



General Assembly

Amendment

February Session, 2006

LCO No. 5499

SB0031705499SD0

Offered by:

SEN. MURPHY, 16th Dist.

REP. SAYERS, 60th Dist.

SEN. SLOSSBERG, 14th Dist.

REP. OLSON, 46th Dist.

To: Subst. Senate Bill No. 317

File No. 322

Cal. No. 258

**"AN ACT CONCERNING REVISIONS TO DEPARTMENT OF
PUBLIC HEALTH STATUTES."**

1 Strike section 2 in its entirety and renumber remaining sections and
2 internal references accordingly

3 Change the effective date of section 3 to "October 1, 2006"

4 Strike sections 6 and 7 in their entirety and insert the following in
5 lieu thereof:

6 "Sec. 6. Section 19a-266 of the general statutes is repealed and the
7 following is substituted in lieu thereof (*Effective from passage*):

8 (a) For purposes of this section:

9 (1) "Breast cancer [treatment] screening and referral services" means
10 necessary breast cancer screening services and referral services for a

11 procedure intended to treat cancer of the human breast, including, but
12 not limited to, surgery, radiation therapy, chemotherapy, hormonal
13 therapy and related medical follow-up services.

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

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

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

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

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

40 (2) Development of professional education programs, including the
41 benefits of early detection of breast cancer and the recommended

42 frequency of mammography and the benefits of early detection of
43 cervical cancer and the recommended frequency of pap tests;

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

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

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

69 [(e) The Department of Public Health may apply for and receive
70 money from public and private sources and from the federal
71 government for the purposes of a program for breast cancer and
72 cervical cancer early detection and treatment referral. Any payment to
73 the state as a settlement of a court action of which the proceeds may be

74 used for women's health shall be deposited in an account designated
75 for use by the Department of Public Health for breast and cervical
76 cancer treatment services.]

77 [(f)] (e) The Commissioner of Public Health shall report annually to
78 the joint standing committees of the General Assembly having
79 cognizance of matters relating to public health and appropriations. The
80 report shall include, but not be limited to, a description of the rate of
81 breast cancer and cervical cancer morbidity and mortality in this state
82 and the extent of participation in breast cancer and cervical cancer
83 screening.

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

88 Sec. 7. (NEW) (*Effective July 1, 2006*) The Department of Public
89 Health may apply for and receive money from public and private
90 sources and from the federal government for the purpose of funding,
91 in whole or in part, a comprehensive cancer program. Any payment to
92 the state as a settlement of a court action of which the proceeds may be
93 used for health shall be deposited in an account designated for use by
94 the department for comprehensive cancer initiatives."

95 In line 334, insert an opening bracket before "consistently"

96 In line 335, insert a closing bracket after "department" and after the
97 closing bracket insert "fails to comply with the statutes and regulations
98 for licensing youth camps"

99 In line 355, after "penalty", insert "of not more than one hundred
100 dollars per violation for each day of occurrence"

101 In line 404, after "subsection.", insert "In connection with any
102 investigation of a youth camp, the Commissioner of Public Health or
103 said commissioner's authorized agent may administer oaths, issue

104 subpoenas, compel testimony and order the production of books,
105 records and documents. If any person refuses to appear, to testify or to
106 produce any book, record or document when so ordered, a judge of
107 the Superior Court may make such order as may be appropriate to aid
108 in the enforcement of this section."

109 In line 544, bracket the word "injecting,"

110 In line 588, after "21a-240,", insert "as amended by this act,"

111 In lines 591 and 600, strike the opening bracket before the second
112 "or" and insert an opening bracket before "inject"

113 In line 644, strike "subdivisions (1), (4), (6), (7), (8) and (9)" and insert
114 "subdivision (4)" in lieu thereof

115 Strike section 22 in its entirety and insert the following in lieu
116 thereof:

117 "Sec. 22. (NEW) (*Effective October 1, 2006*) Upon the transfer of more
118 than a fifty per cent ownership share, discontinuance or termination of
119 a funeral service business, the person, firm, partnership or corporation
120 to whom the inspection certificate has been issued shall:

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

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

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

132 Strike section 23 in its entirety and renumber the remaining sections
133 and internal references accordingly

134 Strike section 24 in its entirety and insert the following in lieu
135 thereof:

136 "Sec. 24. (NEW) (*Effective July 1, 2006*) (a) As used in this section,
137 "nursing facility management services" means services provided in a
138 nursing facility to manage the operations of such facility, including the
139 provision of care and services.

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

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

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

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

152 (3) An affidavit signed by the applicant disclosing any matter in
153 which the applicant has been convicted of an offense classified as a
154 felony under section 53a-25 of the general statutes or pleaded nolo
155 contendere to a felony charge, or held liable or enjoined in a civil
156 action by final judgment, if the felony or civil action involved fraud,
157 embezzlement, fraudulent conversion or misappropriation of
158 property; or is subject to a currently effective injunction or restrictive
159 or remedial order of a court of record at the time of application, within
160 the past five years has had any state or federal license or permit
161 suspended or revoked as a result of an action brought by a

162 governmental agency or department, arising out of or relating to
163 business activity or health care, including, but not limited to, actions
164 affecting the operation of a nursing facility, residential care home or
165 any facility subject to sections 17b-520 to 17b-535, inclusive, of the
166 general statutes, or a similar statute in another state or country; and

167 (4) The location and description of any nursing facility in which the
168 applicant currently provides management services or has provided
169 such services within the past five years.

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

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

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

187 (g) Renewal applications shall be made biennially after (1)
188 submission of the information required by subsection (c) of this section
189 and any other information required by the department pursuant to
190 subsection (d) of this section, and (2) submission of evidence
191 satisfactory to the department that any nursing facility at which the
192 applicant provides nursing facility management services is in
193 substantial compliance with the provisions of chapter 368v of the

194 general statutes, the Public Health Code and licensing regulations, and
195 (3) payment of a three-hundred-dollar fee.

196 (h) In any case in which the Commissioner of Public Health finds
197 that there has been a substantial failure to comply with the
198 requirements established under this section, the commissioner may
199 initiate disciplinary action against a nursing facility management
200 services certificate holder pursuant to section 19a-494 of the general
201 statutes.

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

206 Strike sections 35 and 36 in their entirety and insert the following in
207 lieu thereof:

208 "Sec. 35. Subdivision (19) of section 19a-175 of the general statutes is
209 repealed and the following is substituted in lieu thereof (*Effective from*
210 *passage*):

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

217 Sec. 36. Section 19a-180 of the general statutes is repealed and the
218 following is substituted in lieu thereof (*Effective from passage*):

219 (a) No person shall operate any ambulance service, rescue service or
220 management service without either a license or a certificate issued by
221 the commissioner. No person shall operate a commercial ambulance
222 service or commercial rescue service or a management service without
223 a license issued by the commissioner. A certificate shall be issued to

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

259 damages by reason of personal injury to, or death of, one or more
260 persons and damage to property, at least one million dollars; and (B)
261 for malpractice in the care of one or more passengers, at least five
262 hundred thousand dollars. A certificate of such proof shall be filed
263 with the commissioner. Upon determination by the commissioner that
264 an applicant is financially responsible, properly certified and otherwise
265 qualified to operate a commercial ambulance service, rescue service or
266 management service, the commissioner shall issue [a] the appropriate
267 license effective for one year to such applicant. If the commissioner
268 determines that an applicant for either a certificate or license is not so
269 qualified, the commissioner shall notify such applicant of the denial of
270 the application with a statement of the reasons for such denial. Such
271 applicant shall have thirty days to request a hearing on the denial of
272 the application.

273 (b) Any person, management service organization or emergency
274 medical service organization which does not maintain standards or
275 violates regulations adopted under any section of this chapter
276 applicable to such person or organization may have such person's or
277 organization's license or certification suspended or revoked or may be
278 subject to any other disciplinary action specified in section 19a-17 after
279 notice by certified mail to such person or organization of the facts or
280 conduct which warrant the intended action. Such person or emergency
281 medical service organization shall have an opportunity to show
282 compliance with all requirements for the retention of such certificate or
283 license. In the conduct of any investigation by the commissioner of
284 alleged violations of the standards or regulations adopted under the
285 provisions of this chapter, the commissioner may issue subpoenas
286 requiring the attendance of witnesses and the production by any
287 medical service organization or person of reports, records, tapes or
288 other documents which concern the allegations under investigation.
289 All records obtained by the commissioner in connection with any such
290 investigation shall not be subject to the provisions of section 1-210, as
291 amended, for a period of six months from the date of the petition or
292 other event initiating such investigation, or until such time as the

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

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

305 (d) Any person guilty of any of the following acts shall be fined not
306 more than two hundred fifty dollars, or imprisoned not more than
307 three months, or be both fined and imprisoned: (1) In any application
308 to the commissioner or in any proceeding before or investigation made
309 by the commissioner, knowingly making any false statement or
310 representation, or, with knowledge of its falsity, filing or causing to be
311 filed any false statement or representation in a required application or
312 statement; (2) issuing, circulating or publishing or causing to be issued,
313 circulated or published any form of advertisement or circular for the
314 purpose of soliciting business which contains any statement that is
315 false or misleading, or otherwise likely to deceive a reader thereof,
316 with knowledge that it contains such false, misleading or deceptive
317 statement; (3) giving or offering to give anything of value to any
318 person for the purpose of promoting or securing ambulance or rescue
319 service business or obtaining favors relating thereto; (4) administering
320 or causing to be administered, while serving in the capacity of an
321 employee of any licensed ambulance or rescue service, any alcoholic
322 liquor to any patient in such employee's care, except under the
323 supervision and direction of a licensed physician; (5) in any respect
324 wilfully violating or failing to comply with any provision of this
325 chapter or wilfully violating, failing, omitting or neglecting to obey or
326 comply with any regulation, order, decision or license, or any part or

327 provisions thereof; (6) with one or more other persons, conspiring to
328 violate any license or order issued by the commissioner or any
329 provision of this chapter.

