



Senate

General Assembly

File No. 322

February Session, 2006

Substitute Senate Bill No. 317

Senate, April 4, 2006

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

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

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2 repealed and the following is substituted in lieu thereof (*Effective*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

4 (a) To any person performing the duties required by the provisions
5 of the general statutes relating to registration of [births,] marriages,
6 deaths and fetal deaths, the following fees shall be allowed: (1) [To the
7 registrar for completing each record of birth by procuring and
8 inserting the full name of the child, or for the recording, indexing,
9 copying and endorsing of each birth, marriage, death or fetal death
10 certificate, two dollars; (2) for] For the license to marry, ten dollars; and
11 [(3)] (2) for issuing each burial or burial transit removal permit, three
12 dollars.

13 Sec. 2. Subsection (c) of section 19a-14 of the 2006 supplement to the

14 general statutes is repealed and the following is substituted in lieu
15 thereof (*Effective October 1, 2006*):

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

18 (1) Speech and language pathologist and audiologist;

19 (2) Hearing instrument specialist;

20 (3) Nursing home administrator;

21 (4) Sanitarian;

22 (5) Subsurface sewage system installer or cleaner;

23 (6) Marital and family therapist;

24 (7) Nurse-midwife;

25 (8) Licensed clinical social worker;

26 (9) Respiratory care practitioner;

27 (10) Asbestos contractor and asbestos consultant;

28 (11) Massage therapist;

29 (12) Registered nurse's aide;

30 (13) Radiographer;

31 (14) Dental hygienist;

32 (15) Dietitian-Nutritionist;

33 (16) Asbestos abatement worker;

34 (17) Asbestos abatement site supervisor;

35 (18) Licensed or certified alcohol and drug counselor;

- 36 (19) Professional counselor;
- 37 (20) Acupuncturist;
- 38 (21) Occupational therapist and occupational therapist assistant;
- 39 (22) Lead abatement contractor, lead consultant contractor, lead
40 consultant, lead abatement supervisor, lead abatement worker,
41 inspector and planner-project designer;
- 42 (23) Emergency medical technician, emergency medical technician-
43 intermediate, medical response technician and emergency medical
44 services instructor;
- 45 (24) Paramedic; and
- 46 [(25) Dialysis patient care technician; and]
- 47 [(26)] (25) Perfusionist.

48 The department shall assume all powers and duties normally vested
49 with a board in administering regulatory jurisdiction over such
50 professions. The uniform provisions of this chapter and chapters 368v,
51 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
52 and 400c, including, but not limited to, standards for entry and
53 renewal; grounds for professional discipline; receiving and processing
54 complaints; and disciplinary sanctions, shall apply, except as otherwise
55 provided by law, to the professions listed in this subsection.

56 Sec. 3. Subsection (c) of section 19a-14 of the 2006 supplement to the
57 general statutes, as amended by section 8 of public act 00-226, is
58 repealed and the following is substituted in lieu thereof (*Effective on*
59 *and after the later of October 1, 2000, or the date notice is published by the*
60 *Commissioner of Public Health in the Connecticut Law Journal indicating*
61 *that the licensing of athletic trainers and physical therapist assistants is being*
62 *implemented by the commissioner*):

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

- 65 (1) Speech and language pathologist and audiologist;
- 66 (2) Hearing instrument specialist;
- 67 (3) Nursing home administrator;
- 68 (4) Sanitarian;
- 69 (5) Subsurface sewage system installer or cleaner;
- 70 (6) Marital and family therapist;
- 71 (7) Nurse-midwife;
- 72 (8) Licensed clinical social worker;
- 73 (9) Respiratory care practitioner;
- 74 (10) Asbestos contractor and asbestos consultant;
- 75 (11) Massage therapist;
- 76 (12) Registered nurse's aide;
- 77 (13) Radiographer;
- 78 (14) Dental hygienist;
- 79 (15) Dietitian-Nutritionist;
- 80 (16) Asbestos abatement worker;
- 81 (17) Asbestos abatement site supervisor;
- 82 (18) Licensed or certified alcohol and drug counselor;
- 83 (19) Professional counselor;
- 84 (20) Acupuncturist;
- 85 (21) Occupational therapist and occupational therapist assistant;

86 (22) Lead abatement contractor, lead consultant contractor, lead
87 consultant, lead abatement supervisor, lead abatement worker,
88 inspector and planner-project designer;

89 (23) Emergency medical technician, emergency medical technician-
90 intermediate, medical response technician and emergency medical
91 services instructor;

92 (24) Paramedic;

93 (25) Athletic trainer; and

94 [(26) Dialysis patient care technician; and]

95 [(27)] (26) Perfusionist.

96 The department shall assume all powers and duties normally vested
97 with a board in administering regulatory jurisdiction over such
98 professions. The uniform provisions of this chapter and chapters 368v,
99 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
100 and 400c, including, but not limited to, standards for entry and
101 renewal; grounds for professional discipline; receiving and processing
102 complaints; and disciplinary sanctions, shall apply, except as otherwise
103 provided by law, to the professions listed in this subsection.

104 Sec. 4. Section 19a-88b of the 2006 supplement to the general statutes
105 is repealed and the following is substituted in lieu thereof (*Effective*
106 *October 1, 2006*):

107 (a) (1) Notwithstanding section 19a-14, as amended by this act, or
108 any other provision of the general statutes relating to continuing
109 education or refresher training, the Department of Public Health shall
110 renew a license, certificate, permit or registration issued to an
111 individual pursuant to chapters 368d, 368v, 371 to 378, inclusive, 379a
112 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c that becomes void
113 pursuant to section 19a-88, as amended, or 19a-195b while the holder
114 of the license, certificate, permit or registration is on active duty in the
115 armed forces of the United States, not later than six months from the

116 date of discharge from active duty, upon completion of any continuing
117 education or refresher training required to renew a license, certificate,
118 registration or permit that has not become void pursuant to section
119 19a-88, as amended, or 19a-195b. A licensee applying for license
120 renewal pursuant to this section shall submit an application on a form
121 prescribed by the department and other such documentation as may
122 be required by the department.

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

135 (3) Notwithstanding section 19a-14, as amended by this act, or any
136 other provision of the general statutes relating to continuing
137 education, the Department of Public Health shall renew a license
138 issued to an individual pursuant to chapter 379 that becomes void
139 pursuant to section 19a-88, as amended, while the holder of the license
140 is on active duty in the armed forces of the United States, not later than
141 one year from the date of discharge from active duty, upon completion
142 of twelve contact hours of continuing education that meet the criteria
143 set forth in subsection (b) of section 20-126c. A licensee applying for
144 license renewal pursuant to this subdivision shall submit an
145 application on a form prescribed by the department and other such
146 documentation as may be required by the department.

147 (4) Notwithstanding section 19a-14, as amended by this act, or any
148 other provision of the general statutes relating to continuing

149 education, the Department of Public Health shall renew a license
150 issued to an individual pursuant to chapter 381a that becomes void
151 pursuant to section 19a-88 of the 2006 supplement to the general
152 statutes while the holder of the license is on active duty in the armed
153 forces of the United States, not later than one year from the date of
154 discharge from active duty, upon completion of six contact hours of
155 continuing education that meet the criteria set forth in section 13 of this
156 act. A licensee applying for license renewal pursuant to this
157 subdivision shall submit an application on a form prescribed by the
158 department and other such documentation as may be required by the
159 department.

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

164 (c) No license shall be issued under this section to any applicant
165 against whom professional disciplinary action is pending or who is the
166 subject of an unresolved complaint.

167 Sec. 5. Subsection (b) of section 19a-124 of the general statutes is
168 repealed and the following is substituted in lieu thereof (*Effective from*
169 *passage*):

170 (b) The programs shall: (1) Be incorporated into existing acquired
171 immunodeficiency syndrome prevention and outreach projects in the
172 selected cities; (2) provide for free and anonymous exchanges of
173 needles and syringes and (A) provide that program participants
174 receive an equal number of needles and syringes for those returned; []
175 [up to a cap of thirty needles and syringes per exchange,] (B) provide
176 that first-time applicants to the program receive an initial packet of
177 thirty needles and syringes, educational material and a list of drug
178 counseling services; and (C) assure, through program-developed and
179 commissioner-approved protocols, that a person receive only one such
180 initial packet over the life of the program; (3) offer education on the
181 transmission of the human immunodeficiency virus and prevention

182 measures and assist program participants in obtaining drug treatment
183 services; and (4) for the first year of operation of the program, require
184 all needles and syringes to be marked and checked for return rates.

185 Sec. 6. Section 19a-266 of the general statutes is repealed and the
186 following is substituted in lieu thereof (*Effective October 1, 2006*):

187 (a) For purposes of this section:

188 (1) "Breast cancer treatment services" means a procedure intended to
189 treat cancer of the human breast, including, but not limited to, surgery,
190 radiation therapy, chemotherapy, hormonal therapy and related
191 medical follow-up services.

192 (2) "Cervical cancer treatment services" means a procedure intended
193 to treat cancer of the human cervix, including, but not limited to,
194 surgery, radiation therapy, cryotherapy, electrocoagulation and related
195 medical follow-up services.

196 (3) "Unserved or underserved populations" means women who are:
197 (A) At or below two hundred per cent of the federal poverty level for
198 individuals; (B) without health insurance that covers breast cancer
199 screening mammography or cervical cancer screening services; and (C)
200 nineteen to sixty-four years of age.

201 (b) There is established, within existing appropriations, a breast and
202 cervical cancer early detection and treatment referral program, within
203 the Department of Public Health, to promote screening detection and
204 treatment of breast cancer and cervical cancer among unserved or
205 underserved populations, to educate the public regarding breast
206 cancer and cervical cancer and the benefits of early detection and to
207 provide counseling and referral services for treatment.

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

209 (1) Establishment of a public education and outreach initiative to
210 publicize breast cancer and cervical cancer early detection services and
211 the extent of coverage for such services by health insurance, the

212 medical assistance program and other public and private programs
213 and the benefits of early detection of cervical cancer and the
214 recommended frequency of pap tests;

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

219 (3) Establishment of a system for the purpose of tracking and
220 follow-up of all women screened for breast cancer and cervical cancer
221 in the program. The system shall include, but not be limited to, follow-
222 up of abnormal screening tests and referral to treatment when needed
223 and tracking women to be screened at recommended screening
224 intervals;

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

228 (d) The Department of Public Health shall provide unserved or
229 underserved populations, within existing appropriations and through
230 contracts with health care providers: (1) One mammogram every year
231 for populations age forty-five to sixty-four; (2) one mammogram every
232 year for populations age thirty-five to forty-four with a first degree
233 female relative who has had breast cancer or with other risk factors of
234 equal weight; (3) one pap test for cervical cancer per year for
235 populations age nineteen to sixty-four who have had a positive
236 finding, otherwise one every three years or more frequently as directed
237 by a physician; (4) a sixty-day follow-up pap test for victims of sexual
238 assault; and (5) a pap test every six months for women who have
239 tested HIV positive.

240 [(e) The Department of Public Health may apply for and receive
241 money from public and private sources and from the federal
242 government for the purposes of a program for breast cancer and
243 cervical cancer early detection and treatment referral. Any payment to

244 the state as a settlement of a court action of which the proceeds may be
245 used for women's health shall be deposited in an account designated
246 for use by the Department of Public Health for breast and cervical
247 cancer treatment services.]

248 [(f)] (e) The Commissioner of Public Health shall report annually to
249 the joint standing committees of the General Assembly having
250 cognizance of matters relating to public health and appropriations. The
251 report shall include, but not be limited to, a description of the rate of
252 breast cancer and cervical cancer morbidity and mortality in this state
253 and the extent of participation in breast cancer and cervical cancer
254 screening.

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

259 Sec. 7. (NEW) (*Effective July 1, 2006*) The Department of Public
260 Health may apply for and receive money from public and private
261 sources and from the federal government for the purpose of funding,
262 in whole or in part, a comprehensive cancer program. Any payment to
263 the state as a settlement of a court action of which the proceeds may be
264 used for health shall be deposited in an account designated for use by
265 the Department of Public Health for comprehensive cancer initiatives.

