely to induce the belief that, the person (1) practices medicine within the state, (2) is licensed to practice medicine within the state, or (3) may diagnose or treat any injury, deformity, ailment or disease, actual or imaginary, of another person for compensation, gain or reward.

(b) A person who holds the degree of doctor of medicine or doctor of osteopathy, but who is not licensed to practice medicine under the provisions of chapter 370, may use the initials "M.D." or "D.O." provided such initials are not used with the intent to represent, or in a manner that is likely to induce the belief that, the person (1) practices medicine within the state, (2) is licensed to practice medicine within the state, or (3) may diagnose or treat any injury, deformity, ailment or disease, actual or imaginary, of another person for compensation, gain or reward.

(c) Any person who violates the provisions of this section or section

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20-9 of the 2006 supplement to the general statutes, section 20-12d of the 2006 supplement to the general statutes or section 20-12n shall be fined not more than five hundred dollars or imprisoned not more than five years, or both. For purposes of this section, each instance of patient contact or consultation that is in violation of chapter 370 shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation of this section.

Sec. 59. Section 1-55 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

In a statutory short form power of attorney, the language conferring general authority with respect to all other matters shall be construed to mean that the principal authorizes the agent to act as an alter ego of the principal with respect to any matters and affairs not enumerated in sections 1-44 to [1-54a] 1-54, inclusive, and which the principal can do through an agent.

Sec. 60. Subsection (g) of section 17a-238 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(g) The commissioner's oversight and monitoring of the medical care of persons placed or treated under the direction of the commissioner does not include the authority to make treatment decisions, except in limited circumstances in accordance with statutory procedures. In the exercise of such oversight and monitoring responsibilities, the commissioner shall not impede or seek to impede a properly executed medical order to withhold cardiopulmonary resuscitation. For purposes of this subsection, "properly executed medical order to withhold cardiopulmonary resuscitation" means (1) a written order by the attending physician; (2) in consultation and with the consent of the patient or a person authorized by law; (3) when the attending physician is of the opinion that the patient is in a terminal

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condition, as defined in [subdivision (3) of] section 19a-570, as amended by this act, which condition will result in death within days or weeks; and (4) when such physician has requested and obtained a second opinion from a Connecticut licensed physician in the appropriate specialty that confirms the patient's terminal condition; and includes the entry of such an order when the attending physician is of the opinion that the patient is in the final stage of a terminal condition but cannot state that the patient may be expected to expire during the next several days or weeks, or, in consultation with a physician qualified to make a neurological diagnosis, deems the patient to be permanently unconscious, provided the commissioner has reviewed the decision with the department's director of community medical services, the family and guardian of the patient and others who the commissioner deems appropriate, and determines that the order is a medically acceptable decision.

Sec. 61. Subsection (b) of section 17a-543 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) No medical or surgical procedures may be performed without the patient's written informed consent or, if the patient has been declared incapable of caring for himself or herself pursuant to sections 45a-644 to 45a-662, inclusive, as amended, and a conservator of the person has been appointed pursuant to section 45a-650, the written consent of such conservator. If the head of the hospital, in consultation with a physician, determines that the condition of an involuntary patient not declared incapable of caring for himself or herself pursuant to said sections is of an extremely critical nature and such patient is incapable of informed consent, medical or surgical procedures may be performed with the written informed consent of: (1) The patient's health care representative; (2) the patient's conservator or guardian, if he or she has one; [(2)] (3) such person's next of kin; [(3)] (4) a person

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designated by the patient pursuant to section 1-56r; or ~~[(4)]~~ (5) a qualified physician appointed by a judge of the Probate Court. Notwithstanding the provisions of this section, if obtaining the consent provided for in this section would cause a medically harmful delay to a voluntary or involuntary patient whose condition is of an extremely critical nature, as determined by personal observation by a physician or the senior clinician on duty, emergency treatment may be provided without consent.

Sec. 62. Subsection (a) of section 19a-279c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Any member of the following classes of persons, in the order of priority listed, may make an anatomical gift of all or a part of the decedent's body for an authorized purpose, unless the decedent, before or at the time of death, has made an unrevoked refusal to make that anatomical gift: (1) The spouse of the decedent; (2) a person designated by the decedent pursuant to section 1-56r; (3) an adult son or daughter of the decedent; (4) either parent of the decedent; (5) an adult brother or sister of the decedent; (6) a grandparent of the decedent; (7) a guardian of the person of the decedent at the time of death; (8) any person legally authorized to make health care decisions for the decedent prior to death, including, but not limited to, a health care [agent] representative appointed under section 19a-576, as amended by this act; and (9) a conservator of the person, as defined in section 45a-644, as amended.