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

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

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

348 (h) Notwithstanding the provisions of subsection (a) of this section,
349 any volunteer or municipal ambulance service that is licensed or
350 certified and is a primary service area responder may apply to the
351 commissioner to add one emergency vehicle to its existing fleet every
352 three years, on a short form application prescribed by the
353 commissioner. No such volunteer or municipal ambulance service may
354 add more than one emergency vehicle to its existing fleet pursuant to
355 this subsection regardless of the number of municipalities served by
356 such volunteer or municipal ambulance service. Upon making such
357 application, the applicant shall notify in writing all other primary
358 service area responders in any municipality or abutting municipality

359 in which the applicant proposes to add the additional emergency
360 vehicle. Except in the case where a primary service area responder
361 entitled to receive notification of such application objects, in writing, to
362 the commissioner not later than fifteen calendar days after receiving
363 such notice, the application shall be deemed approved thirty calendar
364 days after filing. If any such primary service area responder files an
365 objection with the commissioner within the fifteen calendar day time-
366 period and requests a hearing, the applicant shall be required to
367 demonstrate need at a public hearing as required under subsection (a)
368 of this section.

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

382 Strike section 41 in its entirety and insert the following in lieu
383 thereof:

384 "Sec. 41. (NEW) (*Effective from passage*) On or before October 1, 2006,
385 the Department of Public Health shall publish guidelines establishing
386 mold abatement protocols that include acceptable methods for
387 performing mold remediation or abatement work. Such guidelines
388 shall not be deemed to be regulations, as defined in section 4-166 of the
389 general statutes."

390 Strike section 42 in its entirety and renumber remaining sections

391 and internal references accordingly

392 Strike section 43 in its entirety and insert the following in lieu
393 thereof:

394 "Sec. 43. Subsection (c) of section 19a-127l of the 2006 supplement to
395 the general statutes is repealed and the following is substituted in lieu
396 thereof (*Effective October 1, 2006*):

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

401 (2) Said committee shall create a standing subcommittee on best
402 practices. The subcommittee shall (A) advise the department on
403 effective methods for sharing with providers the quality improvement
404 information learned from the department's review of reports and
405 corrective action plans, including quality improvement practices,
406 patient safety issues and preventative strategies, [and] (B) not later
407 than January 1, 2006, review and make recommendations concerning
408 best practices with respect to when breast cancer screening should be
409 conducted using comprehensive ultrasound screening or mammogram
410 examinations, and (C) not later than January 1, 2008, study and make
411 recommendations to the department concerning best practices with
412 respect to communications between a patient's primary care provider
413 and other providers involved in a patient's care, including hospitalists
414 and specialists. The department shall, at least quarterly, disseminate
415 information regarding quality improvement practices, patient safety
416 issues and preventative strategies to the subcommittee and hospitals."

417 After the last section, add the following and renumber sections and
418 internal references accordingly:

419 "Sec. 501. Subsection (g) of section 19a-490 of the 2006 supplement to
420 the general statutes is repealed and the following is substituted in lieu
421 thereof (*Effective from passage*):

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

428 Sec. 502. Section 20-65i of the general statutes is repealed and the
429 following is substituted in lieu thereof (*Effective from passage*):

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

445 Sec. 503. Section 20-65j of the general statutes is repealed and the
446 following is substituted in lieu thereof (*Effective October 1, 2006*):

447 (a) Except as provided in subsections (b) and (c) of this section, an
448 applicant for a license to practice athletic training shall have: (1) A
449 baccalaureate degree from a regionally accredited institution of higher
450 education, or from an institution of higher learning located outside of
451 the United States that is legally chartered to grant postsecondary
452 degrees in the country in which such institution is located; and (2)
453 current certification as an athletic trainer by the [National Athletic

454 Trainers' Association] Board of Certification, Inc., or its successor
455 organization.

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

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

471 Sec. 504. Section 20-65k of the general statutes is repealed and the
472 following is substituted in lieu thereof (*Effective from passage*):

473 (a) The commissioner shall grant a license to practice athletic
474 training to an applicant who presents evidence satisfactory to the
475 commissioner of having met the requirements of section 20-65j. An
476 application for such license shall be made on a form required by the
477 commissioner. The fee for an initial license under this section shall be
478 one hundred fifty dollars.

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

485 Sec. 505. (NEW) (*Effective from passage*) The Department of Public
486 Health may take any action set forth in section 19a-17 of the general
487 statutes if a person issued a license pursuant to section 20-65k of the
488 general statutes, as amended by this act, fails to conform to the
489 accepted standards of the athletic trainer profession, including, but not
490 limited to, the following: Conviction of a felony; fraud or deceit in the
491 practice of athletic training; illegal, negligent, incompetent or wrongful
492 conduct in professional activities; emotional disorder or mental illness;
493 physical illness including, but not limited to, deterioration through the
494 aging process; abuse or excessive use of drugs, including alcohol,
495 narcotics or chemicals; wilful falsification of entries into any patient
496 record pertaining to athletic training; misrepresentation or
497 concealment of a material fact in the obtaining or reinstatement of an
498 athletic trainer license; or violation of any provisions of chapter 375a of
499 the general statutes, or any regulation adopted under said chapter
500 375a. The Commissioner of Public Health may order a license holder to
501 submit to a reasonable physical or mental examination if the license
502 holder's physical or mental capacity to practice safely is the subject of
503 an investigation. The commissioner may petition the superior court for
504 the judicial district of Hartford to enforce such order or any action
505 taken pursuant to section 19a-17 of the general statutes. Notice of any
506 contemplated action under said section 19a-17, the cause of the action
507 and the date of a hearing on the action shall be given and an
508 opportunity for hearing afforded in accordance with the provisions of
509 chapter 54 of the general statutes.

510 Sec. 506. Section 20-71 of the general statutes is repealed and the
511 following is substituted in lieu thereof (*Effective from passage*):

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

519 of application, similar to or higher than the requirements in force in
520 this state.

521 (b) The department may issue a physical therapist assistant license
522 without examination, on payment of a fee of one hundred fifty dollars,
523 to an applicant who [:(1) Is] is a physical therapist assistant registered
524 or licensed under the laws of any other state or territory of the United
525 States, any province of Canada or any other country, if the
526 requirements for registration or licensure of physical therapist
527 assistants in such state, territory, province or country were, at the time
528 of application, similar to or higher than the requirements in force in
529 this state. [; (2) was eligible for registration as a physical therapist
530 assistant before the later of October 1, 2000, or the date notice is
531 published by the Commissioner of Public Health in the Connecticut
532 Law Journal indicating that the licensing of athletic trainers and
533 physical therapist assistants is being implemented by the
534 commissioner; or (3) as of July 1, 2000, (A) is a graduate of an
535 approved United States physical therapy school, approved by the
536 Board of Examiners for Physical Therapists, with the consent of the
537 Commissioner of Public Health, or (B) has completed twenty years of
538 employment as a physical therapist assistant prior to October 1, 1989.]

539 (c) Notwithstanding the provisions of section 20-70, prior to April
540 30, 2007, the commissioner may issue a physical therapist assistant
541 license to any applicant who presents evidence satisfactory to the
542 commissioner of having completed twenty years of employment as a
543 physical therapist assistant prior to October 1, 1989, on payment of a
544 fee of one hundred fifty dollars.

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

551 Sec. 507. Section 20-195dd of the general statutes is repealed and the
552 following is substituted in lieu thereof (*Effective October 1, 2006*):

553 (a) Except as provided in subsections (b) and (c) of this section, an
554 applicant for a license as a professional counselor shall submit
555 evidence satisfactory to the Commissioner of Public Health of having:
556 (1) Completed sixty graduate semester hours deemed to be in or
557 related to the discipline of [professional] counseling by the National
558 Board for Certified Counselors, or its successor organization, at a
559 regionally accredited institution of higher education, which included
560 the core and clinical curriculum of the Council for Accreditation of
561 Counseling and Related Educational Programs and preparation in
562 principles of etiology, diagnosis, treatment planning and prevention of
563 mental and emotional disorders and dysfunctional behavior; [, and
564 has] (2) earned, from a regionally accredited institution of higher
565 education [with a major deemed to be in the discipline of professional
566 counseling by the National Board for Certified Counselors or its
567 successor organization, either] (A) a master's degree of at least forty-
568 two graduate semester hours [or] with a major deemed to be in the
569 discipline of counseling by the National Board for Certified Counselors
570 or its successor organization, (B) a master's degree with a major in
571 social work, marriage and family therapy, counseling, psychology or a
572 related mental health field and a sixth-year degree deemed to be in the
573 discipline of counseling by the National Board for Certified Counselors
574 or its successor organization, or [(B)] (C) a doctoral degree with a
575 major deemed to be in the discipline of counseling by the National
576 Board for Certified Counselors or its successor organization; [(2)] (3)
577 acquired three thousand hours of postgraduate-degree-supervised
578 experience in the practice of professional counseling, performed over a
579 period of not less than one year, that included a minimum of one
580 hundred hours of direct supervision by (A) a physician licensed
581 pursuant to chapter 370 who has obtained certification in psychiatry
582 from the American Board of Psychiatry and Neurology, (B) a
583 psychologist licensed pursuant to chapter 383, (C) an advanced
584 practice registered nurse licensed pursuant to chapter 378 and certified

585 as a clinical specialist in adult psychiatric and mental health nursing
586 with the American Nurses Credentialing Center, (D) a marital and
587 family therapist licensed pursuant to chapter 383a, (E) a clinical social
588 worker licensed pursuant to chapter 383b, (F) a professional counselor
589 licensed, or prior to October 1, 1998, eligible for licensure, pursuant to
590 section 20-195cc, or (G) a physician certified in psychiatry by the
591 American Board of Psychiatry and Neurology, psychologist, advanced
592 practice registered nurse certified as a clinical specialist in adult
593 psychiatric and mental health nursing with the American Nurses
594 Credentialing Center, marital and family therapist, clinical social
595 worker or professional counselor licensed or certified as such or as a
596 person entitled to perform similar services, under a different
597 designation, in another state or jurisdiction whose requirements for
598 practicing in such capacity are substantially similar to or higher than
599 those of this state; and [(3)] (4) passed an examination prescribed by
600 the commissioner.