266 Sec. 8. Section 19a-269a of the 2006 supplement to the general
267 statutes is repealed and the following is substituted in lieu thereof
268 (*Effective October 1, 2006*):

269 Any certified dialysis patient care technician employed in an
270 outpatient or hospital dialysis unit may administer saline, heparin or
271 lidocaine as necessary to initiate or terminate a patient's dialysis, [,
272 provided (1) the] The ratio of on-duty staff providing direct patient
273 care to dialysis patients [is] shall be at least three to nine, and [(2)] at
274 least one of the three on-duty direct patient care staff persons [is] shall
275 be a registered nurse licensed to practice in this state. For purposes of

276 this section, "certified dialysis patient care technician" means a person
277 who has obtained certification as a dialysis patient care technician by
278 an organization approved by the Department of Public Health.

279 Sec. 9. Section 19a-422 of the general statutes is repealed and the
280 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

310 admission and discharge, and (D) such other information as the
311 commissioner shall require. Any youth camp licensed under this
312 chapter shall operate only as the type of camp authorized by such
313 license. Such camps shall not advertise any service they are not
314 equipped or licensed to offer. The license shall be posted in a
315 conspicuous place at camp headquarters and failure to so post the
316 license shall result in the presumption that the camp is being operated
317 in violation of this chapter.

318 Sec. 10. Section 19a-423 of the general statutes is repealed and the
319 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

324 [(b)] (a) The commissioner may [suspend, revoke or refuse to renew
325 the license of any youth camp regulated and licensed under this
326 chapter] take any of the actions authorized under subsection (b) of this
327 section if the youth camp licensee: (1) Is convicted of any offense
328 involving moral turpitude, the record of conviction being conclusive
329 evidence thereof; (2) is legally adjudicated insane or mentally
330 incompetent, the record of such adjudication being conclusive
331 evidence thereof; (3) uses any narcotic or any controlled drug, as
332 defined in section 21a-240, to an extent or in a manner that such use
333 impairs the licensee's ability to properly care for children; (4)
334 consistently fails to maintain standards prescribed and published by
335 the department; (5) furnishes or makes any misleading or any false
336 statement or report to the department; (6) refuses to submit to the
337 department any reports or refuses to make available to the department
338 any records required by it in investigating the facility for licensing
339 purposes; (7) fails or refuses to submit to an investigation or inspection
340 by the department or to admit authorized representatives of the
341 department at any reasonable time for the purpose of investigation,
342 inspection or licensing; (8) fails to provide, maintain, equip and keep in

343 safe and sanitary condition premises established for or used by the
344 campers pursuant to minimum standards prescribed by the
345 department or by ordinances or regulations applicable to the location
346 of such facility; or (9) wilfully or deliberately violates any of the
347 provisions of this chapter.

348 (b) The Commissioner of Public Health, after a contested case
349 hearing held in accordance with the provisions of chapter 54, may take
350 any of the following actions, singly or in combination, in any case in
351 which the commissioner finds that there has been a substantial failure
352 to comply with the requirements established under sections 19a-420 to
353 19a-428, inclusive, the Public Health Code or regulations adopted
354 pursuant to section 19a-428: (1) Revoke a license; (2) suspend a license;
355 (3) impose a civil penalty; (4) place a licensee on probationary status
356 and require such licensee to report regularly to the department on the
357 matters that are the basis of the probation; or (5) restrict the acquisition
358 of other facilities for a period of time set by the commissioner.

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

368 (d) The commissioner shall hold a hearing not later than sixty days
369 after receipt of such application and shall, at least ten days prior to the
370 date of such hearing, mail a notice, giving the time and place of the
371 hearing, to the licensee. The hearing may be conducted by the
372 commissioner or by a hearing officer appointed by the commissioner,
373 in writing. The licensee and the commissioner or hearing officer may
374 issue subpoenas requiring the attendance of witnesses. The licensee
375 shall be entitled to be represented by counsel and a transcript of the

376 hearing shall be made. If the hearing is conducted by a hearing officer,
377 the hearing officer shall state the hearing officer's findings and make a
378 recommendation to the commissioner on the issue of revocation or
379 suspension or the intended licensure action.

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

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

396 Sec. 11. (NEW) (*Effective October 1, 2006*) Any person having
397 reasonable cause to believe that a youth camp, as defined in section
398 19a-420 of the general statutes, is operating without a current and valid
399 license or in violation of regulations adopted under section 19a-428 of
400 the general statutes or in a manner which may pose a potential danger
401 to the health, welfare and safety of a child receiving youth camp
402 services, may report such information to the Department of Public
403 Health. The department shall investigate any report or complaint
404 received pursuant to this subsection. The name of the person making
405 the report or complaint shall not be disclosed unless (1) such person
406 consents to such disclosure, (2) a judicial or administrative proceeding
407 results therefrom, or (3) a license action pursuant to section 19a-423 of
408 the general statutes, as amended by this act, results from such report or

409 complaint. All records obtained by the department in connection with
410 any such investigation shall not be subject to the provisions of section
411 1-210 of the 2006 supplement to the general statutes, for a period of
412 thirty days from the date of the petition or other event initiating such
413 investigation, or until such time as the investigation is terminated
414 pursuant to a withdrawal or other informal disposition or until a
415 hearing is convened pursuant to chapter 54 of the general statutes,
416 whichever is earlier. A formal statement of charges issued by the
417 department shall be subject to the provisions of section 1-210 of the
418 2006 supplement to the general statutes, from the time that it is served
419 or mailed to the respondent. Records which are otherwise public
420 records shall not be deemed confidential merely because they have
421 been obtained in connection with an investigation under this section.

422 Sec. 12. Section 20-162p of the general statutes is repealed and the
423 following is substituted in lieu thereof (*Effective October 1, 2006*):

424 The commissioner may take any action set forth in section 19a-17 if
425 the license holder fails to conform to the accepted standards of the
426 respiratory care profession, including, but not limited to, the following:
427 Conviction of a felony, fraud or deceit in the practice of respiratory
428 care; illegal conduct; negligent, incompetent or wrongful conduct in
429 professional activities; emotional disorder or mental illness; physical
430 illness, including, but not limited to, deterioration through the aging
431 process; abuse or excessive use of drugs, including alcohol, narcotics or
432 chemicals; wilful falsification of entries in any hospital, patient or other
433 record pertaining to respiratory care; misrepresentation or
434 concealment of a material fact in the obtaining or reinstatement of a
435 respiratory care practitioner license; failure to comply with the
436 continuing education requirements set forth in section 13 of this act; or
437 violation of any provisions of sections 20-162n to 20-162q, inclusive, as
438 amended, or any regulation adopted pursuant to said section 20-162o.
439 The Commissioner of Public Health may order a license holder to
440 submit to a reasonable physical or mental examination if his physical
441 or mental capacity to practice safely is the subject of an investigation.
442 Said commissioner may petition the superior court for the judicial

443 district of Hartford to enforce such order or any action taken pursuant
444 to section 19a-17. Notice of any contemplated action under said
445 section, of the cause therefor and the date of hearing thereon shall be
446 given and an opportunity for hearing afforded as provided in
447 regulations adopted by the commissioner.

448 Sec. 13. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

449 (1) "Commissioner" means the Commissioner of Public Health;

450 (2) "Contact hour" means a minimum of fifty minutes of continuing
451 education activity;

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

453 (4) "Licensee" means any person who receives a license from the
454 department pursuant to chapter 381a of the general statutes; and

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

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

471 (c) Each licensee applying for license renewal pursuant to section
472 19a-88 of the 2006 supplement to the general statutes shall sign a

473 statement attesting that he or she has maintained credentialing as a
474 respiratory therapist, issued by the National Board for Respiratory
475 Care, or has satisfied the continuing education requirements of
476 subsection (b) of this section on a form prescribed by the department.
477 Each licensee shall retain credentialing records, or records of
478 attendance or certificates of completion that demonstrate compliance
479 with the continuing education requirements of said subsection (b) for a
480 minimum of five years following the year in which the licensee was
481 recredentialed or in which the continuing education activities were
482 completed and shall submit such records to the department for
483 inspection not later than forty-five days after a request by the
484 department for such records.

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

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

503 (f) Any licensee whose license has become void pursuant to section
504 19a-88 of the 2006 supplement to the general statutes and who applies
505 to the department for reinstatement of such license pursuant to section

506 19a-14 of the 2006 supplement to the general statutes shall submit
507 evidence documenting successful completion of six contact hours of
508 qualifying continuing education within the one-year period
509 immediately preceding application for reinstatement.

510 Sec. 14. Section 20-222 of the general statutes is amended by adding
511 subsection (g) as follows (*Effective October 1, 2006*):

512 (NEW) (g) All records relating to contracts for funeral services,
513 prepaid funeral contracts or escrow accounts shall be maintained at the
514 address of record of the funeral home identified on the certificate of
515 inspection for a period of not less than three years after the death of
516 the individual for whom funeral services were provided.

517 Sec. 15. Subsection (a) of section 20-230d of the 2006 supplement to
518 the general statutes is repealed and the following is substituted in lieu
519 thereof (*Effective from passage*):

520 (a) If the cremated remains are not accepted by a person in
521 accordance with the requested disposition of the cremated remains on
522 the form required by section 20-230c or by the person designated to
523 take custody and control of the cremated remains, the funeral director
524 may dispose of such cremated remains by: (1) Burial in a cemetery, (2)
525 storage in a crypt of a mausoleum or columbarium, (3) scattering, (4)
526 burial in a memorial garden, (5) storage at the funeral home, or (6)
527 such other method identified in the signed form required by section
528 20-230c, provided the funeral director has complied with the notice
529 requirements of subsection (b) of this section. Upon such disposal of
530 the cremated remains, the funeral director shall notify, in writing, the
531 registrar of vital records [in] of the town [from which the cremation
532 permit for the deceased was issued pursuant to section 19a-323] where
533 the death occurred, of the manner in which the cremated remains were
534 disposed. Such written notice shall be attached to the cremation
535 permit.

536 Sec. 16. Subdivision (20) of section 21a-240 of the general statutes is
537 repealed and the following is substituted in lieu thereof (*Effective from*

538 *passage*):

539 (20) (A) "Drug paraphernalia" refers to equipment, products and
540 materials of any kind which are used, intended for use or designed for
541 use in planting, propagating, cultivating, growing, harvesting,
542 manufacturing, compounding, converting, producing, processing,
543 preparing, testing, analyzing, packaging, repackaging, storing,
544 containing or concealing, or injecting, ingesting, inhaling or otherwise
545 introducing into the human body, any controlled substance contrary to
546 the provisions of this chapter including, but not limited to: (i) Kits
547 intended for use or designed for use in planting, propagating,
548 cultivating, growing or harvesting of any species of plant which is a
549 controlled substance or from which a controlled substance can be
550 derived; (ii) kits used, intended for use or designed for use in
551 manufacturing, compounding, converting, producing, processing or
552 preparing controlled substances; (iii) isomerization devices used,
553 intended for use in increasing the potency of any species of plant
554 which is a controlled substance; (iv) testing equipment used, intended
555 for use or designed for use in identifying or analyzing the strength,
556 effectiveness or purity of controlled substances; (v) dilutents and
557 adulterants, such as quinine hydrochloride, mannitol, mannite,
558 dextrose and lactose used, intended for use or designed for use in
559 cutting controlled substances; (vi) separation gins and sifters used,
560 intended for use or designed for use in removing twigs and seeds
561 from, or in otherwise cleaning or refining, marijuana; (vii) capsules
562 and other containers used, intended for use or designed for use in
563 packaging small quantities of controlled substances; (viii) containers
564 and other objects used, intended for use or designed for use in storing
565 or concealing controlled substances; [(ix) in a quantity greater than
566 thirty hypodermic syringes, needles and other objects used, intended
567 for use or designed for use in parenterally injecting controlled
568 substances into the human body; (x)] (ix) objects used, intended for use
569 or designed for use in ingesting, inhaling, or otherwise introducing
570 marijuana, cocaine, hashish, or hashish oil into the human body, such
571 as: Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with
572 screens, permanent screens, hashish heads or punctured metal bowls;

573 water pipes; carburetion tubes and devices; smoking and carburetion
574 masks; roach clips: Meaning objects used to hold burning material,
575 such as a marijuana cigarette, that has become too small or too short to
576 be held in the hand; miniature cocaine spoons, and cocaine vials;
577 chamber pipes; carburetor pipes; electric pipes; air-driven pipes;
578 chillums; bongs or ice pipes or chillers;

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

585 Sec. 17. Section 21a-267 of the general statutes is repealed and the
586 following is substituted in lieu thereof (*Effective from passage*):

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

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

604 (c) Any person who violates subsection (a) or (b) of this section in or

605 on, or within one thousand five hundred feet of, the real property
606 comprising a public or private elementary or secondary school and
607 who is not enrolled as a student in such school shall be imprisoned for
608 a term of one year which shall not be suspended and shall be in
609 addition and consecutive to any term of imprisonment imposed for
610 violation of subsection (a) or (b) of this section.