Sec. 63. Section 19a-570 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

For purposes of this section, [and] sections 19a-571 to 19a-580c, inclusive, as amended by this act:

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[(1) "Life support system" means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness. In these circumstances, such procedures shall include, but are not limited to, mechanical or electronic devices including artificial means of providing nutrition or hydration;

(2) "Beneficial medical treatment" includes the use of medically appropriate treatment including surgery, treatment, medication and the utilization of artificial technology to sustain life;

(3) "Terminal condition" means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short time, in the opinion of the attending physician;

(4) "Permanently unconscious" includes permanent coma and persistent vegetative state and means an irreversible condition in which the individual is at no time aware of himself or the environment and shows no behavioral response to the environment;

(5) "Health care agent" means an adult person to whom authority to convey health care decisions is delegated in a written document by another adult person, known as the principal;

(6) "Incapacitated" means being unable to understand and appreciate the nature and consequences of health care decisions, including the benefits and disadvantages of such treatment, and to reach and communicate an informed decision regarding the treatment;

(7) "Living will" means a written statement in compliance with section 19a-575a containing a declarant's wishes concerning any aspect of his health care, including the withholding or withdrawal of life support systems;

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(8) "Next of kin" means any member of the following classes of persons, in the order of priority listed: (A) The spouse of the patient; (B) an adult son or daughter of the patient; (C) either parent of the patient; (D) an adult brother or sister of the patient; and (E) a grandparent of the patient;

(9) "Attending physician" means the physician selected by, or assigned to, the patient and who has primary responsibility for the treatment and care of the patient.]

(1) "Advance health care directive" or "advance directive" means a writing executed in accordance with the provisions of this chapter, including, but not limited to, a living will, or an appointment of health care representative, or both;

(2) "Appointment of health care representative" means a document executed in accordance with section 19a-575a, as amended by this act, or section 19a-577, as amended by this act, that appoints a health care representative to make health care decisions for the declarant in the event the declarant becomes incapacitated;

(3) "Attending physician" means the physician selected by, or assigned to, the patient, who has primary responsibility for the treatment and care of the patient;

(4) "Beneficial medical treatment" includes the use of medically appropriate treatment, including surgery, treatment, medication and the utilization of artificial technology to sustain life;

(5) "Health care representative" means the individual appointed by a declarant pursuant to an appointment of health care representative for the purpose of making health care decisions on behalf of the declarant;

(6) "Incapacitated" means being unable to understand and

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appreciate the nature and consequences of health care decisions, including the benefits and disadvantages of such treatment, and to reach and communicate an informed decision regarding the treatment;

(7) "Life support system" means any medical procedure or intervention which, when applied to an individual, would serve only to postpone the moment of death or maintain the individual in a state of permanent unconsciousness, including, but not limited to, mechanical or electronic devices, including artificial means of providing nutrition or hydration;

(8) "Living will" means a written statement in compliance with section 19a-575a, as amended by this act, containing a declarant's wishes concerning any aspect of his or her health care, including the withholding or withdrawal of life support systems;

(9) "Next of kin" means any member of the following classes of persons, in the order of priority listed: (A) The spouse of the patient; (B) an adult son or daughter of the patient; (C) either parent of the patient; (D) an adult brother or sister of the patient; and (E) a grandparent of the patient;

(10) "Permanently unconscious" means an irreversible condition in which the individual is at no time aware of himself or herself or the environment and shows no behavioral response to the environment and includes permanent coma and persistent vegetative state;

(11) "Terminal condition" means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short period time, in the opinion of the attending physician.