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

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

619 Sec. 508. (*Effective from passage*) Notwithstanding the provisions of
620 section 20-195cc of the general statutes and section 20-195dd of the
621 general statutes, as amended by this act, during the period
622 commencing on the effective date of this section and ending thirty
623 days after said effective date, the commissioner shall grant a license as
624 a professional counselor to any applicant who furnishes evidence
625 satisfactory to the Commissioner of Public Health that the applicant
626 has (1) earned a doctoral degree in psychology prior to 1983, (2)
627 completed at least nine semester hours in counseling or counseling
628 related coursework from a regionally accredited institution of higher
629 education, (3) passed an examination prescribed by the Commissioner
630 of Public Health, and (4) acquired three thousand hours of
631 postgraduate supervised experience in the practice of professional
632 counseling, performed over a period of not less than one year, that
633 included a minimum of one hundred hours of direct supervision by a
634 professional counselor licensed pursuant to section 20-195cc of the
635 general statutes.

636 Sec. 509. (NEW) (*Effective from passage*) (a) For purposes of this
637 section and section 510 of this act:

638 (1) "Drugs" means (A) substances recognized as drugs in the official
639 United States Pharmacopoeia, official Homeopathic Pharmacopoeia of
640 the United States, or official National Formulary, or any supplement to
641 any of said publications; (B) substances intended for use in the
642 diagnosis, cure, mitigation, treatment or prevention of disease in man
643 or animals; (C) substances, other than food, intended to affect the
644 structure or any function of the body of man or animals; and (D)
645 substances intended for use as a component of any article specified in
646 subparagraph (A), (B) or (C) of this subdivision. "Drugs" does not
647 include devices or their components, parts or accessories;

648 (2) "Controlled drugs" means those drugs which contain any
649 quantity of a substance which has been designated as subject to the
650 federal Controlled Substances Act, or which has been designated as a
651 depressant or stimulant drug pursuant to federal food and drug laws,

652 or which has been designated by the Commissioner of Consumer
653 Protection pursuant to section 21a-243 of the general statutes, as
654 having a stimulant, depressant or hallucinogenic effect upon the
655 higher functions of the central nervous system and as having a
656 tendency to promote abuse or psychological or physiological
657 dependence, or both. Such controlled drugs are classifiable as
658 amphetamine-type, barbiturate-type, cannabis-type, cocaine-type,
659 hallucinogenic, morphine-type and other stimulant and depressant
660 drugs. "Controlled drugs" does not include alcohol, nicotine or
661 caffeine;

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

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

679 Sec. 510. (NEW) (*Effective from passage*) (a) Each licensed wholesaler
680 that distributes prescription drugs, including licensed repackagers of
681 the finished form of controlled drugs or noncontrolled prescription
682 drug products, shall provide the Commissioner of Consumer
683 Protection an inventory report regarding such wholesaler's on-hand
684 inventory of specifically identified prescription drugs, in all forms and

685 strengths.

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

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

704 (c) Information provided by licensed wholesalers pursuant to this
705 section shall not be subject to disclosure under the Freedom of
706 Information Act, as defined in section 1-200 of the general statutes, and
707 shall be available only to the Department of Consumer Protection, the
708 Department of Public Health, the Office of Emergency Management
709 and such other agencies or entities as the Commissioner of Consumer
710 Protection determines, after request by such agency or entity and
711 demonstration of a need for the information for purposes of public
712 health preparedness, pharmacological-terrorism prevention or
713 response, medication integrity or such other purpose deemed
714 appropriate by the commissioner.

715 (d) The Commissioner of Consumer Protection, with the advice and
716 assistance of the Commission of Pharmacy, may adopt regulations, in

717 accordance with chapter 54 of the general statutes, to carry out the
718 provisions of this section.

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

722 Sec. 511. (*Effective from passage*) (a) The Commissioner of Public
723 Health shall establish an ad hoc committee for the purpose of assisting
724 the commissioner in examining and evaluating statutory and
725 regulatory changes to improve health care through access to school
726 based health centers, particularly by persons who are underinsured,
727 uninsured or receiving services under the state Medicaid program. The
728 committee shall hold its first meeting not later than July 15, 2006. The
729 committee shall focus on improving school based resources,
730 facilitating access to school based health centers and identifying or
731 recommending appropriate fiscal support for the operational and
732 capital activities of school based health centers. The committee shall
733 also assess the current school based health center system, with
734 particular focus on (1) expansion of existing services in order to
735 achieve the school based health center model, (2) supportive processes
736 necessary for such expansion, including the development and use of
737 unified data systems, (3) identifying geographical areas of need, (4)
738 financing necessary to sustain an expanded system, and (5) availability
739 of services under the current system and under an expanded system.
740 Other topics may be included at the discretion of the commissioner
741 and the committee.

742 (b) (1) The ad hoc committee shall consist of the Commissioners of
743 Public Health and Social Services, or their designees, and the following
744 members appointed by the Commissioner of Public Health (A) two
745 employees of the Department of Public Health, (B) one employee of the
746 Department of Mental Health and Addiction Services recommended
747 by the Department of Mental Health and Addiction Services, (C) one
748 employee of the Office of Policy and Management recommended by
749 the Office of Policy and Management, and (D) three school based

750 health center providers recommended by the Connecticut Association
751 of School Based Health Centers.

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

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

762 Sec. 512. (NEW) (*Effective October 1, 2006*) The Department of Public
763 Health shall, within available appropriations, establish a
764 comprehensive cancer plan for the state of Connecticut. Such plan shall
765 provide for (1) creation of a state-wide smoking cessation program
766 targeting Medicaid recipients, (2) development and implementation of
767 a program to encourage colorectal screenings for state residents, (3)
768 development and implementation of a state-wide clinical trials
769 network, (4) identification of services for, and provision of assistance
770 to, cancer survivors, and (5) identification of, and the provision of
771 services to, organizations that offer educational programs on hospice
772 or palliative care.

773 Sec. 513. Section 1 of house bill 5616 of the current session is
774 repealed and the following is substituted in lieu thereof (*Effective from*
775 *passage*):

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

779 (b) Beginning September 1, 2006:

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

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

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

796 (3) Any person, firm or corporation operating a clinical laboratory
797 licensed in this state shall ensure that when the clinical laboratory tests
798 a specimen to determine a patient's serum creatinine level, as ordered
799 or prescribed by a physician or provider in a hospital pursuant to
800 subdivision (1) or (2) of this section, the clinical laboratory shall (A)
801 calculate the patient's estimated glomerular filtration rate using the
802 patient's age and gender, which information shall be provided to the
803 clinical laboratory by the physician or the provider in a hospital, and
804 (B) include the patient's estimated glomerular filtration rate with its
805 report to the physician or the provider in a hospital.

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

811 Sec. 514. (NEW) (*Effective October 1, 2006*) Each public golf course, as

812 defined in section 30-33 of the general statutes, shall provide and
813 maintain in a central location on the premises of the public golf course,
814 at least one automatic external defibrillator, as defined in section 19a-
815 175 of the general statutes.

816 Sec. 515. (NEW) (*Effective October 1, 2006*) (a) As used in this section,
817 "Alzheimer's special care unit or program" means any nursing facility,
818 residential care home, assisted living facility, adult congregate living
819 facility, adult day care center, hospice or adult foster home that locks,
820 secures, segregates or provides a special program or unit for residents
821 with a diagnosis of probable Alzheimer's disease, dementia or other
822 similar disorder, in order to prevent or limit access by a resident
823 outside the designated or separated area, and that advertises or
824 markets the facility as providing specialized care or services for
825 persons suffering from Alzheimer's disease or dementia.

826 (b) On and after January 1, 2007, each Alzheimer's special care unit
827 or program shall provide written disclosure to any person who will be
828 placed in such a unit or program or to that person's legal
829 representative or other responsible party. Such disclosure shall be
830 signed by the patient or responsible party and shall explain what
831 additional care and treatment or specialized program will be provided
832 in the Alzheimer's special care unit or program that is distinct from the
833 care and treatment required by applicable licensing rules and
834 regulations, including, but not limited to:

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

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

842 (3) Assessment, care planning and implementation. The process
843 used for assessing and establishing and implementing the plan of care,

844 including the method by which the plan of care is modified in
845 response to changes in condition.