611 Sec. 18. Section 38a-988 of the general statutes is amended by adding
612 subdivision (20) as follows (*Effective October 1, 2006*):

613 (NEW) (20) Made to the Department of Public Health in conjunction
614 with the investigation of a health care provider pursuant to section
615 19a-14, as amended by this act.

616 Sec. 19. Section 46b-22a of the general statutes is repealed and the
617 following is substituted in lieu thereof (*Effective from passage*):

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

625 Sec. 20. Section 46b-24a of the general statutes is repealed and the
626 following is substituted in lieu thereof (*Effective from passage*):

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

633 Sec. 21. (NEW) (*Effective October 1, 2006*) (a) Except as provided in
634 subsection (c) of this section, each person licensed to practice dentistry
635 under the provisions of chapter 379 of the general statutes who

636 provides direct patient care services shall maintain professional
637 liability insurance or other indemnity against liability for professional
638 malpractice. The amount of insurance which each such person shall
639 carry as insurance or indemnity against claims for injury or death for
640 professional malpractice shall be not less than five hundred thousand
641 dollars for one person, per occurrence, with an aggregate of not less
642 than one million five hundred thousand dollars.

643 (b) Each insurance company that issues professional liability
644 insurance, as defined in subdivisions (1), (4), (6), (7), (8) and (9) of
645 subsection (b) of section 38a-393 of the general statutes, shall on and
646 after January 1, 2007, render to the Commissioner of Public Health a
647 true record of the names and addresses, according to classification, of
648 cancellations of and refusals to renew professional liability insurance
649 policies and the reasons for such cancellation or refusal to renew said
650 policies for the year ending on the thirty-first day of December next
651 preceding.

652 (c) A person subject to the provisions of subsection (a) of this section
653 shall be deemed in compliance with such subsection when providing
654 dental services at a clinic licensed by the Department of Public Health
655 that is recognized as tax exempt pursuant to Section 501(c)(3) of the
656 Internal Revenue Code of 1986 or any successor internal revenue code,
657 as may be amended from time to time, provided: (1) Such person is not
658 compensated for such services; (2) the clinic does not charge patients
659 for such services; (3) the clinic maintains professional liability
660 insurance coverage in the amounts required by subsection (a) of this
661 section for each aggregated forty hours of service or fraction thereof
662 for such persons; (4) the clinic carries additional appropriate
663 professional liability coverage on behalf of the clinic and its employees
664 in the amounts of five hundred thousand dollars per occurrence, with
665 an aggregate of not less than one million five hundred thousand
666 dollars; and (5) the clinic maintains total professional liability coverage
667 of not less than one million dollars per occurrence with an annual
668 aggregate of not less than three million dollars. Such person shall be
669 subject to the provisions of subsection (a) of this section when

670 providing direct patient care services in any setting other than such
671 clinic. Nothing in this subsection shall be construed to relieve the clinic
672 from any insurance requirements otherwise required by law.

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

680 Sec. 22. (NEW) (*Effective October 1, 2006*) Upon the sale,
681 discontinuance or termination of a funeral service business, the person,
682 firm, partnership or corporation to whom the inspection certificate has
683 been issued shall:

684 (1) Publish notice in a newspaper having general circulation in each
685 town where the funeral service business engaged in funeral directing
686 that the funeral service business is being sold, discontinued or
687 terminated. Such notice shall appear twice, seven days apart and shall
688 be no less than two columns wide and two inches in height;

689 (2) Mail a letter to each owner of an established prepaid funeral or
690 escrow account, and make arrangements with the owner of said
691 accounts to transfer the accounts to a funeral service business of the
692 owner's choice;

693 (3) Mail a letter to each person for whom the funeral service
694 business is storing cremated remains; and

695 (4) Provide the Department of Public Health with a list of all
696 unclaimed cremated remains and all prepaid funeral and escrow
697 accounts held by the business at the time of discontinuance or
698 termination, along with contact information for the owners, a
699 statement indicating the status of transfers for all prepaid funeral and
700 escrow accounts, the name of any funeral service business to which the

701 prepaid funeral or escrow account has been transferred and the name
702 of the institution or institutions holding the accounts in escrow.

703 Sec. 23. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

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

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

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

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

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

724 (c) Any municipal health department established under chapter
725 368e of the general statutes, and any district department of health
726 established under chapter 368f of the general statutes, may, within its
727 available resources, enforce the provisions of this section.

728 Sec. 24. (NEW) (*Effective July 1, 2006*) (a) As used in this section,
729 "nursing home management services" means services provided in a
730 nursing home to manage the operations of such facility, including the

731 provision of care and services.

732 (b) On and after October 1, 2006, no person or entity shall provide
733 nursing home management services in this state without obtaining a
734 certificate from the Department of Public Health.

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

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

742 (2) A description of the applicant's nursing home management
743 experience;

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

760 (4) The location and description of any other health care facility in
761 which the applicant currently provides management services or has

762 provided such services within the past five years.

763 (b) In addition to the information provided pursuant to subsection
764 (a) of this section, the department may reasonably require an applicant
765 for a certificate to provide nursing home management services or
766 renewal of such certificate to submit additional information, including
767 the applicant's audited and certified financial statements.

768 (c) Each application for a certificate to provide nursing home
769 management services shall be accompanied by an application fee of
770 three hundred dollars.

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

780 Sec. 25. Section 19a-127m of the general statutes is repealed and the
781 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

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

790 (b) On and after October 1, 2002, a hospital or outpatient surgical
791 facility shall report adverse events to the Department of Public Health
792 on a form prescribed by the Commissioner of Public Health as follows:

793 (1) A written report and the status of any corrective steps shall be
794 submitted not later than seven days after the adverse event occurred;
795 and (2) a corrective action plan shall be filed not later than thirty days
796 after the adverse event occurred. Emergent reports, as defined in the
797 regulations adopted pursuant to subsection (c) of this section, shall be
798 made to the department immediately. Failure to implement a
799 corrective action plan may result in disciplinary action by the
800 [Commissioner of Public Health] commissioner, pursuant to section
801 19a-494.

802 Sec. 27. Subsection (c) of section 19a-127n of the general statutes is
803 repealed and the following is substituted in lieu thereof (*Effective*
804 *October 1, 2006*):

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

813 Sec. 28. Section 19a-490h of the general statutes is repealed and the
814 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

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

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

836 Sec. 29. Section 19a-521 of the general statutes is repealed and the
837 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

852 Sec. 30. (NEW) (*Effective October 1, 2006*) (a) As used in this section:

853 (1) "Commissioner" means the Commissioner of Public Health;

854 (2) "Contact hour" means a minimum of fifty minutes of continuing
855 education activity;

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

857 (4) "Licensee" means any person who receives a license from the
858 department pursuant to chapter 376c of the general statutes; and

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

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

882 (c) Each licensee applying for license renewal pursuant to section
883 19a-88 of the 2006 supplement to general statutes shall sign a statement
884 attesting that he or she has maintained registration as a radiographer
885 or radiation therapy technologist issued by the American Registry of
886 Radiologic Technologists, or has satisfied the continuing education
887 requirements of subsection (b) of this section on a form prescribed by
888 the department. A licensee who fails to comply with the requirements

889 of this section may be subject to disciplinary action pursuant to section
890 20-74cc or 19a-17 of the general statutes. Each licensee shall retain
891 records of attendance or certificates of completion that demonstrate
892 compliance with the continuing education requirements of subsection
893 (b) of this section for a minimum of three years following the year in
894 which the continuing education activities were completed and shall
895 submit such records to the department for inspection not later than
896 forty-five days after a request by the department for such records.

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

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

911 (f) In individual cases involving medical disability or illness, the
912 commissioner may, in the commissioner's discretion, grant a waiver of
913 the continuing education requirements or an extension of time within
914 which to fulfill the continuing education requirements of this section to
915 any licensee, provided the licensee submits to the department an
916 application for waiver or extension of time on a form prescribed by the
917 department, along with a certification by a licensed physician of the
918 disability or illness and such other documentation as may be required
919 by the commissioner. The commissioner may grant a waiver or
920 extension for a period not to exceed one registration period, except that
921 the commissioner may grant additional waivers or extensions if the

922 medical disability or illness upon which a waiver or extension is
923 granted continues beyond the period of the waiver or extension and
924 the licensee applies for an additional waiver or extension.

925 (g) Any licensee whose license has become void pursuant to section
926 19a-88 of the 2006 supplement to the general statutes and who applies
927 to the department for reinstatement of such license pursuant to section
928 19a-14 of the 2006 supplement to the general statutes, as amended by
929 this act, shall submit evidence documenting successful completion of
930 twelve contact hours of continuing education within the one-year
931 period immediately preceding application for reinstatement.

932 Sec. 31. Section 20-101 of the 2006 supplement to the general statutes
933 is repealed and the following is substituted in lieu thereof (*Effective*
934 *from passage*):

935 No provision of this chapter shall confer any authority to practice
936 medicine or surgery nor shall this chapter prohibit any person from
937 the domestic administration of family remedies or the furnishing of
938 assistance in the case of an emergency; nor shall it be construed as
939 prohibiting persons employed in state hospitals and state sanatoriums
940 and subsidiary workers in general hospitals from assisting in the
941 nursing care of patients if adequate medical and nursing supervision is
942 provided; nor shall it be construed to prohibit the administration of
943 medications by dialysis patient care technicians in accordance with
944 section 19a-269a; nor shall it be construed as prohibiting students who
945 are enrolled in schools of nursing approved pursuant to section 20-90,
946 and students who are enrolled in schools for licensed practical nurses
947 approved pursuant to section 20-90, from performing such work as is
948 incidental to their respective courses of study; nor shall it prohibit a
949 registered nurse who holds a master's degree in nursing or in a related
950 field recognized for certification as either a nurse practitioner, a clinical
951 nurse specialist, or a nurse anesthetist by one of the certifying bodies
952 identified in section 20-94a from practicing for a period not to exceed
953 one hundred twenty days after the date of graduation, provided such
954 graduate advanced practice registered nurse is working in a hospital

955 or other organization under the supervision of a licensed physician or
956 a licensed advanced practice registered nurse, such hospital or other
957 organization has verified that the graduate advanced practice
958 registered nurse has applied to sit for the national certification
959 examination and the graduate advanced practice registered nurse is
960 not authorized to prescribe or dispense drugs; nor shall it prohibit
961 graduates of schools of nursing or schools for licensed practical nurses
962 approved pursuant to section 20-90, from nursing the sick for a period
963 not to exceed ninety calendar days after the date of graduation,
964 provided such graduate nurses are working in hospitals or
965 organizations where adequate supervision is provided, and such
966 hospital or other organization has verified that the graduate nurse has
967 successfully completed a nursing program. Upon notification that the
968 graduate nurse has failed the licensure examination or that the
969 graduate advanced practice registered nurse has failed the certification
970 examination, all privileges under this section shall automatically cease.
971 No provision of this chapter shall prohibit any registered nurse who
972 has been issued a temporary permit by the department, pursuant to
973 subsection (b) of section 20-94, from caring for the sick pending the
974 issuance of a license without examination; nor shall it prohibit any
975 licensed practical nurse who has been issued a temporary permit by
976 the department, pursuant to subsection (b) of section 20-97, from
977 caring for the sick pending the issuance of a license without
978 examination; nor shall it prohibit any qualified registered nurse or any
979 qualified licensed practical nurse of another state from caring for a
980 patient temporarily in this state, provided such nurse has been granted
981 a temporary permit from said department and provided such nurse
982 shall not represent or hold himself or herself out as a nurse licensed to
983 practice in this state; nor shall it prohibit registered nurses or licensed
984 practical nurses from other states from doing such nursing as is
985 incident to their course of study when taking postgraduate courses in
986 this state; nor shall it prohibit nursing or care of the sick, with or
987 without compensation or personal profit, in connection with the
988 practice of the religious tenets of any church by adherents thereof,
989 provided such persons shall not otherwise engage in the practice of

990 nursing within the meaning of this chapter. This chapter shall not
991 prohibit the care of persons in their homes by domestic servants,
992 housekeepers, nursemaids, companions, attendants or household aides
993 of any type, whether employed regularly or because of an emergency
994 of illness, if such persons are not initially employed in a nursing
995 capacity.