Sec. 64. Subsection (a) of section 19a-571 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

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(a) Subject to the provisions of subsection (c) of this section, any physician licensed under chapter 370 or any licensed medical facility who or which withholds, removes or causes the removal of a life support system of an incapacitated patient shall not be liable for damages in any civil action or subject to prosecution in any criminal proceeding for such withholding or removal, provided (1) the decision to withhold or remove such life support system is based on the best medical judgment of the attending physician in accordance with the usual and customary standards of medical practice; (2) the attending physician deems the patient to be in a terminal condition or, in consultation with a physician qualified to make a neurological diagnosis who has examined the patient, deems the patient to be permanently unconscious; and (3) the attending physician has considered the patient's wishes concerning the withholding or withdrawal of life support systems. In the determination of the wishes of the patient, the attending physician shall consider the wishes as expressed by a document executed in accordance with sections 19a-575 and 19a-575a, if any such document is presented to, or in the possession of, the attending physician at the time the decision to withhold or terminate a life support system is made. If the wishes of the patient have not been expressed in a living will the attending physician shall determine the wishes of the patient by consulting any statement made by the patient directly to the attending physician and, if available, the patient's health care [agent] representative, the patient's next of kin, the patient's legal guardian or conservator, if any, any person designated by the patient in accordance with section 1-56r and any other person to whom the patient has communicated his wishes, if the attending physician has knowledge of such person. All persons acting on behalf of the patient shall act in good faith. If the attending physician does not deem the incapacitated patient to be in a terminal condition or permanently unconscious, beneficial medical treatment including nutrition and hydration must be provided.

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Sec. 65. Section 19a-575 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

Any person eighteen years of age or older may execute a document [which shall contain] that contains directions as to [specific life support systems which such person chooses to have administered] any aspect of health care, including the withholding or withdrawal of life support systems. Such document shall be signed and dated by the maker with at least two witnesses and may be in substantially the following form:

DOCUMENT CONCERNING HEALTH CARE AND
WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes.

"I, (Name), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to:

Artificial respiration

Cardiopulmonary resuscitation

Artificial means of providing nutrition and hydration

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(Cross out and initial life support systems you want administered)

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged."

Other specific requests:

"This request is made, after careful reflection, while I am of sound mind."

.... (Signature)

.... (Date)

This document was signed in our presence, by the above-named (Name) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

.... (Witness)

.... (Address)

.... (Witness)

.... (Address)

Sec. 66. Section 19a-575a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Any person eighteen years of age or older may execute a document [which] that contains health care instructions, the appointment of a [health care agent, the appointment of an attorney-in-fact for health care decisions] health care representative, the designation of a conservator of the person for future incapacity and a document of anatomical gift. Any such document shall be signed and dated by the maker with at least two witnesses and may be in the substantially following form:

THESE ARE MY HEALTH CARE INSTRUCTIONS.

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MY APPOINTMENT OF A HEALTH CARE [AGENT,
MY APPOINTMENT OF AN ATTORNEY-IN-FACT
FOR HEALTH CARE DECISIONS] REPRESENTATIVE,
THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
FOR MY FUTURE INCAPACITY
AND
MY DOCUMENT OF ANATOMICAL GIFT

To any physician who is treating me: These are my health care instructions including those concerning the withholding or withdrawal of life support systems, together with the appointment of my health care [agent and my attorney-in-fact for health care decisions] representative, the designation of my conservator of the person for future incapacity and my document of anatomical gift. As my physician, you may rely on these health care instructions and any decision made by my health care [agent, attorney-in-fact for health care decisions] representative or conservator of my person, if I am [unable to make a decision for myself] incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care.

I, ..., the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment. The life support systems which I do not want include, but are not limited to: Artificial

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respiration, cardiopulmonary resuscitation and artificial means of providing nutrition and hydration. I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

I appoint to be my health care [agent and my attorney-in-fact for health care decisions] representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care [agent and attorney-in-fact for health care decisions] representative is authorized to [:]

[(1) Convey to my physician my wishes concerning the withholding or removal of life support systems;

(2) Take whatever actions are necessary to ensure that any wishes are given effect;

(3) Consent, refuse or withdraw consent to any medical treatment as long as such action is consistent with my wishes concerning the withholding or removal of life support systems; and

(4) Consent to any medical treatment designed solely for the purpose of maintaining physical comfort] make any and all health care decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law, including, but not limited to, psychosurgery or shock therapy, and the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event my wishes are not clear or a

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situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If is unwilling or unable to serve as my health care [agent and my attorney-in-fact for health care decisions] representative, I appoint to be my alternative health care [agent and my attorney-in-fact for health care decisions] representative.