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

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

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

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

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

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

864 Sec. 516. (NEW) (*Effective from passage*) Each Alzheimer's special care
865 unit or program shall annually provide Alzheimer's and dementia
866 specific training to all licensed and registered direct care staff who
867 provide direct patient care to residents enrolled in Alzheimer's special
868 care units or programs. Such requirements shall include, but not
869 limited to, (1) not less than eight hours of dementia-specific training,
870 which shall be completed not later than six months after the date of
871 employment and not less than three hours of such training annually
872 thereafter, and (2) annual training of not less than two hours in pain
873 recognition and administration of pain management techniques for

874 direct care staff.

875 Sec. 517. Subsection (f) of section 28-25b of the general statutes is
876 repealed and the following is substituted in lieu thereof (*Effective from*
877 *passage*):

878 (f) On and after January 1, 2001, each public safety answering point
879 shall submit to the office, on a quarterly basis, a report of [the calls for
880 emergency medical services received] all calls for services received
881 through the 9-1-1 system by the public safety answering point. Such
882 report shall include, but not be limited to, the following information:
883 (1) The number of 9-1-1 calls during the reporting quarter; [that
884 involved a medical emergency;] and (2) for each such call, the elapsed
885 time period from the time the call was received to the time the call was
886 answered, and the elapsed time period from the time the call was
887 answered to the time [emergency response services were dispatched
888 or] the call was transferred or [relayed to another public safety agency
889 or private safety agency] terminated, expressed in time ranges or
890 fractile response times. The information required under this subsection
891 may be submitted in any written or electronic form selected by such
892 public safety answering point and approved by the Commissioner of
893 Public Safety, provided the commissioner shall take into consideration
894 the needs of such public safety answering point in approving such
895 written or electronic form. On a quarterly basis, the office shall [furnish
896 such information to the Commissioner of Public Health, shall] make
897 such information available to the public and shall post such
898 information on its web site on the Internet.

899 Sec. 518. Subsection (b) of section 19a-80 of the 2006 supplement to
900 the general statutes is repealed and the following is substituted in lieu
901 thereof (*Effective from passage*):

902 (b) Upon receipt of an application for a license, the Commissioner of
903 Public Health shall issue such license if, upon inspection and
904 investigation, he finds that the applicant, the facilities and the program
905 meet the health, educational and social needs of children likely to

906 attend the child day care center or group day care home and comply
907 with requirements established by regulations adopted under sections
908 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,
909 inclusive. Each license except a temporary license shall be for a term of
910 two years, shall be inalienable, may be renewed upon terms and
911 conditions established by regulation and may be suspended or
912 revoked after notice and an opportunity for a hearing as provided in
913 section 19a-84 for violation of the regulations promulgated under
914 sections 19a-77 to 19a-80, inclusive, as amended, and 19a-82 to 19a-87,
915 inclusive. The commissioner may issue a temporary license for a term
916 of six months and renewable for another six months, upon such terms
917 and conditions as shall be provided in regulations adopted under said
918 sections. The Commissioner of Public Health shall collect from the
919 licensee of a day care center a fee of two hundred dollars for each
920 license issued or renewed for a term of two years and a fee of fifty
921 dollars for each temporary license issued or renewed for a term of six
922 months. The Commissioner of Public Health shall collect from the
923 licensee of a group day care home a fee of one hundred dollars for each
924 license issued or renewed for a term of two years and a fee of thirty
925 dollars for each temporary license issued or renewed for a term of six
926 months. A child day care center shall only require one license for two
927 or more buildings if each building is operated by the same licensee and
928 the buildings are joined together by a contiguous playground that is
929 part of the licensed space.

930 Sec. 519. Section 1-55 of the general statutes is repealed and the
931 following is substituted in lieu thereof (*Effective October 1, 2006*):

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

938 Sec. 520. Subsection (g) of section 17a-238 of the general statutes is

939 repealed and the following is substituted in lieu thereof (*Effective*
940 *October 1, 2006*):

941 (g) The commissioner's oversight and monitoring of the medical
942 care of persons placed or treated under the direction of the
943 commissioner does not include the authority to make treatment
944 decisions, except in limited circumstances in accordance with statutory
945 procedures. In the exercise of such oversight and monitoring
946 responsibilities, the commissioner shall not impede or seek to impede a
947 properly executed medical order to withhold cardiopulmonary
948 resuscitation. For purposes of this subsection, "properly executed
949 medical order to withhold cardiopulmonary resuscitation" means (1) a
950 written order by the attending physician; (2) in consultation and with
951 the consent of the patient or a person authorized by law; (3) when the
952 attending physician is of the opinion that the patient is in a terminal
953 condition, as defined in [subdivision (3) of] section 19a-570, as
954 amended by this act, which condition will result in death within days
955 or weeks; and (4) when such physician has requested and obtained a
956 second opinion from a Connecticut licensed physician in the
957 appropriate specialty that confirms the patient's terminal condition;
958 and includes the entry of such an order when the attending physician
959 is of the opinion that the patient is in the final stage of a terminal
960 condition but cannot state that the patient may be expected to expire
961 during the next several days or weeks, or, in consultation with a
962 physician qualified to make a neurological diagnosis, deems the
963 patient to be permanently unconscious, provided the commissioner
964 has reviewed the decision with the department's director of
965 community medical services, the family and guardian of the patient
966 and others who the commissioner deems appropriate, and determines
967 that the order is a medically acceptable decision.

968 Sec. 521. Subsection (b) of section 17a-543 of the general statutes is
969 repealed and the following is substituted in lieu thereof (*Effective*
970 *October 1, 2006*):

971 (b) No medical or surgical procedures may be performed without

972 the patient's written informed consent or, if the patient has been
973 declared incapable of caring for himself or herself pursuant to sections
974 45a-644 to 45a-662, inclusive, as amended, and a conservator of the
975 person has been appointed pursuant to section 45a-650, the written
976 consent of such conservator. If the head of the hospital, in consultation
977 with a physician, determines that the condition of an involuntary
978 patient not declared incapable of caring for himself or herself pursuant
979 to said sections is of an extremely critical nature and such patient is
980 incapable of informed consent, medical or surgical procedures may be
981 performed with the written informed consent of: (1) The patient's
982 health care representative; (2) the patient's conservator or guardian, if
983 he or she has one; [(2)] (3) such person's next of kin; [(3)] (4) a person
984 designated by the patient pursuant to section 1-56r; or [(4)] (5) a
985 qualified physician appointed by a judge of the Probate Court.
986 Notwithstanding the provisions of this section, if obtaining the consent
987 provided for in this section would cause a medically harmful delay to
988 a voluntary or involuntary patient whose condition is of an extremely
989 critical nature, as determined by personal observation by a physician
990 or the senior clinician on duty, emergency treatment may be provided
991 without consent.

992 Sec. 522. Subsection (a) of section 19a-279c of the general statutes is
993 repealed and the following is substituted in lieu thereof (*Effective*
994 *October 1, 2006*):

995 (a) Any member of the following classes of persons, in the order of
996 priority listed, may make an anatomical gift of all or a part of the
997 decedent's body for an authorized purpose, unless the decedent, before
998 or at the time of death, has made an unrevoked refusal to make that
999 anatomical gift: (1) The spouse of the decedent; (2) a person designated
1000 by the decedent pursuant to section 1-56r; (3) an adult son or daughter
1001 of the decedent; (4) either parent of the decedent; (5) an adult brother
1002 or sister of the decedent; (6) a grandparent of the decedent; (7) a
1003 guardian of the person of the decedent at the time of death; (8) any
1004 person legally authorized to make health care decisions for the
1005 decedent prior to death, including, but not limited to, a health care

1006 [agent] representative appointed under section 19a-576, as amended by
1007 this act; and (9) a conservator of the person, as defined in section 45a-
1008 644, as amended.

1009 Sec. 523. Section 19a-570 of the general statutes is repealed and the
1010 following is substituted in lieu thereof (*Effective October 1, 2006*):

1011 For purposes of this section, [and] sections 19a-571 to 19a-580c,
1012 inclusive, as amended by this act:

1013 [(1) "Life support system" means any medical procedure or
1014 intervention which, when applied to an individual, would serve only
1015 to postpone the moment of death or maintain the individual in a state
1016 of permanent unconsciousness. In these circumstances, such
1017 procedures shall include, but are not limited to, mechanical or
1018 electronic devices including artificial means of providing nutrition or
1019 hydration;

1020 (2) "Beneficial medical treatment" includes the use of medically
1021 appropriate treatment including surgery, treatment, medication and
1022 the utilization of artificial technology to sustain life;

1023 (3) "Terminal condition" means the final stage of an incurable or
1024 irreversible medical condition which, without the administration of a
1025 life support system, will result in death within a relatively short time,
1026 in the opinion of the attending physician;

1027 (4) "Permanently unconscious" includes permanent coma and
1028 persistent vegetative state and means an irreversible condition in
1029 which the individual is at no time aware of himself or the environment
1030 and shows no behavioral response to the environment;

1031 (5) "Health care agent" means an adult person to whom authority to
1032 convey health care decisions is delegated in a written document by
1033 another adult person, known as the principal;

1034 (6) "Incapacitated" means being unable to understand and
1035 appreciate the nature and consequences of health care decisions,

1036 including the benefits and disadvantages of such treatment, and to
1037 reach and communicate an informed decision regarding the treatment;

1038 (7) "Living will" means a written statement in compliance with
1039 section 19a-575a containing a declarant's wishes concerning any aspect
1040 of his health care, including the withholding or withdrawal of life
1041 support systems;

1042 (8) "Next of kin" means any member of the following classes of
1043 persons, in the order of priority listed: (A) The spouse of the patient;
1044 (B) an adult son or daughter of the patient; (C) either parent of the
1045 patient; (D) an adult brother or sister of the patient; and (E) a
1046 grandparent of the patient;

1047 (9) "Attending physician" means the physician selected by, or
1048 assigned to, the patient and who has primary responsibility for the
1049 treatment and care of the patient.]