996 Sec. 32. Subsection (b) of section 20-126c of the 2006 supplement to
997 the general statutes is repealed and the following is substituted in lieu
998 thereof (*Effective from passage*):

999 (b) Except as otherwise provided in this section, for registration
1000 periods beginning on and after October 1, 2007, a licensee applying for
1001 license renewal shall earn a minimum of twenty-five contact hours of
1002 continuing education within the preceding twenty-four-month period.
1003 Such continuing education shall (1) be in an area of the licensee's
1004 practice; (2) reflect the professional needs of the licensee in order to
1005 meet the health care needs of the public; and (3) include at least one
1006 contact hour of training or education in [infectious] each of the
1007 following topics: (A) Infectious diseases, including, but not limited to,
1008 acquired immune deficiency syndrome and human immunodeficiency
1009 virus, (B) access to care, (C) risk management, (D) care of special needs
1010 patients, and (E) domestic violence, including sexual abuse. Qualifying
1011 continuing education activities include, but are not limited to, courses,
1012 including on-line courses, offered or approved by the American Dental
1013 Association or state, district or local dental associations and societies
1014 affiliated with the American Dental Association; national, state, district
1015 or local dental specialty organizations or the American Academy of
1016 General Dentistry; a hospital or other health care institution; dental
1017 schools and other schools of higher education accredited or recognized
1018 by the Council on Dental Accreditation or a regional accrediting
1019 organization; agencies or businesses whose programs are accredited or
1020 recognized by the Council on Dental Accreditation; local, state or
1021 national medical associations; a state or local health department; or the
1022 Accreditation Council for Graduate Medical Education. Eight hours of
1023 volunteer dental practice at a public health facility, as defined in

1024 section 20-126l, as amended, may be substituted for one contact hour
1025 of continuing education, up to a maximum of ten contact hours in one
1026 twenty-four-month period.

1027 Sec. 33. Subsection (b) of section 20-10b of the 2006 supplement to
1028 the general statutes is repealed and the following is substituted in lieu
1029 thereof (*Effective from passage*):

1030 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1031 this section, for registration periods beginning on and after October 1,
1032 2007, a licensee applying for license renewal shall earn a minimum of
1033 fifty contact hours of continuing medical education within the
1034 preceding twenty-four-month period. Such continuing medical
1035 education shall (1) be in an area of the physician's practice; (2) reflect
1036 the professional needs of the licensee in order to meet the health care
1037 needs of the public; and (3) include at least one contact hour of training
1038 or education in [infectious] each of the following topics: (A) Infectious
1039 diseases, including, but not limited to, acquired immune deficiency
1040 syndrome and human immunodeficiency virus, (B) risk management,
1041 (C) sexual assault, and (D) domestic violence. For purposes of this
1042 section, qualifying continuing medical education activities include, but
1043 are not limited to, courses offered or approved by the American
1044 Medical Association, American Osteopathic Medical Association,
1045 Connecticut Hospital Association, Connecticut State Medical Society,
1046 county medical societies or equivalent organizations in another
1047 jurisdiction, educational offerings sponsored by a hospital or other
1048 health care institution or courses offered by a regionally accredited
1049 academic institution or a state or local health department.

1050 Sec. 34. Subsection (c) of section 20-8a of the 2006 supplement to the
1051 general statutes is repealed and the following is substituted in lieu
1052 thereof (*Effective from passage*):

1053 (c) The Commissioner of Public Health shall establish a list of
1054 twenty-four persons who may serve as members of medical hearing
1055 panels established pursuant to subsection (g) of this section. Persons
1056 appointed to the list shall serve as members of the medical hearing

1057 panels and provide the same services as members of the Connecticut
1058 Medical Examining Board. Members from the list serving on such
1059 panels shall not be voting members of the Connecticut Medical
1060 Examining Board. The list shall consist of twenty-four members
1061 appointed by the commissioner, at least eight of whom shall be
1062 physicians, as defined in section 20-13a, with at least one of such
1063 physicians being a graduate of a medical education program
1064 accredited by the American Osteopathic Association, at least one of
1065 whom shall be a physician assistant licensed pursuant to section 20-
1066 12b, and nine of whom shall be members of the public. No professional
1067 member of the list shall be an elected or appointed officer of a
1068 professional society or association relating to such member's
1069 profession at the time of appointment to the list or have been such an
1070 officer during the year immediately preceding such appointment to the
1071 list. A licensed professional appointed to the list shall be a practitioner
1072 in good professional standing and a resident of this state. All vacancies
1073 shall be filled by the commissioner. Successors and appointments to fill
1074 a vacancy on the list shall possess the same qualifications as those
1075 required of the member succeeded or replaced. No person whose
1076 spouse, parent, brother, sister, child or spouse of a child is a physician,
1077 as defined in section 20-13a, or a physician assistant, as defined in
1078 section 20-12a, shall be appointed to the list as a member of the public.
1079 Each person appointed to the list shall serve without compensation at
1080 the pleasure of the commissioner. Each medical hearing panel shall
1081 consist of three members, one of whom shall be a member of the
1082 Connecticut Medical Examining Board, one of whom shall be a
1083 physician or physician assistant, as appropriate, and one of whom
1084 shall be a public member. The physician and public member may be a
1085 member of the board or a member from the list established pursuant to
1086 this subsection. [At least one of the three members shall be a member
1087 of the Connecticut Medical Examining Board. The public member may
1088 be a member of the board or a member from the list established
1089 pursuant to this subsection.]

1090 Sec. 35. Subdivision (19) of section 19a-175 of the general statutes is
1091 repealed and the following is substituted in lieu thereof (*Effective*

1092 *October 1, 2006*):

1093 (19) "Management service" means an organization [which] that does
1094 not have any emergency vehicles or branch offices and provides
1095 emergency medical technicians or paramedics to any entity including
1096 an ambulance service but does not include a commercial ambulance
1097 service or a volunteer or municipal ambulance service.

1098 Sec. 36. Section 19a-180 of the general statutes is repealed and the
1099 following is substituted in lieu thereof (*Effective October 1, 2006*):

1100 (a) No person shall operate any ambulance service, rescue service or
1101 management service without either a license or a certificate issued by
1102 the commissioner. No person shall operate a commercial ambulance
1103 service or commercial rescue service or a management service without
1104 a license issued by the commissioner. A certificate shall be issued to
1105 any volunteer or municipal ambulance service which shows proof
1106 satisfactory to the commissioner that it meets the minimum standards
1107 of the commissioner in the areas of training, equipment and personnel.
1108 Applicants for a license shall use the forms prescribed by the
1109 commissioner and shall submit such application to the commissioner
1110 accompanied by an annual fee of one hundred dollars. In considering
1111 requests for approval of permits for new or expanded emergency
1112 medical services in any region, the commissioner shall consult with the
1113 Office of Emergency Medical Services and the emergency medical
1114 services council of such region and shall hold a public hearing to
1115 determine the necessity for such services. [Written] At least thirty days
1116 prior to the hearing, written notice of [such] the hearing shall be given
1117 to current providers in the [geographic] state, or in the event that the
1118 request for new or expanded emergency medical services is limited to
1119 a particular town or region, then to the providers in the particular
1120 town or region where such new or expanded services would be
1121 implemented, provided, any volunteer ambulance service [which] that
1122 elects not to levy charges for services rendered under this chapter shall
1123 be exempt from the provisions concerning requests for approval of
1124 permits for new or expanded emergency medical services set forth in

1125 this subsection. In determining the necessity for the new or expanded
1126 services in the town or region, the commissioner shall take into
1127 consideration the potential effect of such new or expanded services on
1128 existing primary service area responders, including any financial
1129 impact that such new or expanded services might have on the existing
1130 primary service area responder's ability to provide emergency medical
1131 services in the town or region. Each applicant for licensure shall
1132 furnish proof of financial responsibility which the commissioner
1133 deems sufficient to satisfy any claim. The commissioner may adopt
1134 regulations, in accordance with the provisions of chapter 54, to
1135 establish satisfactory kinds of coverage and limits of insurance for each
1136 applicant for either licensure or certification. Until such regulations are
1137 adopted, the following shall be the required limits for licensure: (1) For
1138 damages by reason of personal injury to, or the death of, one person on
1139 account of any accident, at least five hundred thousand dollars, and
1140 more than one person on account of any accident, at least one million
1141 dollars, (2) for damage to property at least fifty thousand dollars, and
1142 (3) for malpractice in the care of one passenger at least two hundred
1143 fifty thousand dollars, and for more than one passenger at least five
1144 hundred thousand dollars. In lieu of the limits set forth in subdivisions
1145 (1) to (3), inclusive, of this subsection, a single limit of liability shall be
1146 allowed as follows: (A) For damages by reason of personal injury to, or
1147 death of, one or more persons and damage to property, at least one
1148 million dollars; and (B) for malpractice in the care of one or more
1149 passengers, at least five hundred thousand dollars. A certificate of such
1150 proof shall be filed with the commissioner. Upon determination by the
1151 commissioner that an applicant is financially responsible, properly
1152 certified and otherwise qualified to operate a commercial ambulance
1153 service, the commissioner shall issue a license effective for one year to
1154 such applicant. If the commissioner determines that an applicant for
1155 either a certificate or license is not so qualified, the commissioner shall
1156 notify such applicant of the denial of the application with a statement
1157 of the reasons for such denial. Such applicant shall have thirty days to
1158 request a hearing on the denial of the application.

1159 (b) Any person or emergency medical service organization which

1160 does not maintain standards or violates regulations adopted under any
1161 section of this chapter applicable to such person or organization may
1162 have such person's or organization's license or certification suspended
1163 or revoked or may be subject to any other disciplinary action specified
1164 in section 19a-17 after notice by certified mail to such person or
1165 organization of the facts or conduct which warrant the intended action.
1166 Such person or emergency medical service organization shall have an
1167 opportunity to show compliance with all requirements for the
1168 retention of such certificate or license. In the conduct of any
1169 investigation by the commissioner of alleged violations of the
1170 standards or regulations adopted under the provisions of this chapter,
1171 the commissioner may issue subpoenas requiring the attendance of
1172 witnesses and the production by any medical service organization or
1173 person of reports, records, tapes or other documents which concern the
1174 allegations under investigation. All records obtained by the
1175 commissioner in connection with any such investigation shall not be
1176 subject to the provisions of section 1-210, as amended, for a period of
1177 six months from the date of the petition or other event initiating such
1178 investigation, or until such time as the investigation is terminated
1179 pursuant to a withdrawal or other informal disposition or until a
1180 hearing is convened pursuant to chapter 54, whichever is earlier. A
1181 complaint, as defined in subdivision (6) of section 19a-13, shall be
1182 subject to the provisions of section 1-210, as amended, from the time
1183 that it is served or mailed to the respondent. Records which are
1184 otherwise public records shall not be deemed confidential merely
1185 because they have been obtained in connection with an investigation
1186 under this chapter.