If a conservator of my person should need to be appointed, I designate be appointed my conservator. If is unwilling or unable to serve as my conservator, I designate

No bond shall be required of either of them in any jurisdiction.

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

I give: (check one)

.... (1) any needed organs or parts

.... (2) only the following organs or parts

to be donated for: (check one)

(1) any of the purposes stated in subsection (a) of section 19a-279f of the general statutes

(2) these limited purposes

These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

Date, 20..

.... L.S.

This document was signed in our presence by the author of this

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document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

....
(Witness)	(Witness)
....
(Number and Street)	(Number and Street)
....
(City, State and Zip Code)	(City, State and Zip Code)

STATE OF CONNECTICUT }
 } ss.
COUNTY OF

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care [agent and an attorney-in-fact] representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request, and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this day of 20...

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....
(Witness)

....
(Witness)

Subscribed and sworn to before me this day of 20..

....
Commissioner of the Superior Court
Notary Public
My commission expires:

(Print or type name of all persons signing under all signatures)

(b) Except as provided in section 19a-579b, as amended by this act, an appointment of health care representative may only be revoked by the declarant, in writing, and the writing shall be signed by the declarant and two witnesses.

(c) The attending physician or other health care provider shall make the revocation of an appointment of health care representative a part of the declarant's medical record.

(d) In the absence of knowledge of the revocation of an appointment of health care representative, a person who carries out an advance directive pursuant to the provisions of chapter 368w shall not be subject to civil or criminal liability or discipline for unprofessional conduct for carrying out such advance directive.

(e) The revocation of an appointment of health care representative does not, of itself, revoke the living will of the declarant.

Sec. 67. Section 19a-576 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Any person eighteen years of age or older may appoint a health

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care [agent] representative by executing a document in accordance with section 19a-575a, as amended by this act, or section 19a-577, as amended by this act, signed and dated by such person in the presence of two adult witnesses who shall also sign the document. The person appointed as [agent] representative shall not act as witness to the execution of such document or sign such document.

(b) For persons who reside in facilities operated or licensed by the Department of Mental Health and Addiction Services, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician or licensed clinical psychologist with specialized training in treating mental illness.

(c) For persons who reside in facilities operated or licensed by the Department of Mental Retardation, at least one witness shall be an individual who is not affiliated with the facility and at least one witness shall be a physician or licensed clinical psychologist with specialized training in developmental disabilities.

(d) An operator, administrator [] or employee of a hospital, residential care home, rest home with nursing supervision [] or chronic and convalescent nursing home may not be appointed as a health care [agent] representative by any person who, at the time of the appointment, is a patient or a resident of, or has applied for admission to, one of the foregoing facilities. An administrator or employee of a government agency [which] that is financially responsible for a person's medical care may not be appointed as a health care [agent] representative for such person. This restriction shall not apply if such operator, administrator or employee is related to the principal by blood, marriage or adoption.

(e) A physician shall not act as both [agent] health care representative for a principal and attending physician for the principal.

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Sec. 68. Section 19a-577 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

[(a)] Any person eighteen years of age or older may execute a document that may, but need not be in substantially the following form:

DOCUMENT CONCERNING THE APPOINTMENT OF HEALTH
CARE [AGENT] REPRESENTATIVE

"I understand that, as a competent adult, I have the right to make decisions about my health care. There may come a time when I am unable, due to incapacity, to make my own health care decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and health care wishes. By signing this appointment of health care representative, I appoint a health care representative with legal authority to make health care decisions on my behalf in such case or at such time.

I appoint ... (Name) to be my health care [agent] representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment, my health care [agent] representative is authorized to [:]

[(1) Convey to my physician my wishes concerning the withholding or removal of life support systems.

(2) Take whatever actions are necessary to ensure that my wishes are given effect] accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, except as otherwise provided by law, including, but not limited to, psychosurgery or shock therapy, and the decision to provide, withhold or withdraw life support systems. I direct my health care representative to make decisions on my behalf in accordance with my

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wishes as stated in a living will, or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If this person is unwilling or unable to serve as my health care [agent] representative, I appoint (Name) to be my alternative health care [agent] representative."

"This request is made, after careful reflection, while I am of sound mind."