1050 (1) "Advance health care directive" or "advance directive" means a
1051 writing executed in accordance with the provisions of this chapter,
1052 including, but not limited to, a living will, or an appointment of health
1053 care representative, or both;

1054 (2) "Appointment of health care representative" means a document
1055 executed in accordance with section 19a-575a, as amended by this act,
1056 or section 19a-577, as amended by this act, that appoints a health care
1057 representative to make health care decisions for the declarant in the
1058 event the declarant becomes incapacitated;

1059 (3) "Attending physician" means the physician selected by, or
1060 assigned to, the patient, who has primary responsibility for the
1061 treatment and care of the patient;

1062 (4) "Beneficial medical treatment" includes the use of medically
1063 appropriate treatment, including surgery, treatment, medication and
1064 the utilization of artificial technology to sustain life;

1065 (5) "Health care representative" means the individual appointed by

1066 a declarant pursuant to an appointment of health care representative
1067 for the purpose of making health care decisions on behalf of the
1068 declarant;

1069 (6) "Incapacitated" means being unable to understand and
1070 appreciate the nature and consequences of health care decisions,
1071 including the benefits and disadvantages of such treatment, and to
1072 reach and communicate an informed decision regarding the treatment;

1073 (7) "Life support system" means any medical procedure or
1074 intervention which, when applied to an individual, would serve only
1075 to postpone the moment of death or maintain the individual in a state
1076 of permanent unconsciousness, including, but not limited to,
1077 mechanical or electronic devices, including artificial means of
1078 providing nutrition or hydration;

1079 (8) "Living will" means a written statement in compliance with
1080 section 19a-575a, as amended by this act, containing a declarant's
1081 wishes concerning any aspect of his or her health care, including the
1082 withholding or withdrawal of life support systems;

1083 (9) "Next of kin" means any member of the following classes of
1084 persons, in the order of priority listed: (A) The spouse of the patient;
1085 (B) an adult son or daughter of the patient; (C) either parent of the
1086 patient; (D) an adult brother or sister of the patient; and (E) a
1087 grandparent of the patient;

1088 (10) "Permanently unconscious" means an irreversible condition in
1089 which the individual is at no time aware of himself or herself or the
1090 environment and shows no behavioral response to the environment
1091 and includes permanent coma and persistent vegetative state;

1092 (11) "Terminal condition" means the final stage of an incurable or
1093 irreversible medical condition which, without the administration of a
1094 life support system, will result in death within a relatively short period
1095 time, in the opinion of the attending physician.

1096 Sec. 524. Subsection (a) of section 19a-571 of the general statutes is
1097 repealed and the following is substituted in lieu thereof (*Effective*
1098 *October 1, 2006*):

1099 (a) Subject to the provisions of subsection (c) of this section, any
1100 physician licensed under chapter 370 or any licensed medical facility
1101 who or which withholds, removes or causes the removal of a life
1102 support system of an incapacitated patient shall not be liable for
1103 damages in any civil action or subject to prosecution in any criminal
1104 proceeding for such withholding or removal, provided (1) the decision
1105 to withhold or remove such life support system is based on the best
1106 medical judgment of the attending physician in accordance with the
1107 usual and customary standards of medical practice; (2) the attending
1108 physician deems the patient to be in a terminal condition or, in
1109 consultation with a physician qualified to make a neurological
1110 diagnosis who has examined the patient, deems the patient to be
1111 permanently unconscious; and (3) the attending physician has
1112 considered the patient's wishes concerning the withholding or
1113 withdrawal of life support systems. In the determination of the wishes
1114 of the patient, the attending physician shall consider the wishes as
1115 expressed by a document executed in accordance with sections 19a-575
1116 and 19a-575a, if any such document is presented to, or in the
1117 possession of, the attending physician at the time the decision to
1118 withhold or terminate a life support system is made. If the wishes of
1119 the patient have not been expressed in a living will the attending
1120 physician shall determine the wishes of the patient by consulting any
1121 statement made by the patient directly to the attending physician and,
1122 if available, the patient's health care [agent] representative, the
1123 patient's next of kin, the patient's legal guardian or conservator, if any,
1124 any person designated by the patient in accordance with section 1-56r
1125 and any other person to whom the patient has communicated his
1126 wishes, if the attending physician has knowledge of such person. All
1127 persons acting on behalf of the patient shall act in good faith. If the
1128 attending physician does not deem the incapacitated patient to be in a
1129 terminal condition or permanently unconscious, beneficial medical

1130 treatment including nutrition and hydration must be provided.

1131 Sec. 525. Section 19a-575 of the general statutes is repealed and the
1132 following is substituted in lieu thereof (*Effective October 1, 2006*):

1133 Any person eighteen years of age or older may execute a document
1134 [which shall contain] that contains directions as to [specific life support
1135 systems which such person chooses to have administered] any aspect
1136 of health care, including the withholding or withdrawal of life support
1137 systems. Such document shall be signed and dated by the maker with
1138 at least two witnesses and may be in substantially the following form:

1139 DOCUMENT CONCERNING HEALTH CARE AND
1140 WITHHOLDING OR WITHDRAWAL OF LIFE SUPPORT SYSTEMS.

1141 If the time comes when I am incapacitated to the point when I can
1142 no longer actively take part in decisions for my own life, and am
1143 unable to direct my physician as to my own medical care, I wish this
1144 statement to stand as a testament of my wishes.

1145 "I, ... (Name), request that, if my condition is deemed terminal or if
1146 it is determined that I will be permanently unconscious, I be allowed to
1147 die and not be kept alive through life support systems. By terminal
1148 condition, I mean that I have an incurable or irreversible medical
1149 condition which, without the administration of life support systems,
1150 will, in the opinion of my attending physician, result in death within a
1151 relatively short time. By permanently unconscious I mean that I am in
1152 a permanent coma or persistent vegetative state which is an
1153 irreversible condition in which I am at no time aware of myself or the
1154 environment and show no behavioral response to the environment.
1155 The life support systems which I do not want include, but are not
1156 limited to:

1157 Artificial respiration

1158 Cardiopulmonary resuscitation

1159 Artificial means of providing nutrition and hydration

1160 (Cross out and initial life support systems you want administered)

1161 I do not intend any direct taking of my life, but only that my dying
1162 not be unreasonably prolonged."

1163 Other specific requests:

1164 "This request is made, after careful reflection, while I am of sound
1165 mind."

1166 (Signature)

1167 (Date)

1168 This document was signed in our presence, by the above-named
1169 (Name) who appeared to be eighteen years of age or older, of sound
1170 mind and able to understand the nature and consequences of health
1171 care decisions at the time the document was signed.

1172 (Witness)

1173 (Address)

1174 (Witness)

1175 (Address)

1176 Sec. 526. Section 19a-575a of the general statutes is repealed and the
1177 following is substituted in lieu thereof (*Effective October 1, 2006*):

1178 (a) Any person eighteen years of age or older may execute a
1179 document [which] that contains health care instructions, the
1180 appointment of a [health care agent, the appointment of an attorney-
1181 in-fact for health care decisions] health care representative, the
1182 designation of a conservator of the person for future incapacity and a
1183 document of anatomical gift. Any such document shall be signed and
1184 dated by the maker with at least two witnesses and may be in the
1185 substantially following form:

1186 THESE ARE MY HEALTH CARE INSTRUCTIONS.

1187 MY APPOINTMENT OF A HEALTH CARE [AGENT,

1188 MY APPOINTMENT OF AN ATTORNEY-IN-FACT

1189 FOR HEALTH CARE DECISIONS] REPRESENTATIVE,
1190 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON
1191 FOR MY FUTURE INCAPACITY
1192 AND
1193 MY DOCUMENT OF ANATOMICAL GIFT

1194 To any physician who is treating me: These are my health care
1195 instructions including those concerning the withholding or withdrawal
1196 of life support systems, together with the appointment of my health
1197 care [agent and my attorney-in-fact for health care decisions]
1198 representative, the designation of my conservator of the person for
1199 future incapacity and my document of anatomical gift. As my
1200 physician, you may rely on these health care instructions and any
1201 decision made by my health care [agent, attorney-in-fact for health care
1202 decisions] representative or conservator of my person, if I am [unable
1203 to make a decision for myself] incapacitated to the point when I can no
1204 longer actively take part in decisions for my own life, and am unable to
1205 direct my physician as to my own medical care.

1206 I, ..., the author of this document, request that, if my condition is
1207 deemed terminal or if I am determined to be permanently
1208 unconscious, I be allowed to die and not be kept alive through life
1209 support systems. By terminal condition, I mean that I have an
1210 incurable or irreversible medical condition which, without the
1211 administration of life support systems, will, in the opinion of my
1212 attending physician, result in death within a relatively short time. By
1213 permanently unconscious I mean that I am in a permanent coma or
1214 persistent vegetative state which is an irreversible condition in which I
1215 am at no time aware of myself or the environment and show no
1216 behavioral response to the environment. The life support systems
1217 which I do not want include, but are not limited to: Artificial
1218 respiration, cardiopulmonary resuscitation and artificial means of
1219 providing nutrition and hydration. I do want sufficient pain
1220 medication to maintain my physical comfort. I do not intend any direct
1221 taking of my life, but only that my dying not be unreasonably
1222 prolonged.