1187 (c) Any person or emergency medical service organization
1188 aggrieved by an act or decision of the commissioner regarding
1189 certification or licensure may appeal in the manner provided by
1190 chapter 54.

1191 (d) Any person guilty of any of the following acts shall be fined not
1192 more than two hundred fifty dollars, or imprisoned not more than
1193 three months, or be both fined and imprisoned: (1) In any application

1194 to the commissioner or in any proceeding before or investigation made
1195 by the commissioner, knowingly making any false statement or
1196 representation, or, with knowledge of its falsity, filing or causing to be
1197 filed any false statement or representation in a required application or
1198 statement; (2) issuing, circulating or publishing or causing to be issued,
1199 circulated or published any form of advertisement or circular for the
1200 purpose of soliciting business which contains any statement that is
1201 false or misleading, or otherwise likely to deceive a reader thereof,
1202 with knowledge that it contains such false, misleading or deceptive
1203 statement; (3) giving or offering to give anything of value to any
1204 person for the purpose of promoting or securing ambulance or rescue
1205 service business or obtaining favors relating thereto; (4) administering
1206 or causing to be administered, while serving in the capacity of an
1207 employee of any licensed ambulance or rescue service, any alcoholic
1208 liquor to any patient in such employee's care, except under the
1209 supervision and direction of a licensed physician; (5) in any respect
1210 wilfully violating or failing to comply with any provision of this
1211 chapter or wilfully violating, failing, omitting or neglecting to obey or
1212 comply with any regulation, order, decision or license, or any part or
1213 provisions thereof; (6) with one or more other persons, conspiring to
1214 violate any license or order issued by the commissioner or any
1215 provision of this chapter.

1216 (e) No person shall place any advertisement or produce any printed
1217 matter that holds that person out to be an ambulance service unless
1218 such person is licensed or certified pursuant to this section. Any such
1219 advertisement or printed matter shall include the license or certificate
1220 number issued by the commissioner.

1221 (f) Each licensed or certified ambulance service shall secure and
1222 maintain medical control, as defined in section 19a-179 of the 2006
1223 supplement to the general statutes, by a sponsor hospital, as defined in
1224 said section 19a-179, for all its emergency medical personnel, whether
1225 such personnel are employed by the ambulance service or a
1226 management service.

1227 (g) Each applicant whose request for new or expanded emergency
1228 medical services is approved shall, not later than six months after the
1229 date of such approval, acquire the necessary resources, equipment and
1230 other material necessary to comply with the terms of the approval. If
1231 the applicant fails to do so, the approval for new or expanded medical
1232 services shall be void and the commissioner shall rescind his or her
1233 approval.

1234 Sec. 37. Subdivision (1) of section 20-86a of the general statutes is
1235 repealed and the following is substituted in lieu thereof (*Effective*
1236 *October 1, 2006*):

1237 For the purposes of sections 20-86a to 20-86e, inclusive, as amended
1238 by this act:

1239 (1) "Nurse-midwifery" means the management of [care of essentially
1240 normal newborns and women, antepartally, intrapartally, postpartally
1241 and gynecologically, occurring within a health care team, directed by a
1242 qualified obstetrician-gynecologist] women's health care needs,
1243 focusing particularly on family planning and gynecological needs of
1244 women, pregnancy, childbirth, the postpartum period and the care of
1245 newborns, occurring within a health care team and in collaboration
1246 with qualified obstetrician-gynecologists.

1247 Sec. 38. Section 20-86b of the 2006 supplement to the general statutes
1248 is repealed and the following is substituted in lieu thereof (*Effective*
1249 *October 1, 2006*):

1250 [A clinical practice relationship shall exist between each nurse-
1251 midwife and an obstetrician-gynecologist and shall be based upon
1252 mutually agreed upon medical guidelines and protocols. Such
1253 protocols shall be in writing and contain a list of medications, devices
1254 and laboratory tests that may be prescribed, dispensed or administered
1255 by the nurse-midwife. Such protocols shall be provided to the
1256 Department of Public Health upon request of the department. The
1257 term "directed" does not necessarily imply the physical presence of an
1258 obstetrician-gynecologist while care is being given by a nurse-

1259 midwife.] Nurse-midwives shall practice within a health care system
1260 and have clinical relationships with obstetrician-gynecologists that
1261 provide for consultation, collaborative management or referral, as
1262 indicated by the health status of the patient. Nurse-midwifery care
1263 shall be consistent with the standards of care established by the
1264 American College of Nurse Midwives. Each nurse-midwife shall
1265 provide each patient with information regarding, or referral to, other
1266 providers and services upon request of the patient or when the care
1267 required by the patient is not within the midwife's scope of practice.
1268 Each nurse-midwife shall sign the birth certificate of each infant
1269 delivered by the nurse-midwife. A nurse-midwife may make the actual
1270 determination and pronouncement of death of an infant delivered by
1271 the nurse-midwife provided: (1) The death is an anticipated death; (2)
1272 the nurse-midwife attests to such pronouncement on the certificate of
1273 death; and (3) the nurse-midwife or a physician licensed pursuant to
1274 chapter 370 certifies the certificate of death not later than twenty-four
1275 hours after such pronouncement.

1276 Sec. 39. Section 20-86d of the general statutes is repealed and the
1277 following is substituted in lieu thereof (*Effective October 1, 2006*):

1278 The Commissioner of Public Health shall appoint a committee of
1279 three nurse-midwives, each of whom shall be licensed under this
1280 chapter and actively engaged in the practice of nurse-midwifery for
1281 not less than five years, and shall seek their advice and assistance in
1282 the administration of the program of regulation of nurse-midwives.
1283 No person who holds an office in the Connecticut Chapter of the
1284 American College of Nurse Midwives may be appointed to the
1285 committee.

1286 Sec. 40. (NEW) (*Effective October 1, 2006*) Nothing in chapter 377 of
1287 the general statutes shall be construed to prohibit graduates of nurse-
1288 midwifery programs approved by the American College of Nurse-
1289 Midwives from practicing midwifery for a period not to exceed (1)
1290 ninety calendar days after the date of graduation, or (2) the date upon
1291 which the graduate is notified that he or she has failed the licensure

1292 examination, whichever is shorter, provided (A) such graduate nurses
1293 are working in a hospital or organization where adequate supervision,
1294 as determined by the Commissioner of Public Health, is provided, and
1295 (B) such hospital or other organization has verified that the graduate
1296 nurse has successfully completed a midwifery program approved by
1297 the American College of Nurse-Midwives.

1298 Sec. 41. (NEW) (*Effective from passage*) (a) On or before October 1,
1299 2006, the Department of Public Health shall adopt regulations, in
1300 accordance with chapter 54 of the general statutes, establishing a mold
1301 abatement protocol for persons who hold themselves out to the public
1302 as mold remediation or abatement contractors. Such protocol shall
1303 include, but need not be limited to, specific, acceptable methods for
1304 performing mold remediation or abatement work.

1305 (b) No person may engage in mold remediation or abatement work
1306 in this state for a fee or other remuneration unless such person adheres
1307 to the mold abatement protocol established pursuant to subsection (a)
1308 of this section.

1309 Sec. 42. Section 19a-493b of the 2006 supplement to the general
1310 statutes is repealed and the following is substituted in lieu thereof
1311 (*Effective from passage*):

1312 (a) As used in this section and subsection (a) of section 19a-490, as
1313 amended, "outpatient surgical facility" means any entity, individual,
1314 firm, partnership, corporation, limited liability company or association,
1315 other than a hospital, engaged in providing surgical services or
1316 diagnostic procedures for human health conditions that include the
1317 use of moderate or deep sedation, moderate or deep analgesia or
1318 general anesthesia, as such levels of anesthesia are defined from time
1319 to time by the American Society of Anesthesiologists, or by such other
1320 professional or accrediting entity recognized by the Department of
1321 Public Health. An outpatient surgical facility shall not include a
1322 medical office owned and operated exclusively by a person or persons
1323 licensed pursuant to section 20-13, provided such medical office: (1)
1324 Has no operating room or designated surgical area; (2) bills no facility

1325 fees to third party payers; (3) administers no deep sedation or general
1326 anesthesia; (4) performs only minor surgical procedures incidental to
1327 the work performed in said medical office of the physician or
1328 physicians that own and operate such medical office; and (5) uses only
1329 light or moderate sedation or analgesia in connection with such
1330 incidental minor surgical procedures. Nothing in this subsection shall
1331 be construed to affect any obligation to comply with the provisions of
1332 section 19a-691.

1333 (b) No entity, individual, firm, partnership, corporation, limited
1334 liability company or association, other than a hospital, shall
1335 individually or jointly establish or operate an outpatient surgical
1336 facility in this state without complying with chapter 368z, except as
1337 otherwise provided by this section, and obtaining a license within the
1338 time specified in this subsection from the Department of Public Health
1339 for such facility pursuant to the provisions of this chapter, unless such
1340 entity, individual, firm, partnership, corporation, limited liability
1341 company or association: (1) Provides to the Office of Health Care
1342 Access satisfactory evidence that it was in operation on or before July
1343 1, 2003, or (2) obtained, on or before July 1, 2003, from the Office of
1344 Health Care Access, a determination that a certificate of need is not
1345 required. An entity, individual, firm, partnership, corporation, limited
1346 liability company or association otherwise in compliance with this
1347 section may operate an outpatient surgical facility without a license
1348 through March 30, 2007, and shall have until March 30, 2007, to obtain
1349 a license from the Department of Public Health.

1350 (c) Notwithstanding the provisions of this section, no outpatient
1351 surgical facility shall be required to comply with section 19a-631, 19a-
1352 632, 19a-637a, 19a-644, 19a-645, as amended, 19a-646, 19a-648, 19a-649,
1353 19a-650, 19a-652, or 19a-654 to 19a-683, inclusive. Each outpatient
1354 surgical facility shall continue to be subject to the obligations and
1355 requirements applicable to such facility, including, but not limited to,
1356 any applicable provision of this chapter and those provisions of
1357 chapter 368z not specified in this subsection or in regulations adopted
1358 pursuant to this subsection, except that a request for permission to

1359 undertake a transfer or change of ownership or control shall not be
1360 required pursuant to subsection (a) of section 19a-638, as amended, if
1361 the Office of Health Care Access determines that the following
1362 conditions are satisfied: (1) Prior to any such transfer or change of
1363 ownership or control, the outpatient surgical facility shall be owned
1364 and controlled exclusively by persons licensed pursuant to section 20-
1365 13, either directly or through a limited liability company, formed
1366 pursuant to chapter 613, a corporation, formed pursuant to chapters
1367 601 and 602, or a limited liability partnership, formed pursuant to
1368 chapter 614, that is exclusively owned by persons licensed pursuant to
1369 section 20-13, or is under the interim control of an estate executor or
1370 conservator pending transfer of an ownership interest or control to a
1371 person licensed under section 20-13, and (2) after any such transfer or
1372 change of ownership or control, persons licensed pursuant to section
1373 20-13, a limited liability company, formed pursuant to chapter 613, a
1374 corporation, formed pursuant to chapters 601 and 602, or a limited
1375 liability partnership, formed pursuant to chapter 614, that is
1376 exclusively owned by persons licensed pursuant to section 20-13, shall
1377 own and control no less than a sixty per cent interest in the outpatient
1378 surgical facility. On or before October 1, 2006, the Department of
1379 Public Health shall adopt regulations, in accordance with chapter 54,
1380 establishing for single specialty outpatient surgical facilities a standard
1381 set of exemptions from the licensure requirements specified in this
1382 chapter.

1383 (d) The provisions of this section [shall] do not apply to persons
1384 licensed to practice dentistry or dental medicine pursuant to chapter
1385 379 or to outpatient clinics licensed pursuant to this chapter.