.... (Signature)

.... (Date)

This document was signed in our presence, by the above-named (Name) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

.... (Witness)

.... (Address)

.... (Witness)

.... (Address)

Sec. 69. Section 19a-578 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Any or all of the attesting witnesses to any living will document or any document appointing a health care [agent] representative may, at the request of the declarant, make and sign an affidavit before any officer authorized to administer oaths in or out of this state, stating such facts as they would be required to testify to in court to prove such living will. The affidavit shall be written on the living will document,

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or if that is impracticable, on some paper attached thereto. The sworn statement of any such witness so taken shall be accepted by [the Court of Probate] a court of competent jurisdiction as if it had been taken before such court.

(b) A physician or other health care provider who is furnished with a copy of a written living will or appointment of health care [agent] representative shall make it a part of the declarant's medical record. A physician or other health care provider shall also record in the patient's medical record any oral communication concerning any aspect of [his] the patient's health care, including the withholding or withdrawal of life support systems, made by the patient directly to the physician or other health care provider or to the patient's health care [agent] representative, legal guardian, conservator, next-of-kin or person designated in accordance with section 1-56r.

Sec. 70. Section 19a-579 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

A living will or appointment of health care [agent] representative becomes operative when (1) the document is furnished to the attending physician, and (2) the declarant is determined by the attending physician to be incapacitated. At any time after the appointment of a health care representative, the attending physician shall disclose such determination of incapacity, in writing, upon the request of the person named as the health care representative.

Sec. 71. Section 19a-579a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) A living will [or appointment of health care agent] may be revoked at any time and in any manner by the declarant, without regard to the declarant's mental or physical condition.

(b) The attending physician or other health care provider shall make

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the revocation a part of the declarant's medical record.

(c) In the absence of knowledge of the revocation [either] of a living will, [or an appointment of health care agent,] a person is not subject to civil or criminal liability or discipline for unprofessional conduct for carrying out the living will pursuant to the requirements of sections 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as amended by this act.

Sec. 72. Section 19a-579b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

The appointment of the principal's spouse as health care [agent] representative shall be revoked upon the divorce or legal separation of the principal and spouse or upon the annulment or dissolution of their marriage, unless the principal specifies otherwise.

Sec. 73. Section 19a-580 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

Within a reasonable time prior to withholding or causing the removal of any life support system pursuant to sections 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as amended by this act, the attending physician shall make reasonable efforts to notify the individual's health care [agent] representative, next-of-kin, legal guardian, conservator or person designated in accordance with section 1-56r, if available.

Sec. 74. Section 19a-580b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

No physician, health care provider or health care insurer shall require a person to execute a living will or appoint a health care [agent] representative as a condition of treatment or receiving health

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care benefits.

Sec. 75. Section 19a-580c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) The probate court for the district in which the person is domiciled or is located at the time of the dispute shall have jurisdiction over any dispute concerning the meaning or application of any provision of sections 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as amended by this act. With respect to any communication of a patient's wishes other than by means of a document executed in accordance with [section] sections 19a-575 and 19a-575a, as amended by this act, the court shall consider whether there is clear and convincing evidence of such communication.

(b) The probate court for the district in which the person is domiciled or is located at the time of the dispute shall have jurisdiction over any dispute concerning the capacity of the health care representative or over any claim that the actions of the person named as health care representative would interfere with the treatment of the declarant or the person named as health care representative.

(c) A person whose appointment as a health care representative has been revoked shall have standing to file a claim challenging the validity of such revocation with the probate court for the district in which the declarant is domiciled or is located at the time of the dispute.

Sec. 76. Subsection (h) of section 45a-650 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(h) The court may limit the powers and duties of either the conservator of the person or the conservator of the estate, to include

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some, but not all, of the powers and duties set forth in subsections (a) and (b) of section 45a-644, as amended, and sections 45a-655 and 45a-656, as amended, and shall make specific findings to justify such a limitation, in the best interests of the ward. In determining whether or not any such limitations should be imposed, the court shall consider the abilities of the ward, the prior appointment of any attorney-in-fact, health care [agent] representative, trustee or other fiduciary acting on behalf of the ward, any support services which are otherwise available to the ward, and any other relevant evidence. The court may modify its decree upon any change in circumstances.

