



House of Representatives

General Assembly

File No. 431

January Session, 2007

Substitute House Bill No. 7163

House of Representatives, April 10, 2007

The Committee on Public Health reported through REP. SAYERS, P. of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

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

1 Section 1. Section 1-43 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) The use of the following form in the creation of a power of
4 attorney is authorized, and, when used, it shall be construed in
5 accordance with the provisions of this chapter:

6 "Notice: The powers granted by this document are broad and
7 sweeping. They are defined in Connecticut Statutory Short Form
8 Power of Attorney Act, sections 1-42 to 1-56, inclusive, of the general
9 statutes, which expressly permits the use of any other or different form
10 of power of attorney desired by the parties concerned. The grantor of
11 any power of attorney or the attorney-in-fact may make application to
12 a court of probate for an accounting as provided in subsection (b) of
13 section 45a-175.

14 Know All Men by These Presents, which are intended to constitute a
15 GENERAL POWER OF ATTORNEY pursuant to Connecticut
16 Statutory Short Form Power of Attorney Act:

17 That I (insert name and address of the principal) do hereby
18 appoint (insert name and address of the agent, or each agent, if
19 more than one is designated) my attorney(s)-in-fact TO ACT

20 If more than one agent is designated and the principal wishes each
21 agent alone to be able to exercise the power conferred, insert in this
22 blank the word 'severally'. Failure to make any insertion or the
23 insertion of the word 'jointly' shall require the agents to act jointly.

24 First: In my name, place and stead in any way which I myself could
25 do, if I were personally present, with respect to the following matters
26 as each of them is defined in the Connecticut Statutory Short Form
27 Power of Attorney Act to the extent that I am permitted by law to act
28 through an agent:

29 (Strike out and initial in the opposite box any one or more of the
30 subdivisions as to which the principal does NOT desire to give the
31 agent authority. Such elimination of any one or more of subdivisions
32 (A) to [(L)] (K), inclusive, shall automatically constitute an elimination
33 also of subdivision [(M)] (L).)

34 To strike out any subdivision the principal must draw a line
35 through the text of that subdivision AND write his initials in the box
36 opposite.

- T1 (A) real estate transactions; ()
- T2 (B) chattel and goods transactions; ()
- T3 (C) bond, share and commodity transactions; ()
- T4 (D) banking transactions; ()
- T5 (E) business operating transactions; ()
- T6 (F) insurance transactions; ()

T7	(G)	estate transactions;	()
T8	(H)	claims and litigation;	()
T9	(I)	personal relationships and affairs;	()
T10	(J)	benefits from military service;	()
T11	(K)	records, reports and statements;	()
T12	[(L)	health care decisions;	()]
T13	[(M)] (L)	all other matters;	()
T14		
T15		
T16		
T17		

37 (Special provisions and limitations may be included in the statutory
38 short form power of attorney only if they conform to the requirements
39 of the Connecticut Statutory Short Form Power of Attorney Act.)

40 Second: With full and unqualified authority to delegate any or all of
41 the foregoing powers to any person or persons whom my attorney(s)-
42 in-fact shall select;

43 Third: Hereby ratifying and confirming all that said attorney(s) or
44 substitute(s) do or cause to be done.

45 In Witness Whereof I have hereunto signed my name and affixed
46 my seal this day of, 20...

47 (Signature of Principal) (Seal)

48 (ACKNOWLEDGMENT)"

49 The execution of this statutory short form power of attorney shall be
50 duly acknowledged by the principal in the manner prescribed for the
51 acknowledgment of a conveyance of real property.

52 No provision of this chapter shall be construed to bar the use of any
53 other or different form of power of attorney desired by the parties
54 concerned.

55 Every statutory short form power of attorney shall contain, in
56 boldface type or a reasonable equivalent thereof, the "Notice" at the
57 beginning of this section.

58 (b) A power of attorney is a "statutory short form power of
59 attorney", as this phrase is used in this chapter, when it is in writing,
60 has been duly acknowledged by the principal and contains the exact
61 wording of clause First set forth in subsection (a) of this section, except
62 that any one or more of subdivisions (A) to [(M)] (K) may be stricken
63 out and initialed by the principal, in which case the subdivisions so
64 stricken out and initialed and also subdivision [(M)] (L) shall be
65 deemed eliminated. A statutory short form power of attorney may
66 contain modifications or additions of the types described in section 1-
67 56.

68 (c) If more than one agent is designated by the principal, such
69 agents, in the exercise of the powers conferred, shall act jointly unless
70 the principal specifically provides in such statutory short form power
71 of attorney that they are to act severally.