1386 (e) Any outpatient surgical facility that is accredited as provided in
1387 section 19a-691 shall continue to be subject to the requirements of
1388 section 19a-691.

1389 (f) The Commissioner of Public Health may provide a waiver for
1390 outpatient surgical facilities from the physical plant and staffing
1391 requirements of the licensing regulations adopted pursuant to this

1392 chapter, provided no waiver may be granted unless the health, safety
1393 and welfare of patients is ensured.

1394 Sec. 43. (NEW) (*Effective October 1, 2006*) (a) As used in this section,
1395 "hospitalist" means a physician licensed under chapter 370 of the
1396 general statutes, or any licensed advanced practice registered nurse or
1397 licensed physician assistant who works under the direction of such
1398 physician, who is specially trained in internal medicine and focuses on
1399 caring for special needs of patients in the hospital.

1400 (b) If a person has a primary care physician and is admitted to a
1401 hospital where a hospitalist is used in place of such person's primary
1402 care physician, the hospitalist shall consult with the primary care
1403 physician during such person's hospitalization and, upon such
1404 person's discharge from the hospital, provide a discharge summary to
1405 the primary care physician.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	7-73(a)
Sec. 2	<i>October 1, 2006</i>	19a-14(c)
Sec. 3	<i>on and after the later of October 1, 2000, or the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the licensing of athletic trainers and physical therapist assistants is being implemented by the commissioner</i>	19a-14(c)
Sec. 4	<i>October 1, 2006</i>	19a-88b
Sec. 5	<i>from passage</i>	19a-124(b)
Sec. 6	<i>October 1, 2006</i>	19a-266
Sec. 7	<i>July 1, 2006</i>	New section
Sec. 8	<i>October 1, 2006</i>	19a-269a
Sec. 9	<i>October 1, 2006</i>	19a-422

Sec. 10	<i>October 1, 2006</i>	19a-423
Sec. 11	<i>October 1, 2006</i>	New section
Sec. 12	<i>October 1, 2006</i>	20-162p
Sec. 13	<i>October 1, 2006</i>	New section
Sec. 14	<i>October 1, 2006</i>	20-222
Sec. 15	<i>from passage</i>	20-230d(a)
Sec. 16	<i>from passage</i>	21a-240(20)
Sec. 17	<i>from passage</i>	21a-267
Sec. 18	<i>October 1, 2006</i>	38a-988
Sec. 19	<i>from passage</i>	46b-22a
Sec. 20	<i>from passage</i>	46b-24a
Sec. 21	<i>October 1, 2006</i>	New section
Sec. 22	<i>October 1, 2006</i>	New section
Sec. 23	<i>October 1, 2006</i>	New section
Sec. 24	<i>July 1, 2006</i>	New section
Sec. 25	<i>October 1, 2006</i>	19a-127m
Sec. 26	<i>October 1, 2006</i>	19a-127n(b)
Sec. 27	<i>October 1, 2006</i>	19a-127n(c)
Sec. 28	<i>October 1, 2006</i>	19a-490h
Sec. 29	<i>October 1, 2006</i>	19a-521
Sec. 30	<i>October 1, 2006</i>	New section
Sec. 31	<i>from passage</i>	20-101
Sec. 32	<i>from passage</i>	20-126c(b)
Sec. 33	<i>from passage</i>	20-10b(b)
Sec. 34	<i>from passage</i>	20-8a(c)
Sec. 35	<i>October 1, 2006</i>	19a-175(19)
Sec. 36	<i>October 1, 2006</i>	19a-180
Sec. 37	<i>October 1, 2006</i>	20-86a(1)
Sec. 38	<i>October 1, 2006</i>	20-86b
Sec. 39	<i>October 1, 2006</i>	20-86d
Sec. 40	<i>October 1, 2006</i>	New section
Sec. 41	<i>from passage</i>	New section
Sec. 42	<i>from passage</i>	19a-493b
Sec. 43	<i>October 1, 2006</i>	New section

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Public Health, Dept.	GF - Cost	223,041	262,571
Various Criminal Justice Agencies	GF - Savings	Potential	Potential
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	48,934	151,398
Public Health, Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 07 \$	FY 08 \$
Municipal Police Departments	Savings	Potential	Potential
Local Health Authorities	Revenue Gain	Potential Minimal	Potential Minimal
Various Municipalities	Cost	Potential Indeterminate	Potential Indeterminate

Explanation

Section 1 deletes an obsolete statutory reference and has in no associated fiscal impact.

Sections 2-3 clarify Section 19a-14 CGS, which identifies Department of Public Health- (DPH-) regulated professions having no associated board or commission, by removing a reference to dialysis patient care technicians. This change results in no fiscal impact.

Sections 4, 12-13 establish continuing education requirements for respiratory care practitioners. The DPH will be required to make available forms for use by a respiratory care practitioner when attesting to his or her completion of the continuing education requirement, or when renewing a license voided while the holder is performing military duty. It is anticipated that the DPH can

accommodate these changes without requiring additional resources.

The bill makes failure to comply with continuing education requirements a cause for disciplinary action by the department. Per Section 19a-17 CGS, disciplinary action may include assessment of a civil penalty of up to \$10,000.

Section 5 allows Needle & Syringe Exchange programs to exchange needles/syringes on a one-to-one basis. Current law caps the number that may be exchanged at thirty. This is not anticipated to result in a fiscal impact. Five Needle and Syringe Exchange programs presently operate in Connecticut. State support is limited by available appropriations.

Sections 6 & 7 broaden the eligible use of dollars received by the state via legal settlements in which the proceeds may be “used for health” to include comprehensive cancer initiatives. Current law restricts the eligible use of such funds to breast and cervical cancer treatment services. Should future settlement payments of this type be received by the state, a broader array of services may be supported.

Section 8 allows certified dialysis patient care technicians to administer certain medications in hospital dialysis units if specified conditions are met. No fiscal impact is associated with this change.

Section 9 requires a licensed youth camp to provide staff training related to the camp’s policy regarding behavioral management and supervision; emergency health and safety procedures; and child abuse and neglect recognition, prevention and reporting. It is anticipated that municipally operated youth camps will be able to comply with this requirement without requiring additional resources.

Other changes in this section result in no fiscal impact.

Section 10 establishes a hearing process for licensed youth camps who are aggrieved by a decision of the commissioner. The department will be able to accommodate this new process without requiring additional resources.

It also expands possible disciplinary actions that the commissioner may take against a youth camp. To the extent that civil penalties may now be assessed, a potential minimal revenue gain to the state would result.

Section 11 makes changes concerning reports made by individuals to the DPH about youth camps. These changes result in no fiscal impact.

Section 14 sets forth a minimum time period for funeral homes to maintain certain records and results in no fiscal impact.

Section 15 modifies the reporting protocol to be used by persons disposing of cremated remains and results in no fiscal impact.

Sections 16 and 17 eliminate the criminal penalty of up to \$1,000 and/or up to one year's imprisonment for possession of more than thirty hypodermic syringes, needles or other objects that could be used to inject controlled substances into the human body. Savings to various criminal justice agencies, including the Department of Correction and Judicial Department's Court Support Services Division, which administers probation, are possible but unlikely given that arrests are seldom made of people carrying more than thirty hypodermic syringes.

Section 18 allows for certain information to be disclosed by an insurer to the DPH. This results in no fiscal impact.

Sections 19 & 20 validate certain marriages performed on or after 7/9/03, which results in no associated fiscal impact.

Section 21 requires practicing dentists to maintain malpractice insurance, and each insurance company issuing such policies to notify the DPH regarding cancellations and refusals to renew. No fiscal impact is associated with this section.

Section 22 requires any funeral service business that is discontinuing or terminating its operation to report certain information

to the public, affected individuals and the DPH. No fiscal impact is associated with this section.

Section 23: A minimal revenue gain to local health departments/districts may result from the collection of fines of up to \$100 from tanning facility operators who allow persons under age sixteen to use a tanning device without the written consent of a parent or guardian. It is anticipated that municipal governments will undertake enforcement activities to the extent that local resources allow.

Section 24 establishes a certification program for nursing home management services and requires these services to be certified by 10/1/06. The DPH will be able to implement this program without requiring additional resources.

A minimal revenue gain to the state will result from collection of a \$300 application fee and a \$300 renewal fee paid biennially by services seeking certification as a nursing home management service. Fewer than ten such entities are estimated to operate in Connecticut presently.

Section 25 eliminates a statutory requirement that hospitals submit performance improvement plans annually, and instead requires that the plans be made available to the DPH upon request. No fiscal impact is associated with this change.

Sections 26 & 27 eliminate a requirement that an adverse event reporting form used by hospitals be incorporated in DPH regulation. This results in no fiscal impact.

Section 28 eliminates a statutory requirement that hospitals submit protocols for screening patients for alcohol and substance abuse annually to the DPH. No fiscal impact is associated with this change.

Section 29 makes a technical change and has no associated fiscal impact.

Section 30 establishes continuing education requirements for radiographers and radiologic technologists, effective 10/1/08. The DPH will be required to make available forms for use by such persons when attesting to completion of the continuing education requirement, or when seeking a waiver or extension of time to complete the requirement. It is anticipated that the DPH can accommodate these changes without requiring additional resources.

The bill makes failure to comply with continuing education requirements a cause for disciplinary action by the department. Per Section 19a-17 CGS, disciplinary action may include assessment of a civil penalty of up to \$10,000.

Section 31 allows certain graduate advanced practice registered nurses to work without a license for up to one hundred and twenty days after graduation. No fiscal impact is associated with this section.

Sections 32 & 33 modify the content of continuing education requirements for dentists and physicians, respectively. This results in no associated fiscal impact.

Section 34 modifies the membership of medical hearing panels and results in no fiscal impact.

Sections 35 & 36 make changes to law regarding emergency medical services (EMS).

No impact is anticipated to result from prohibiting a management service organization (MSO) from having emergency vehicles. This reflects current practice and DPH policy.

The bill requires DPH to consider the financial impact upon existing primary service areas responders when reviewing requests for new or expanded emergency medical services. The Department will incur costs (\$75,466 in FY 07, \$97,821 in FY 08 and subsequent years) for an Accountant to perform the fiscal analysis, a half-time Adjudicator needed to accommodate a more lengthy hearings process, and associated equipment and supplies. The agency handled ten "need for

service” applications in FY 05.

Fringe benefits costs of \$17,244 in FY 07 and \$56,796 in FY 08 and subsequent fiscal years would also be incurred¹.

No funding has been included within sHB 5007 (the Revised FY 07 Appropriations Act, as favorably reported by the Appropriations Committee) to implement the modified need for service review process.

The bill prohibits MSOs from opening branch offices. It also requires an ambulance service to secure and maintain medical control by a sponsor hospital for not only its employees, but also MSO personnel utilized by the ambulance service. These changes may restrict the ability of municipally-affiliated ambulance services to utilize MSO services in certain instances. To the extent that any affected municipal ambulance service requiring supplemental staffing coverage will have to rely upon staff provided by a licensed ambulance service (as opposed to an MSO), a potential cost corresponding to any differential in charges will ensue.

Sections 37 - 38 make changes to law regarding the scope of practice of nurse midwives and have no associated no fiscal impact.

Section 39 modifies the qualifications for membership of the nurse-midwife committee that advises the commissioner of public health. No fiscal impact is associated with this change.

Section 40 allows certain graduate nurse-midwives to practice for up to ninety days after graduation under specified conditions. No

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The estimated first year fringe benefit rate as a percentage of payroll is 23.6%, effective July 1, 2005. The first year fringe benefit costs for new positions do not include pension costs. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS 2005-06 fringe benefit rate is 34.7%, which when combined with the non pension fringe benefit rate would total 58.3%.

fiscal impact is associated with this section.

Section 41 requires the DPH to adopt regulations by 10/1/06 establishing a mold abatement protocol. While the bill does not establish formal DPH regulatory authority over mold remediation or abatement contractors, it prohibits persons engaging in this work for compensation unless they adhere to the protocol developed by the department.