Sec. 77. Subsection (a) of section 45a-654 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Upon written application for appointment of a temporary conservator brought by any person deemed by the court to have sufficient interest in the welfare of the respondent, including, but not limited to, the spouse or any relative of the respondent, the first selectman, chief executive officer or head of the department of welfare of the town of residence or domicile of any respondent, the Commissioner of Social Services, the board of directors of any charitable organization, as defined in section 21a-190a, or the chief administrative officer of any nonprofit hospital or such officer's designee, the Court of Probate may appoint a temporary conservator if the court finds that: (1) The respondent is incapable of managing his or her affairs or incapable of caring for himself or herself, and (2) immediate and irreparable injury to the mental or physical health or financial or legal affairs of the respondent will result if a temporary conservator is not appointed pursuant to this section. The court may, in its discretion, require the temporary conservator to give a probate bond. The court shall limit the duties, responsibilities and powers of the temporary conservator to the circumstances that gave rise to the

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application and shall make specific findings to justify such limitation. In making such findings, the court shall consider the present and previously expressed wishes of the respondent, the abilities of the respondent, any prior appointment of an attorney-in-fact, health care [agent] representative, trustee or other fiduciary acting on behalf of the respondent, any support service otherwise available to the respondent and any other relevant evidence. The temporary conservator shall have charge of the property or of the person of the respondent or both for such period of time or for such specific occasion as the court finds to be necessary, provided a temporary appointment shall not be valid for more than thirty days, unless at any time while the appointment of a temporary conservator is in effect, an application is filed for appointment of a conservator of the person or estate under section 45a-650. The court may (A) extend the appointment of the temporary conservator until the disposition of such application under section 45a-650, or for an additional thirty days, whichever occurs first, or (B) terminate the appointment of a temporary conservator upon a showing that the circumstances that gave rise to the application for appointment of a temporary conservator no longer exist.

Sec. 78. Subdivision (3) of subsection (a) of section 52-184d of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(3) "Representative" means a legal guardian, attorney, health care [agent] representative or any person recognized in law or custom as a patient's agent.

Sec. 79. (NEW) (*Effective October 1, 2006*) (a) Except as authorized by a court of competent jurisdiction, a conservator shall comply with a ward's individual health care instructions and other wishes, if any, expressed while the ward had capacity and to the extent known to the conservator, and the conservator may not revoke the ward's advance health care directive unless the appointing court expressly so

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authorizes.

(b) Absent a court order to the contrary, a health care decision of a health care representative takes precedence over that of a conservator, except under the following circumstances: (1) When the health care decision concerns a person who is subject to the provisions of section 17a-566, 17a-587, 17a-588 of the general statutes or section 54-56d of the 2006 supplement to the general statutes; (2) when a conservator has been appointed to a ward who is subject to an order authorized under subsection (e) of section 17a-543 of the general statutes, for the duration of the ward's hospitalization; or (3) when a conservator has been appointed to a ward subject to an order authorized under section 17a-543a of the general statutes.

Sec. 80. (NEW) (*Effective October 1, 2006*) An advance directive properly executed prior to October 1, 2006, shall have the same legal force and effect as if it had been executed in accordance with the provisions of chapter 368w of the general statutes.

Sec. 81. (NEW) (*Effective October 1, 2006*) Health care instructions or appointment of a health care proxy executed under the laws of another state in compliance with the laws of that state or the state of Connecticut, and which are not contrary to the public policy of this state, are deemed validly executed for purposes of chapter 368w of the general statutes. Health care instructions or appointment of a health care proxy executed in a foreign country in compliance with the laws of the country or the state of Connecticut, and which are not contrary to the public policy of this state, are deemed validly executed for the purposes of chapter 368w of the general statutes. A healthcare provider may rely on such health care instructions or recognize such appointment of a health care proxy based upon any of the following: (1) An order or decision by a court of competent jurisdiction; (2) presentation of a notarized statement from the patient or person offering the health care proxy that the proxy (A) is valid under the

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laws of the state or country in which it was made, and (B) is not contrary to the public policy of this state; or (3) the healthcare provider's own good faith legal analysis.