1223 I appoint to be my health care [agent and my attorney-in-fact for
1224 health care decisions] representative. If my attending physician
1225 determines that I am unable to understand and appreciate the nature
1226 and consequences of health care decisions and unable to reach and
1227 communicate an informed decision regarding treatment, my health
1228 care [agent and attorney-in-fact for health care decisions]
1229 representative is authorized to [:]

1230 [(1) Convey to my physician my wishes concerning the withholding
1231 or removal of life support systems;

1232 (2) Take whatever actions are necessary to ensure that any wishes
1233 are given effect;

1234 (3) Consent, refuse or withdraw consent to any medical treatment as
1235 long as such action is consistent with my wishes concerning the
1236 withholding or removal of life support systems; and

1237 (4) Consent to any medical treatment designed solely for the
1238 purpose of maintaining physical comfort] make any and all health care
1239 decisions for me, including the decision to accept or refuse any
1240 treatment, service or procedure used to diagnose or treat my physical
1241 or mental condition, except as otherwise provided by law, including,
1242 but not limited to, psychosurgery or shock therapy, and the decision to
1243 provide, withhold or withdraw life support systems. I direct my health
1244 care representative to make decisions on my behalf in accordance with
1245 my wishes, as stated in this document or as otherwise known to my
1246 health care representative. In the event my wishes are not clear or a
1247 situation arises that I did not anticipate, my health care representative
1248 may make a decision in my best interests, based upon what is known
1249 of my wishes.

1250 If is unwilling or unable to serve as my health care [agent and my
1251 attorney-in-fact for health care decisions] representative, I appoint
1252 to be my alternative health care [agent and my attorney-in-fact for
1253 health care decisions] representative.

1254 If a conservator of my person should need to be appointed, I
1255 designate be appointed my conservator. If is unwilling or unable
1256 to serve as my conservator, I designate, No bond shall be required
1257 of either of them in any jurisdiction.

1258 I hereby make this anatomical gift, if medically acceptable, to take
1259 effect upon my death.

- T1 I give: (check one)
- T2 (1) any needed organs or parts
- T3 (2) only the following organs or parts
- T4 to be donated for: (check one)
- T5 (1) any of the purposes stated in subsection (a) of
- T6 section 19a-279f of the general statutes
- T7 (2) these limited purposes

1260 These requests, appointments, and designations are made after
1261 careful reflection, while I am of sound mind. Any party receiving a
1262 duly executed copy or facsimile of this document may rely upon it
1263 unless such party has received actual notice of my revocation of it.

T8 Date, 20..
T9 L.S.

1264 This document was signed in our presence by the author of this
1265 document, who appeared to be eighteen years of age or older, of sound
1266 mind and able to understand the nature and consequences of health
1267 care decisions at the time this document was signed. The author
1268 appeared to be under no improper influence. We have subscribed this
1269 document in the author's presence and at the author's request and in
1270 the presence of each other.

T10
T11	(Witness)	(Witness)
T12

T13	(Number and Street)	(Number and Street)
T14
T15	(City, State and Zip Code)	(City, State and Zip Code)

STATE OF CONNECTICUT }
 COUNTY OF } ss.

1271 We, the subscribing witnesses, being duly sworn, say that we
 1272 witnessed the execution of these health care instructions, the
 1273 appointments of a health care [agent and an attorney-in-fact]
 1274 representative, the designation of a conservator for future incapacity
 1275 and a document of anatomical gift by the author of this document; that
 1276 the author subscribed, published and declared the same to be the
 1277 author's instructions, appointments and designation in our presence;
 1278 that we thereafter subscribed the document as witnesses in the
 1279 author's presence, at the author's request, and in the presence of each
 1280 other; that at the time of the execution of said document the author
 1281 appeared to us to be eighteen years of age or older, of sound mind,
 1282 able to understand the nature and consequences of said document, and
 1283 under no improper influence, and we make this affidavit at the
 1284 author's request this day of 20...

T16
T17	(Witness)	(Witness)

1285 Subscribed and sworn to before me this day of 20..

T18
T19	Commissioner of the Superior Court
T20	Notary Public
T21	My commission expires:

1286 (Print or type name of all persons signing under all signatures)

1287 (b) Except as provided in section 19a-579b, as amended by this act,
1288 an appointment of health care representative may only be revoked by
1289 the declarant, in writing, and the writing shall be signed by the
1290 declarant and two witnesses.

1291 (c) The attending physician or other health care provider shall make
1292 the revocation of an appointment of health care representative a part of
1293 the declarant's medical record.

1294 (d) In the absence of knowledge of the revocation of an appointment
1295 of health care representative, a person who carries out an advance
1296 directive pursuant to the provisions of chapter 368w shall not be
1297 subject to civil or criminal liability or discipline for unprofessional
1298 conduct for carrying out such advance directive.

1299 (e) The revocation of an appointment of health care representative
1300 does not, of itself, revoke the living will of the declarant.

1301 Sec. 527. Section 19a-576 of the general statutes is repealed and the
1302 following is substituted in lieu thereof (*Effective October 1, 2006*):

1303 (a) Any person eighteen years of age or older may appoint a health
1304 care [agent] representative by executing a document in accordance
1305 with section 19a-575a, as amended by this act, or section 19a-577, as
1306 amended by this act, signed and dated by such person in the presence
1307 of two adult witnesses who shall also sign the document. The person
1308 appointed as [agent] representative shall not act as witness to the
1309 execution of such document or sign such document.

1310 (b) For persons who reside in facilities operated or licensed by the
1311 Department of Mental Health and Addiction Services, at least one
1312 witness shall be an individual who is not affiliated with the facility and
1313 at least one witness shall be a physician or licensed clinical
1314 psychologist with specialized training in treating mental illness.

1315 (c) For persons who reside in facilities operated or licensed by the
1316 Department of Mental Retardation, at least one witness shall be an

1317 individual who is not affiliated with the facility and at least one
1318 witness shall be a physician or licensed clinical psychologist with
1319 specialized training in developmental disabilities.

1320 (d) An operator, administrator [] or employee of a hospital,
1321 residential care home, rest home with nursing supervision [] or
1322 chronic and convalescent nursing home may not be appointed as a
1323 health care [agent] representative by any person who, at the time of the
1324 appointment, is a patient or a resident of, or has applied for admission
1325 to, one of the foregoing facilities. An administrator or employee of a
1326 government agency [which] that is financially responsible for a
1327 person's medical care may not be appointed as a health care [agent]
1328 representative for such person. This restriction shall not apply if such
1329 operator, administrator or employee is related to the principal by
1330 blood, marriage or adoption.

1331 (e) A physician shall not act as both [agent] health care
1332 representative for a principal and attending physician for the principal.

1333 Sec. 528. Section 19a-577 of the general statutes is repealed and the
1334 following is substituted in lieu thereof (*Effective October 1, 2006*):

1335 [(a)] Any person eighteen years of age or older may execute a
1336 document that may, but need not be in substantially the following
1337 form:

1338 DOCUMENT CONCERNING THE APPOINTMENT OF HEALTH
1339 CARE [AGENT] REPRESENTATIVE

1340 "I understand that, as a competent adult, I have the right to make
1341 decisions about my health care. There may come a time when I am
1342 unable, due to incapacity, to make my own health care decisions. In
1343 these circumstances, those caring for me will need direction and will
1344 turn to someone who knows my values and health care wishes. By
1345 signing this appointment of health care representative, I appoint a
1346 health care representative with legal authority to make health care
1347 decisions on my behalf in such case or at such time.

1348 I appoint (Name) to be my health care [agent] representative. If
1349 my attending physician determines that I am unable to understand
1350 and appreciate the nature and consequences of health care decisions
1351 and to reach and communicate an informed decision regarding
1352 treatment, my health care [agent] representative is authorized to [:]

1353 [(1) Convey to my physician my wishes concerning the withholding
1354 or removal of life support systems.

1355 (2) Take whatever actions are necessary to ensure that my wishes
1356 are given effect] accept or refuse any treatment, service or procedure
1357 used to diagnose or treat my physical or mental condition, except as
1358 otherwise provided by law, including, but not limited to,
1359 psychosurgery or shock therapy, and the decision to provide, withhold
1360 or withdraw life support systems. I direct my health care
1361 representative to make decisions on my behalf in accordance with my
1362 wishes as stated in a living will, or as otherwise known to my health
1363 care representative. In the event my wishes are not clear or a situation
1364 arises that I did not anticipate, my health care representative may
1365 make a decision in my best interests, based upon what is known of my
1366 wishes.

1367 If this person is unwilling or unable to serve as my health care
1368 [agent] representative, I appoint (Name) to be my alternative health
1369 care [agent] representative."

1370 "This request is made, after careful reflection, while I am of sound
1371 mind."

1372 (Signature)
1373 (Date)

1374 This document was signed in our presence, by the above-named
1375 (Name) who appeared to be eighteen years of age or older, of sound
1376 mind and able to understand the nature and consequences of health
1377 care decisions at the time the document was signed.