An FY 07 cost of approximately \$147,575 will be incurred by the department. This sum includes \$134,275 in Personal Services costs to reflect full-year salaries of two environmental professionals needed to research and develop the regulations, and half-year support for an additional staff person to provide technical assistance to contractors, consumers and local health authorities. Also included are associated other expenses of \$4,300 for training and office supplies, and equipment costs of \$9,000.

The annualized DPH cost of this initiative will be approximately \$164,750 in FY 08 and subsequent years. Fringe benefits costs of \$31,690 in FY 07 and \$94,602 in FY 08 will also be incurred.

No funding has been included within sHB 5007 (the Revised FY 07 Appropriations Act, as favorably reported by the Appropriations Committee) to support development of a mold abatement protocol.

Section 42 requires the DPH to adopt regulations establishing a standard set of exemptions from the licensure requirements for single specialty outpatient surgical facilities. This is not anticipated to result in a fiscal impact.

Section 43 defines "hospitalist," and sets forth consultation requirements for these medical professionals. No fiscal impact is associated with this section.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation and collective bargaining agreements.

OLR BILL ANALYSIS**sSB 317*****AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.*****SUMMARY:**

This bill makes numerous substantive and technical changes to Department of Public Health (DPH) and other related statutes concerning various health care professionals, health care facilities, programs, and activities.

EFFECTIVE DATE: Various, see individual sections.

§ 1—LOCAL REGISTRARS AND VITAL RECORDS

The bill deletes obsolete language providing a \$2 fee to the local registrar for completing each birth, marriage, death, or fetal death record. Currently, registrars are compensated by salary, not by this fee structure.

EFFECTIVE DATE: October 1, 2006

§§ 2, 3, 8—DIALYSIS PATIENT CARE TECHNICIANS

Public Act 05-66, which allows dialysis patient care technicians employed in outpatient dialysis units to administer certain medications, did not require DPH to license or certify the technicians. The bill repeals references to dialysis patient care technicians in a statute (CGS § 19a-14) that identifies those health professions for which there are no boards or commissions and provides DPH with regulatory oversight over them. The bill allows technicians to administer limited medications in hospital dialysis units, as well as outpatient dialysis units, under the supervision of a registered nurse as necessary to initiate or conclude hemodialysis treatment. The bill also makes a

technical change to recognize that technicians must be certified as such by an organization approved by DPH.

EFFECTIVE DATE: October 1, 2006 for §§ 2 and 8; § 3 takes effect on and after the later of October 1, 2000 or the date DPH publishes notice in the Connecticut Law Journal indicating that it is implementing the licensing of athletic trainers and physical therapy assistants.

§§ 4, 12, 13—RESPIRATORY CARE PRACTITIONERS

The bill allows respiratory care practitioners on active duty in the armed forces to renew their licenses when they become void for up to one year from the date of discharge, once they complete six contact hours of continuing education. A “contact hour” is a minimum of 50 minutes of continuing education. A licensee applying for renewal must submit an application on a DPH-prescribed form and other documentation the department may require.

Under the bill, a licensee applying for renewal for registration periods beginning on and after October 1, 2007, must maintain either (1) credentialing as a respiratory therapist (which presumably is the same as a respiratory care practitioner) from the National Board for Respiratory Care, or its successor, or (2) earn a minimum of six contact hours of continuing education within the preceding registration period. (A registration period is the one-year period for which a renewed license is current and valid.) The continuing education must be directly related to respiratory therapy and reflect the licensee’s professional needs in order to meet the public’s health care needs. Qualifying continuing education includes courses (including on-line courses) offered or approved by the American Association for Respiratory Care, regionally accredited higher education institutions, or a state or local health department.

Each license renewal applicant must sign a statement attesting that he has maintained credentialing as a respiratory therapist, issued by the national board, or has met the continuing education requirements. Licensees must keep credentialing records, records of attendance, or

certificates of completion showing compliance with the continuing education requirements. These must be kept for a minimum of five years following the year in which the licensee was recredentialed or completed the continuing education. The licensee must submit the records within 45 days after DPH requests them. A first-time applicant for license renewal is exempt from the continuing education requirements.

In his discretion, the DPH commissioner may waive the continuing education requirements or grant an extension to fulfill them in cases of medical disability or illness. The licensee must submit a waiver or extension application to DPH on a department form, along with a physician's certification of his disability or illness and other documentation DPH may require. DPH can grant a waiver or extension for up to one registration period and can grant additional waivers or extensions if the disability or illness continues beyond the initial period and the licensee reapplies.

A licensee whose license expires and who applies to DPH for reinstatement must provide documentation showing successful completion of the six contact hours of continuing education within the one-year period immediately preceding his application.

DPH can take disciplinary action against a respiratory care practitioner failing to comply with the continuing education requirements. This can include license revocation or suspension, censure, letter of reprimand, probation, and civil penalties.

EFFECTIVE DATE: October 1, 2006

§§ 5, 16, 17—NEEDLE AND SYRINGE EXCHANGE

The bill eliminates the current cap of 30 needles and syringes that may be exchanged at any one time under DPH's needle and syringe exchange program. It makes corresponding changes to the laws on drug paraphernalia reflecting the cap's removal. By law, unchanged by the bill, first-time needle exchange program applicants are subject to a 30 needle and syringe cap.

EFFECTIVE DATE: Upon passage

§§ 6 & 7—COMPREHENSIVE CANCER PROGRAM

Under current law, DPH can apply for and receive money from public and private sources and the federal government for funding a program of breast and cervical cancer early detection and treatment referral. The bill expands the use of this money to allow for the funding of a comprehensive cancer program.

Currently, if the state receives a payment according to a court settlement for use for women's health it must be deposited in a DPH account for breast and cervical cancer treatment services. Under the bill, any payment the state receives from a court settlement to be used for health must be deposited in a DPH account for comprehensive cancer initiatives.

EFFECTIVE DATE: July 1, 2006 for the expand use of money to fund a comprehensive cancer program (§ 7); October 1, 2006 for the change to the breast and cervical cancer program (§ 6).

§§ 9, 10, 11—YOUTH CAMPS

Staff Training and Safety Issues

The bill requires licensed youth camps to provide training to staff on the camp's policies and procedures on behavioral management and supervision; emergency health and safety procedures; and recognizing, preventing, and reporting child abuse and neglect.

It requires that DPH, and the state fire marshal, or local fire marshal certify each of the camp's dwelling units, buildings, and structures as presenting no health or fire hazard. This must be indicated by a current fire marshal certificate dated within the past year and available on-site when the camp is operating. Currently, such certification must be received within 90 days of applying for the license.

Disciplinary Action Against a Youth Camp License-Hearing Process

The bill expands the list of disciplinary actions that DPH may take against youth camp licensees. Under current law, DPH can suspend, revoke, or refuse to renew a youth camp license if the licensee:

1. is convicted of any offense of moral turpitude,
2. is legally found insane or mentally incompetent,
3. uses any narcotic or controlled drug that impairs his ability to care for children,
4. consistently fails to meet DPH standards,
5. provides misleading or false statements or reports to DPH,
6. refuses to provide DPH with reports or records necessary for licensure investigation,
7. fails or refuses to submit to a DPH investigation,
8. fails to maintain safe and sanitary premises, or
9. willfully or deliberately violates any provisions of the youth camp law.

This bill allows DPH, after a contested case hearing, to take any of the following actions, when it finds that the youth camp licensee has substantially failed to comply with the law or regulations:

1. revoke or suspend a license,
2. impose a civil penalty,
3. place the licensee on probation and require regular reporting to DPH on those matters that are the basis of the probation, or
4. restrict the licensee's acquisition of other facilities for a set period.

The bill requires DPH to notify the licensee in writing of its intent to

take action against him. The licensee, if aggrieved, can apply in writing for a hearing, stating why he is aggrieved. DPH must receive the application within 30 days of the licensee getting DPH's notice of intended action. The commissioner must hold a hearing within 60 days of receiving the application and mail a notice to the licensee at least 10 days before the hearing date, giving its place and time. The DPH commissioner or a hearing officer can conduct the hearing and may issue subpoenas requiring witnesses to attend. The licensee can be represented by counsel and must receive a hearing transcript. (The bill uses the term "entitled" to be represented by counsel but presumably does not guarantee the right to counsel.) The hearing officer must state his findings and make a license action recommendation to the commissioner.

Under the bill, the commissioner must make his written decision on whether to suspend, revoke, or continue the license or take other action against the licensee. A decision to revoke or suspend a license is effective 30 days after mailing the licensee by certified or registered mail. The licensee can appeal the commissioner's decision to Superior Court.

The bill specifies that the hearing and appeal provisions do not apply to the denial of an initial license application if DPH notifies the applicant of the denial and the reasons for it in a written notice mailed to the applicant.

Reports or Complaints About a Camp

The bill allows anyone with reasonable cause to believe that a youth camp is operating (1) without a current and valid license; (2) in violation of regulations; or (3) in a manner posing a potential danger to a camper's health, welfare, and safety to report that information to DPH, which must investigate. The bill specifies that the name of the person making the report or complaint must not be disclosed unless (1) the person consents, (2) a judicial or administrative proceeding results from the report or complaint, or (3) a license action against the camp results from the complaint or report.

All records DPH obtains of these investigations are not subject to disclosure under the freedom of information laws for 30 days from the date the investigation is initiated, until the investigation is terminated because of a withdrawal or other informal disposition, or until a hearing is convened, whichever is earlier. A formal statement of DPH charges is subject to disclosure from the time that it is served or mailed to the respondent. Records that are otherwise public records cannot be deemed confidential just because they have been obtained in connection with these investigations.

EFFECTIVE DATE: October 1, 2006

§ 14—FUNERAL SERVICE CONTRACTS

The bill requires every funeral home to maintain at its address of record for inspection purposes copies of all records relating to funeral service contracts, prepaid funeral contracts, or escrow accounts for at least three years after the death of the person for whom the funeral services were provided.

EFFECTIVE DATE: October 1, 2006

§ 15—CREMATED REMAINS

Current law requires the funeral director to provide notice to the local registrar of vital records who issued the cremation permit about the method of disposition of unclaimed cremated remains. The bill instead requires that the funeral director give notice to the registrar of the town where the person died.

EFFECTIVE DATE: Upon passage

§ 18—INVESTIGATION OF HEALTH CARE PRACTITIONERS AND INSURANCE RECORDS

The bill gives DPH access to records maintained by insurance companies for review during the course of an investigation of a health care practitioner.

EFFECTIVE DATE: October 1, 2006

§§ 19 & 20—VALIDATION OF MARRIAGES

The bill updates current law to validate marriages performed up to the bill's passage in a town other than (1) that authorized by the marriage license or (2) where either party resided at the time of the marriage license application. It also validates those marriages performed by a justice of the peace whose appointment had expired.

EFFECTIVE DATE: Upon passage

§ 21—PROFESSIONAL LIABILITY INSURANCE FOR DENTISTS

The bill requires dentists who provide direct patient care services to maintain professional liability insurance or other indemnity against liability for professional malpractice. The amount each dentist must carry against claims for injury or death for malpractice must be at least \$500,000 for one person, per occurrence, with an aggregate of at least \$1.5 million.

Beginning January 1, 2007, each insurance company issuing professional liability insurance must provide DPH with a true record of the names and addresses, by classification, of cancellations of, and refusals to renew, professional liability insurance policies, including the reasons for cancellation or refusal, for the year ending on the preceding December 31.

Under the bill, a dentist subject to the malpractice insurance requirement is deemed in compliance when providing dental services at a DPH-licensed clinic recognized as tax exempt under § 501(c)(3) of the IRS Code if:

1. the dentist is not compensated;
2. the clinic does not charge patients for services;
3. the clinic maintains professional liability insurance coverage in the required amounts for each aggregated 40 hours of fraction of for the dentists;
4. the clinic carries additional appropriate professional liability

coverage for itself and its employees of \$500,000 per occurrence with an aggregate of not less than \$1.5 million; and

5. the clinic maintains total professional liability coverage of at least \$1 million per occurrence with an annual aggregate of at least \$3 million.