Sec. 82. Subsection (b) of section 20-73 of the general statutes, as amended by public act 06-125, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) (1) The treatment of human ailments by physical therapy shall only be performed by a person licensed under the provisions of this chapter as a physical therapist or physical therapist assistant. Except as otherwise provided in subdivisions (2) and (3) of this subsection, such treatment may be performed by a licensed physical therapist without an oral or written referral by a person licensed in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d of the 2006 supplement to the general statutes, provided the licensed physical therapist (A) [earned] was admitted to a bachelor's degree program prior to January 1, 1998, and has practiced physical therapy for at least four out of the most recent six years of his or her clinical practice, or earned a master's degree or higher in physical therapy from an accredited institution of higher education, (B) requires any person receiving such treatment to disclose or affirmatively confirm the identity of such person's primary care provider or health care provider of record upon each initial visit for treatment without an oral or written referral, (C) provides information to any person seeking such treatment regarding the need to consult with such person's primary care provider or health care provider of record regarding such person's underlying medical condition if the condition is prolonged, does not improve within a thirty-day period, or continues to require ongoing continuous treatment, and (D) refers any person receiving such

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treatment to an appropriate licensed practitioner of the healing arts if, upon examination or reexamination, the same condition for which the person sought physical therapy does not demonstrate objective, measurable, functional improvement in a period of thirty consecutive days or at the end of six visits, whichever is earlier.

(2) In any case in which a person seeking such treatment requires a Grade V spinal manipulation, such treatment shall only be performed (A) upon the oral or written referral of a person licensed in this state, or in a state having licensing requirements meeting the approval of the appropriate examining board in this state, to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, as amended, and (B) by a licensed physical therapist who (i) earned] was admitted to a bachelor's degree program prior to January 1, 1998, and has practiced physical therapy for at least four out of the most recent six years of his or her clinical practice, or earned a master's degree or higher in physical therapy from an accredited institution of higher education, and (ii) holds a specialist certification in orthopedic physical therapy from the American Physical Therapy Association, or proof of completion of forty hours of course work in manual therapy, including Grade V spinal manipulation. Nothing in this section shall prevent a physical therapist from providing wellness care within the scope of physical therapy practice to asymptomatic persons without a referral. Nothing in this section shall require an employer or insurer to pay for such wellness care.

(3) In any case involving an injury, as described in section 31-275 of the 2006 supplement to the general statutes, such treatment shall only be performed upon the oral or written referral of a person licensed in this state or in a state having licensing requirements meeting the

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standards set by the Department of Public Health and the appropriate examining board in this state to practice medicine and surgery, podiatry, natureopathy, chiropractic or dentistry, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, as amended.

Sec. 83. (NEW) (*Effective October 1, 2006*) (a) Each person licensed to practice physical therapy under the provisions of chapter 376 of the general statutes who provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which each such person shall carry as insurance or indemnity against claims for injury or death for professional malpractice shall not be less than five hundred thousand dollars for one person, per occurrence, with an aggregate of not less than one million five hundred thousand dollars.

(b) Each insurance company which issues professional liability insurance, as defined in subdivision (10) of subsection (b) of section 38a-393 of the general statutes, as amended by this act, shall on and after January 1, 2007, render to the Commissioner of Public Health a true record of the names and addresses, according to classification, of cancellations of and refusals to renew professional liability insurance policies and the reasons for such cancellation or refusal to renew said policies for the year ending on the thirty-first day of December next preceding.

Sec. 84. Subsection (a) of section 19a-7d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2006*):

(a) The Commissioner of Public Health may establish, within available appropriations, a program to provide three-year grants to community-based providers of primary care services in order to

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expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as a Medicaid provider, or provide nursing services in school-based health centers. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, "primary care clinicians" includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses, physician assistants and dental hygienists.

Sec. 85. Section 38a-393 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) Each insurance company doing business in this state shall, annually, on or before the first day of March, render to the Insurance Commissioner a true record of the number, according to classification, of cancellations of and refusals to renew professional liability insurance policies for the year ending on the thirty-first day of

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December next preceding.

(b) For purposes of sections 38a-393 to 38a-395, inclusive, as amended, "professional liability insurance" means professional liability contracts for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4) dentists, (5) architects and engineers, (6) chiropractors, (7) licensed natureopaths, (8) podiatrists, [and] (9) advanced practice registered nurses, and (10) physical therapists and such other categories as the Insurance Commissioner, in the commissioner's discretion, shall adopt by regulations in accordance with chapter 54.

Sec. 86. Sections 7-244g to 7-244s, inclusive, of the 2006 supplement to the general statutes are repealed. (*Effective from passage*)

Sec. 87. Section 1-54a of the general statutes is repealed. (*Effective October 1, 2006*)

Approved June 7, 2006