1378 (Witness)

1379 (Address)

1380 (Witness)

1381 (Address)

1382 Sec. 529. Section 19a-578 of the general statutes is repealed and the
1383 following is substituted in lieu thereof (*Effective October 1, 2006*):

1384 (a) Any or all of the attesting witnesses to any living will document
1385 or any document appointing a health care [agent] representative may,
1386 at the request of the declarant, make and sign an affidavit before any
1387 officer authorized to administer oaths in or out of this state, stating
1388 such facts as they would be required to testify to in court to prove such
1389 living will. The affidavit shall be written on the living will document,
1390 or if that is impracticable, on some paper attached thereto. The sworn
1391 statement of any such witness so taken shall be accepted by [the Court
1392 of Probate] a court of competent jurisdiction as if it had been taken
1393 before such court.

1394 (b) A physician or other health care provider who is furnished with
1395 a copy of a written living will or appointment of health care [agent]
1396 representative shall make it a part of the declarant's medical record. A
1397 physician or other health care provider shall also record in the patient's
1398 medical record any oral communication concerning any aspect of [his]
1399 the patient's health care, including the withholding or withdrawal of
1400 life support systems, made by the patient directly to the physician or
1401 other health care provider or to the patient's health care [agent]
1402 representative, legal guardian, conservator, next-of-kin or person
1403 designated in accordance with section 1-56r.

1404 Sec. 530. Section 19a-579 of the general statutes is repealed and the
1405 following is substituted in lieu thereof (*Effective October 1, 2006*):

1406 A living will or appointment of health care [agent] representative
1407 becomes operative when (1) the document is furnished to the
1408 attending physician, and (2) the declarant is determined by the
1409 attending physician to be incapacitated. At any time after the

1410 appointment of a health care representative, the attending physician
1411 shall disclose such determination of incapacity, in writing, upon the
1412 request of the person named as the health care representative.

1413 Sec. 531. Section 19a-579a of the general statutes is repealed and the
1414 following is substituted in lieu thereof (*Effective October 1, 2006*):

1415 (a) A living will [or appointment of health care agent] may be
1416 revoked at any time and in any manner by the declarant, without
1417 regard to the declarant's mental or physical condition.

1418 (b) The attending physician or other health care provider shall make
1419 the revocation a part of the declarant's medical record.

1420 (c) In the absence of knowledge of the revocation [either] of a living
1421 will, [or an appointment of health care agent,] a person is not subject to
1422 civil or criminal liability or discipline for unprofessional conduct for
1423 carrying out the living will pursuant to the requirements of sections
1424 19a-570, as amended by this act, 19a-571, as amended by this act, 19a-
1425 573 and 19a-575 to 19a-580c, inclusive, as amended by this act.

1426 Sec. 532. Section 19a-579b of the general statutes is repealed and the
1427 following is substituted in lieu thereof (*Effective October 1, 2006*):

1428 The appointment of the principal's spouse as health care [agent]
1429 representative shall be revoked upon the divorce or legal separation of
1430 the principal and spouse or upon the annulment or dissolution of their
1431 marriage, unless the principal specifies otherwise.

1432 Sec. 533. Section 19a-580 of the general statutes is repealed and the
1433 following is substituted in lieu thereof (*Effective October 1, 2006*):

1434 Within a reasonable time prior to withholding or causing the
1435 removal of any life support system pursuant to sections 19a-570, as
1436 amended by this act, 19a-571, as amended by this act, 19a-573 and 19a-
1437 575 to 19a-580c, inclusive, as amended by this act, the attending
1438 physician shall make reasonable efforts to notify the individual's
1439 health care [agent] representative, next-of-kin, legal guardian,

1440 conservator or person designated in accordance with section 1-56r, if
1441 available.

1442 Sec. 534. Section 19a-580b of the general statutes is repealed and the
1443 following is substituted in lieu thereof (*Effective October 1, 2006*):

1444 No physician, health care provider or health care insurer shall
1445 require a person to execute a living will or appoint a health care
1446 [agent] representative as a condition of treatment or receiving health
1447 care benefits.

1448 Sec. 535. Section 19a-580c of the general statutes is repealed and the
1449 following is substituted in lieu thereof (*Effective October 1, 2006*):

1450 (a) The probate court for the district in which the person is
1451 domiciled or is located at the time of the dispute shall have jurisdiction
1452 over any dispute concerning the meaning or application of any
1453 provision of sections 19a-570, as amended by this act, 19a-571, as
1454 amended by this act, 19a-573 and 19a-575 to 19a-580c, inclusive, as
1455 amended by this act. With respect to any communication of a patient's
1456 wishes other than by means of a document executed in accordance
1457 with [section] sections 19a-575 and 19a-575a, as amended by this act,
1458 the court shall consider whether there is clear and convincing evidence
1459 of such communication.

1460 (b) The probate court for the district in which the person is
1461 domiciled or is located at the time of the dispute shall have jurisdiction
1462 over any dispute concerning the capacity of the health care
1463 representative or over any claim that the actions of the person named
1464 as health care representative would interfere with the treatment of the
1465 declarant or the person named as health care representative.

1466 (c) A person whose appointment as a health care representative has
1467 been revoked shall have standing to file a claim challenging the
1468 validity of such revocation with the probate court for the district in
1469 which the declarant is domiciled or is located at the time of the
1470 dispute.

1471 Sec. 536. Subsection (h) of section 45a-650 of the general statutes is
1472 repealed and the following is substituted in lieu thereof (*Effective*
1473 *October 1, 2006*):

1474 (h) The court may limit the powers and duties of either the
1475 conservator of the person or the conservator of the estate, to include
1476 some, but not all, of the powers and duties set forth in subsections (a)
1477 and (b) of section 45a-644, as amended, and sections 45a-655 and 45a-
1478 656, as amended, and shall make specific findings to justify such a
1479 limitation, in the best interests of the ward. In determining whether or
1480 not any such limitations should be imposed, the court shall consider
1481 the abilities of the ward, the prior appointment of any attorney-in-fact,
1482 health care [agent] representative, trustee or other fiduciary acting on
1483 behalf of the ward, any support services which are otherwise available
1484 to the ward, and any other relevant evidence. The court may modify its
1485 decree upon any change in circumstances.

1486 Sec. 537. Subsection (a) of section 45a-654 of the 2006 supplement to
1487 the general statutes is repealed and the following is substituted in lieu
1488 thereof (*Effective October 1, 2006*):

1489 (a) Upon written application for appointment of a temporary
1490 conservator brought by any person deemed by the court to have
1491 sufficient interest in the welfare of the respondent, including, but not
1492 limited to, the spouse or any relative of the respondent, the first
1493 selectman, chief executive officer or head of the department of welfare
1494 of the town of residence or domicile of any respondent, the
1495 Commissioner of Social Services, the board of directors of any
1496 charitable organization, as defined in section 21a-190a, or the chief
1497 administrative officer of any nonprofit hospital or such officer's
1498 designee, the Court of Probate may appoint a temporary conservator if
1499 the court finds that: (1) The respondent is incapable of managing his or
1500 her affairs or incapable of caring for himself or herself, and (2)
1501 immediate and irreparable injury to the mental or physical health or
1502 financial or legal affairs of the respondent will result if a temporary
1503 conservator is not appointed pursuant to this section. The court may,

1504 in its discretion, require the temporary conservator to give a probate
1505 bond. The court shall limit the duties, responsibilities and powers of
1506 the temporary conservator to the circumstances that gave rise to the
1507 application and shall make specific findings to justify such limitation.
1508 In making such findings, the court shall consider the present and
1509 previously expressed wishes of the respondent, the abilities of the
1510 respondent, any prior appointment of an attorney-in-fact, health care
1511 [agent] representative, trustee or other fiduciary acting on behalf of the
1512 respondent, any support service otherwise available to the respondent
1513 and any other relevant evidence. The temporary conservator shall have
1514 charge of the property or of the person of the respondent or both for
1515 such period of time or for such specific occasion as the court finds to be
1516 necessary, provided a temporary appointment shall not be valid for
1517 more than thirty days, unless at any time while the appointment of a
1518 temporary conservator is in effect, an application is filed for
1519 appointment of a conservator of the person or estate under section 45a-
1520 650. The court may (A) extend the appointment of the temporary
1521 conservator until the disposition of such application under section 45a-
1522 650, or for an additional thirty days, whichever occurs first, or (B)
1523 terminate the appointment of a temporary conservator upon a
1524 showing that the circumstances that gave rise to the application for
1525 appointment of a temporary conservator no longer exist.

1526 Sec. 538. Subdivision (3) of subsection (a) of section 52-184d of the
1527 2006 supplement to the general statutes is repealed and the following
1528 is substituted in lieu thereof (*Effective October 1, 2006*):

1529 (3) "Representative" means a legal guardian, attorney, health care
1530 [agent] representative or any person recognized in law or custom as a
1531 patient's agent.

1532 Sec. 539. (NEW) (*Effective October 1, 2006*) (a) Except as authorized
1533 by a court of competent jurisdiction, a conservator shall comply with a
1534 ward's individual health care instructions and other wishes, if any,
1535 expressed while the ward had capacity and to the extent known to the
1536 conservator, and the conservator may not revoke the ward's advance

1537 health care directive unless the appointing court expressly so
1538 authorizes.

1539 (b) Absent a court order to the contrary, a health care decision of a
1540 health care representative takes precedence over that of a conservator,
1541 except under the following circumstances: (1) When the health care
1542 decision concerns a person who is subject to the provisions of section
1543 17a-566, 17a-587, 17a-588 of the general statutes or section 54-56d of the
1544 2006 supplement to the general statutes; (2) when a conservator has
1545 been appointed to a ward who is subject to an order authorized under
1546 subsection (e) of section 17a-543 of the general statutes, for the
1547 duration of the ward's hospitalization; or (3) when a conservator has
1548 been appointed to a ward subject to an order authorized under section
1549 17a-543a of the general statutes.