But a dentist is subject to the insurance requirements when providing direct patient care services in any setting other than the clinic. The bill specifies that it does not relieve the clinic from any other insurance requirements of law.

Under the bill, a person insured with a claims-made medical malpractice insurance policy does not lose the right to unlimited additional extended reporting period coverage when he permanently retires from practice if he solely provides professional services without charge at a tax exempt clinic.

EFFECTIVE DATE: October 1, 2006

§ 22—CLOSING A FUNERAL HOME

The bill requires the person or entity that operates a funeral home to notify the public, owners of prepaid funeral or escrow accounts, DPH, and certain others when the business is sold, discontinued, or terminated. The person or entity to whom DPH has issued an inspection certificate (the annual certification that the home is operating according to state regulations) must:

1. publish two notices of the pending sale or termination, seven days apart and in a specific format, in a newspaper that circulates in each town where the home performs funeral services;
2. mail a letter to each owner of a prepaid funeral or escrow account and arrange for the owner to transfer his account to another funeral home of his choice;
3. mail a letter to anyone for whom the home is storing cremated

remains; and

4. give DPH a list of all unclaimed cremated remains and all prepaid funeral and escrow accounts held when the home ends or is discontinued (but not sold) plus contact information for the owner, the status of account transfers, the name of the funeral home to which they have been transferred, and the names of the institutions holding the escrow accounts.

EFFECTIVE DATE: October 1, 2006

§ 23—INDOOR TANNING FACILITIES

The bill subjects the operator of a tanning facility to a fine up to \$100 for permitting anyone under age 16 to use a tanning device without a parent or guardian's written consent if he knows or should have known the person's age. The fine is payable to the local health department or health district where the device is located. The bill permits departments and districts to enforce its provisions within their available resources.

It applies to devices in tanning facilities, which it defines as any place where a device is used for a fee, membership dues, or other compensation. An operator is the person the facility designates to control its operation and help consumers use the device properly.

EFFECTIVE DATE: October 1, 2006

§ 24—NURSING HOME MANAGEMENT SERVICES

The bill requires DPH to certify nursing home management services. It defines these as services provided in a nursing home to manage the home's operations, including providing care and services. It prohibits anyone from providing these services after October 1, 2006 without a certificate.

Anyone seeking a certificate, or to renew one, must apply to DPH on a form it prescribes. The application must include a \$300 fee and:

1. the applicant's name, business address, organization type (e.g.,

- individual, corporation, partnership, or other form) and a description of its nursing home management experience;
2. a signed affidavit disclosing whether the applicant has a history or certain crimes, civil actions, or administrative penalties;
 3. the location and description of any other health care facilities in which the applicant currently provides management services or has provided them within the past five years; and
 4. any other information DPH requires, including audited and certified financial statements.

The criminal history affidavit must disclose any matter in which the applicant:

1. has been convicted of, pleaded nolo contendere to, or been held liable or enjoined by final judgment in a civil action to any felony or action involving fraud, embezzlement, fraudulent conversion, or misappropriation of property;
2. is subject to a current injunction or restrictive or remedial court order;
3. has, within the past five years, had a federal or state license or permit revoked or suspended due to a government agency's action arising out of or relating to business activity or health care, including actions affecting the operations of a nursing home, retirement or residential care home, or any continuing care facility subject to Connecticut law or the law of any other state or nation.

Certificates must be renewed every two years and cost \$300. The renewal application must contain all the information required for the initial certificate and evidence that any nursing home at which the applicant is providing services complies with statutes and DPH regulations.

EFFECTIVE DATE: July 1, 2006

§ 25—HOSPITAL PERFORMANCE IMPROVEMENT PLANS

The law requires hospitals to implement performance improvement plans. The bill requires them to make their plans available to DPH at its request, rather than annually.

EFFECTIVE DATE: October 1, 2006

§§ 26 & 27—ADVERSE EVENT REPORTS

The bill specifies that the form the DPH commissioner prescribes for hospitals and outpatient surgical facilities to report adverse events to DPH does not have to be adopted in regulation.

EFFECTIVE DATE: October 1, 2006

§ 28—ALCOHOL AND SUBSTANCE ABUSE SCREENING PROTOCOLS

The bill requires hospitals annually to send the protocols they use to screen patients for alcohol and substance abuse only to the Department of Mental Health and Addiction Services (DMHAS), rather than to both it and DPH.

EFFECTIVE DATE: October 1, 2006

§ 29—EMERGENCY ACTION AGAINST NURSING HOME LICENSEES

This section is technical.

EFFECTIVE DATE: October 1, 2006

§ 30—CONTINUING EDUCATION FOR RADIOGRAPHERS

Beginning October 1, 2008, the bill requires radiographers, in order to renew their license, to attest in writing that they (1) are registered by a professional organization or (2) have earned at least 24 contact hours of continuing education in the previous 24 months. A contact hour is at least 50 minutes of activity. Anyone who fails to do this is subject to

disciplinary action, including license revocation or suspension. An individual must register as a radiographer or radiation therapy technologist with the American Registry of Radiologic Technologist. Continuing education must be in the individual's practice area and reflect his professional needs in order to meet the public's health care needs.

The bill specifies 10 organizations that offer or approve courses that qualify for CEU credit. On-line courses offered or approved by any of these organizations qualify, as do courses offered or approved by hospitals and other health care institutions, regionally accredited colleges and universities, and state and local health departments. Individuals must keep records for at least three years after completing their continuing education activities and submit these records to DPH within 45 days of its asking for them.

The bill exempts from its continuing education requirements first-time license renewal applicants and those not engaged in active practice. The latter must submit a notarized exemption application to DPH plus any other documentation DPH requires before his license expires. The exemption application, which must follow a form DPH prescribes, must state that the individual will not practice until he has met the bill's continuing education requirements.

The bill permits the DPH commissioner to waive continuing education requirements or extend the time for fulfilling them for a radiographer who is ill or disabled. The individual must submit a waiver or extension application and other documentation the commissioner may require. A waiver or extension can be for up to one year, and the commissioner can grant additional waivers or extensions if the illness or disability continues and the person applies again.

A radiographer who applies to have his license reinstated after it has lapsed must show DPH that he completed 12 contact hours during the preceding year.

EFFECTIVE DATE: October 1, 2006

§ 31—ADVANCED PRACTICE NURSE TEMPORARY PRACTICE

The bill permits a graduate advanced practice registered nurse (APRN) to work without a license for 120 days after graduating in a hospital or other setting under the supervision of a physician or other APRN. The graduate APRN cannot prescribe or dispense drugs. The hospital or other setting must verify that the graduate has applied to take the national certification exam and must end his work if it is notified that the graduate failed the exam.

EFFECTIVE DATE: Upon passage

§ 32 & 33—DENTIST AND PHYSICIAN CONTINUING EDUCATION

The bill specifies that

1. the 25 hours of continuing education dentists must take every two years, beginning October 1, 2007, include at least one hour in each of the following topics: infectious diseases, access to care, risk management, special needs populations, and domestic violence and
2. the 50 hours of continuing education physicians must take every two years, beginning October 1, 2007, include at least one hour in each of the following topics: infectious diseases, risk management, sexual assault, and domestic violence.

EFFECTIVE DATE: Upon passage

§ 34—MEDICAL HEARING PANEL MEMBERSHIP

By law, a three-person panel hears allegations of malpractice against physicians and physician assistants. One panel member must be a physician or physician assistant, as appropriate. Under current law, this person must be selected from a list the DPH commissioner creates. The bill permits him to be a member of the Medical Examining Board. The law already requires one of the panel's other two members to be on the examining board and permits the other, public, panel member to be on the board, as well.

EFFECTIVE DATE: Upon passage

§ 35 AND 36—EMERGENCY MEDICAL SERVICES (EMS)

Certificate of Need Process

The bill makes several changes in DPH's process for approving new or expanded EMS service. It requires DPH, when determining the necessity for such service, to consider its potential financial effect on the existing primary service area responder's ability to provide services in the town or region it serves.

It expands the entities that must be notified of the determination hearing and specifies the time for notice. Under current law, written notice must be given to current providers in the geographic region where the new or expanded service is to be offered. Under the bill, notice must be given to all providers in the state unless the service is limited to a specific town or region, in which case notice need go only to providers in that area. The bill requires notice be given at least 30 days before the hearing.

The bill requires an entity, within six months after the date DPH approves its request for new or expanded services, to acquire the resources, equipment, and other material needed to comply with the terms of approval. Failure to comply within six months voids the approval, which DPH must rescind.

EMS Management Services

The bill specifies that EMS management services, which provide personnel to EMS providers, may not have any emergency vehicles of its own or branch offices. It also requires all ambulance services to secure and keep medical control by a sponsor hospital for all their EMS personnel, whether they or a management service employs them.

EFFECTIVE DATE: October 1, 2006

§§ 37 TO 40—NURSE-MIDWIFE PRACTICE

The bill revises the nurse-midwife scope of practice and their relationship with physicians. It expands their scope to include all

women's health care needs; currently their scope includes gynecology, pregnancy, childbirth, and post-partum care of mothers and newborns. It removes the restriction that nurse-midwives care only for essentially normal" newborns and women and only under a physician's direction (which does not require the physician to be present). And it specifies that (1) their scope includes family planning and (2) they practice in collaboration with qualified ob-gyns.

The bill eliminates the requirement that the clinical relationship between a nurse-midwife and a physician be based on written protocols and guidelines that contain a list of the drugs, devices, and lab tests a nurse-midwife can prescribe, administer, or dispense. Instead, it requires them to practice within a health care system and have a clinical relationship with ob-gyns that provide for consultation, collaborative management, or referral as indicated by the patient's health status. It requires each nurse-midwife to provide (1) care consistent with standards the American College of Nurse Midwives establishes and (2) information about, or referral to, other providers or services, if the patient asks or requires care that is not in the nurse-midwife's scope of practice.

The bill permits a graduate of a nurse-midwife program approved by the American College of Nurse Midwives to work without a license in a hospital or other setting for up to 90 days after graduation or until he learns that he failed the licensing exam. The facility must (1) verify the graduate's successful completion of an approved program and (2) provide supervision the DPH commissioner determines is adequate.

Finally, the bill requires the nurse-midwives the DPH commissioner appoints to advise him in regulating the profession be licensed and have practiced for at least five years. It prohibits any of them from being an officer in the Connecticut Chapter of the American College of Nurse Midwives.

EFFECTIVE DATE: October 1, 2006

§ 41—MOLD ABATEMENT PROTOCOL

The bill requires anyone performing paid mold abatement or remediation work to follow protocols the DPH commissioner establishes in regulations, which he must do by October 1, 2006. The protocol must contain specific, acceptable methods for performing this kind of work.

EFFECTIVE DATE: Upon passage

§ 42—OUTPATIENT SURGICAL FACILITIES

The bill requires DPH, by October 1, 2006, to adopt regulations that establish a standard set of exemptions from licensure requirements for single specialty outpatient surgical facilities. With certain exceptions, the law requires such facilities to obtain a license from DPH and a certificate of need from the Office of Healthcare Access (OHCA). But they are exempt from some OHCA requirements that apply to hospitals.

EFFECTIVE DATE: Upon passage

§ 43—HOSPITALISTS

“Hospitalists,” under the bill, are physicians, or APRNs or physician assistants working under a physician’s direction, who are specially trained in internal medicine and focus on caring for hospital patients’ special needs. The bill requires a hospitalist who works in a hospital where he is used in place of a person’s primary care physician to consult with that physician during the patient’s stay. When the patient is discharged, the hospitalist must give the primary care physician a discharge summary.

EFFECTIVE DATE: October 1, 2006

BACKGROUND

Related Bill

sHB 5181, reported favorably by the General Law Committee, requires funeral homes to notify the holder of any pre-need funeral service contract of a transfer of more than 50% of the home’s ownership or of its closure within 10 days after the event.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 21 Nay 1 (03/20/06)