1550 Sec. 540. (NEW) (*Effective October 1, 2006*) An advance directive
1551 properly executed prior to October 1, 2006, shall have the same legal
1552 force and effect as if it had been executed in accordance with the
1553 provisions of chapter 368w of the general statutes.

1554 Sec. 541. (NEW) (*Effective October 1, 2006*) Health care instructions or
1555 appointment of a health care proxy executed under the laws of another
1556 state in compliance with the laws of that state or the state of
1557 Connecticut, and which are not contrary to the public policy of this
1558 state, are deemed validly executed for purposes of chapter 368w of the
1559 general statutes. Health care instructions or appointment of a health
1560 care proxy executed in a foreign country in compliance with the laws
1561 of the country or the state of Connecticut, and which are not contrary
1562 to the public policy of this state, are deemed validly executed for the
1563 purposes of chapter 368w of the general statutes. A healthcare
1564 provider may rely on such health care instructions or recognize such
1565 appointment of a health care proxy based upon any of the following:
1566 (1) An order or decision by a court of competent jurisdiction; (2)
1567 presentation of a notarized statement from the patient or person
1568 offering the health care proxy that the proxy (A) is valid under the
1569 laws of the state or country in which it was made, and (B) is not

1570 contrary to the public policy of this state; or (3) the healthcare
1571 provider's own good faith legal analysis.

1572 Sec. 542. Subsection (b) of section 20-73 of the general statutes, as
1573 amended by substitute senate bill 164 of the current session, is
1574 repealed and the following is substituted in lieu thereof: (*Effective*
1575 *October 1, 2006*):

1576 (b) (1) The treatment of human ailments by physical therapy shall
1577 only be performed by a person licensed under the provisions of this
1578 chapter as a physical therapist or physical therapist assistant. Except as
1579 otherwise provided in subdivisions (2) and (3) of this subsection, such
1580 treatment may be performed by a licensed physical therapist without
1581 an oral or written referral by a person licensed in this state to practice
1582 medicine and surgery, podiatry, natureopathy, chiropractic or
1583 dentistry, or an advanced practice registered nurse licensed to
1584 prescribe in accordance with section 20-94a or a physician assistant
1585 licensed to prescribe in accordance with section 20-12d of the 2006
1586 supplement to the general statutes, provided the licensed physical
1587 therapist (A) [earned] was admitted to a bachelor's degree program
1588 prior to January 1, 1998, and has practiced physical therapy for at least
1589 four out of the most recent six years of his or her clinical practice, or
1590 earned a master's degree or higher in physical therapy from an
1591 accredited institution of higher education, (B) requires any person
1592 receiving such treatment to disclose or affirmatively confirm the
1593 identity of such person's primary care provider or health care provider
1594 of record upon each initial visit for treatment without an oral or
1595 written referral, (C) provides information to any person seeking such
1596 treatment regarding the need to consult with such person's primary
1597 care provider or health care provider of record regarding such person's
1598 underlying medical condition if the condition is prolonged, does not
1599 improve within a thirty-day period, or continues to require ongoing
1600 continuous treatment, and (D) refers any person receiving such
1601 treatment to an appropriate licensed practitioner of the healing arts if,
1602 upon examination or reexamination, the same condition for which the
1603 person sought physical therapy does not demonstrate objective,

1604 measurable, functional improvement in a period of thirty consecutive
1605 days or at the end of six visits, whichever is earlier.

1606 (2) In any case in which a person seeking such treatment requires a
1607 Grade V spinal manipulation, such treatment shall only be performed
1608 (A) upon the oral or written referral of a person licensed in this state,
1609 or in a state having licensing requirements meeting the approval of the
1610 appropriate examining board in this state, to practice medicine and
1611 surgery, podiatry, natureopathy, chiropractic or dentistry, or an
1612 advanced practice registered nurse licensed to prescribe in accordance
1613 with section 20-94a or a physician assistant licensed to prescribe in
1614 accordance with section 20-12d, as amended, and (B) by a licensed
1615 physical therapist who (i) [earned] was admitted to a bachelor's degree
1616 program prior to January 1, 1998, and has practiced physical therapy
1617 for at least four out of the most recent six years of his or her clinical
1618 practice, or earned a master's degree or higher in physical therapy
1619 from an accredited institution of higher education, and (ii) holds a
1620 specialist certification in orthopedic physical therapy from the
1621 American Physical Therapy Association, or proof of completion of
1622 forty hours of course work in manual therapy, including Grade V
1623 spinal manipulation. Nothing in this section shall prevent a physical
1624 therapist from providing wellness care within the scope of physical
1625 therapy practice to asymptomatic persons without a referral. Nothing
1626 in this section shall require an employer or insurer to pay for such
1627 wellness care.

1628 (3) In any case involving an injury, as described in section 31-275 of
1629 the 2006 supplement to the general statutes, such treatment shall only
1630 be performed upon the oral or written referral of a person licensed in
1631 this state or in a state having licensing requirements meeting the
1632 standards set by the Department of Public Health and the appropriate
1633 examining board in this state to practice medicine and surgery,
1634 podiatry, natureopathy, chiropractic or dentistry, or an advanced
1635 practice registered nurse licensed to prescribe in accordance with
1636 section 20-94a or a physician assistant licensed to prescribe in
1637 accordance with section 20-12d, as amended.

1638 Sec. 543. (NEW) (*Effective October 1, 2006*) (a) Each person licensed to
1639 practice physical therapy under the provisions of chapter 376 of the
1640 general statutes who provides direct patient care services shall
1641 maintain professional liability insurance or other indemnity against
1642 liability for professional malpractice. The amount of insurance which
1643 each such person shall carry as insurance or indemnity against claims
1644 for injury or death for professional malpractice shall not be less than
1645 five hundred thousand dollars for one person, per occurrence, with an
1646 aggregate of not less than one million five hundred thousand dollars.

1647 (b) Each insurance company which issues professional liability
1648 insurance, as defined in subdivision (10) of subsection (b) of section
1649 38a-393 of the general statutes, as amended by this act, shall on and
1650 after January 1, 2007, render to the Commissioner of Public Health a
1651 true record of the names and addresses, according to classification, of
1652 cancellations of and refusals to renew professional liability insurance
1653 policies and the reasons for such cancellation or refusal to renew said
1654 policies for the year ending on the thirty-first day of December next
1655 preceding.

1656 Sec. 544. Subsection (a) of section 19a-7d of the general statutes is
1657 repealed and the following is substituted in lieu thereof (*Effective July*
1658 *1, 2006*):

1659 (a) The Commissioner of Public Health may establish, within
1660 available appropriations, a program to provide three-year grants to
1661 community-based providers of primary care services in order to
1662 expand access to health care for the uninsured. The grants may be
1663 awarded to community-based providers of primary care for (1)
1664 funding for direct services, (2) recruitment and retention of primary
1665 care clinicians and registered nurses through subsidizing of salaries or
1666 through a loan repayment program, and (3) capital expenditures. The
1667 community-based providers of primary care under the direct service
1668 program shall provide, or arrange access to, primary and preventive
1669 services, referrals to specialty services, including rehabilitative and
1670 mental health services, inpatient care, prescription drugs, basic

1671 diagnostic laboratory services, health education and outreach to alert
1672 people to the availability of services. Primary care clinicians and
1673 registered nurses participating in the state loan repayment program or
1674 receiving subsidies shall provide services to the uninsured based on a
1675 sliding fee schedule, provide free care if necessary, accept Medicare
1676 assignment and participate as a Medicaid provider, or provide nursing
1677 services in school-based health centers. The commissioner may adopt
1678 regulations, in accordance with the provisions of chapter 54, to
1679 establish eligibility criteria, services to be provided by participants, the
1680 sliding fee schedule, reporting requirements and the loan repayment
1681 program. For the purposes of this section, "primary care clinicians"
1682 includes family practice physicians, general practice osteopaths,
1683 obstetricians and gynecologists, internal medicine physicians,
1684 pediatricians, dentists, certified nurse midwives, advanced practice
1685 registered nurses, physician assistants and dental hygienists.

1686 Sec. 545. Section 38a-393 of the general statutes is repealed and the
1687 following is substituted in lieu thereof (*Effective October 1, 2006*):

1688 (a) Each insurance company doing business in this state shall,
1689 annually, on or before the first day of March, render to the Insurance
1690 Commissioner a true record of the number, according to classification,
1691 of cancellations of and refusals to renew professional liability
1692 insurance policies for the year ending on the thirty-first day of
1693 December next preceding.

1694 (b) For purposes of sections 38a-393 to 38a-395, inclusive, as
1695 amended, "professional liability insurance" means professional liability
1696 contracts for: (1) Physicians and surgeons, (2) hospitals, (3) lawyers, (4)
1697 dentists, (5) architects and engineers, (6) chiropractors, (7) licensed
1698 natureopaths, (8) podiatrists, [and] (9) advanced practice registered
1699 nurses, and (10) physical therapists and such other categories as the
1700 Insurance Commissioner, in the commissioner's discretion, shall adopt
1701 by regulations in accordance with chapter 54.

1702 Sec. 546. Sections 7-244g to 7-244s, inclusive, of the 2006 supplement

1703 to the general statutes are repealed. (*Effective from passage*)

1704 Sec. 547. Section 1-54a of the general statutes is repealed. (*Effective*
1705 *October 1, 2006*)"