72 (d) (1) The principal may indicate that a power of attorney duly
73 acknowledged in accordance with this section shall take effect upon
74 the occurrence of a specified contingency, including a date certain or
75 the occurrence of an event, provided that an agent designated by the
76 principal executes a written affidavit in accordance with section 1-56h
77 that such contingency has occurred.

78 (2) The principal may indicate the circumstance or date certain upon
79 which the power of attorney shall cease to be effective.

80 Sec. 2. Section 1-55 of the general statutes is repealed and the
81 following is substituted in lieu thereof (*Effective October 1, 2007*):

82 In a statutory short form power of attorney, the language conferring
83 general authority with respect to all other matters shall be construed to
84 mean that the principal authorizes the agent to act as an alter ego of
85 the principal with respect to any matters and affairs not enumerated in

86 sections 1-44 to 1-54, inclusive, except health care decisions, and which
87 the principal can do through an agent.

88 Sec. 3. Subsection (g) of section 17a-238 of the general statutes is
89 repealed and the following is substituted in lieu thereof (*Effective*
90 *October 1, 2007*):

91 (g) The commissioner's oversight and monitoring of the medical
92 care of persons placed or treated under the direction of the
93 commissioner does not include the authority to make treatment
94 decisions, except in limited circumstances in accordance with statutory
95 procedures. In the exercise of such oversight and monitoring
96 responsibilities, the commissioner shall not impede or seek to impede a
97 properly executed medical order to withhold cardiopulmonary
98 resuscitation. For purposes of this subsection, "properly executed
99 medical order to withhold cardiopulmonary resuscitation" means (1) a
100 written order by the attending physician; (2) in consultation and with
101 the consent of the patient or a person authorized by law; (3) when the
102 attending physician is of the opinion that the patient is in a terminal
103 condition, as defined in section 19a-570, which condition will result in
104 death within days or weeks; and (4) when such physician has
105 requested and obtained a second opinion from a Connecticut licensed
106 physician in the appropriate specialty that confirms the patient's
107 terminal condition; and includes the entry of such an order when the
108 attending physician is of the opinion that the patient is in the final
109 stage of a terminal condition but cannot state that the patient may be
110 expected to expire during the next several days or weeks, or, in
111 consultation with a physician qualified to make a neurological
112 diagnosis, deems the patient to be permanently unconscious, provided
113 the commissioner has reviewed the decision with the department's
114 director of community medical services, the family and guardian of the
115 patient and others [who] whom the commissioner deems appropriate,
116 and determines that the order is a medically acceptable decision.

117 Sec. 4. Subsection (a) of section 19a-7d of the general statutes is
118 repealed and the following is substituted in lieu thereof (*Effective*

119 *October 1, 2007*):

120 (a) The Commissioner of Public Health may establish, within
121 available appropriations, a program to provide three-year grants to
122 community-based providers of primary care services in order to
123 expand access to health care for the uninsured. The grants may be
124 awarded to community-based providers of primary care for (1)
125 funding for direct services, (2) recruitment and retention of primary
126 care clinicians and registered nurses through subsidizing of salaries or
127 through a loan repayment program, and (3) capital expenditures. The
128 community-based providers of primary care under the direct service
129 program shall provide, or arrange access to, primary and preventive
130 services, referrals to specialty services, including rehabilitative and
131 mental health services, inpatient care, prescription drugs, basic
132 diagnostic laboratory services, health education and outreach to alert
133 people to the availability of services. Primary care clinicians and
134 registered nurses participating in the state loan repayment program or
135 receiving subsidies shall provide services to the uninsured based on a
136 sliding fee schedule, provide free care if necessary, accept Medicare
137 assignment and participate as [a] Medicaid [provider] providers, or
138 provide nursing services in school-based health centers. The
139 commissioner may adopt regulations, in accordance with the
140 provisions of chapter 54, to establish eligibility criteria, services to be
141 provided by participants, the sliding fee schedule, reporting
142 requirements and the loan repayment program. For the purposes of
143 this section, "primary care clinicians" includes family practice
144 physicians, general practice osteopaths, obstetricians and
145 gynecologists, internal medicine physicians, pediatricians, dentists,
146 certified nurse midwives, advanced practice registered nurses,
147 physician assistants and dental hygienists.

148 Sec. 5. Subsection (a) of section 19a-17 of the general statutes is
149 repealed and the following is substituted in lieu thereof (*Effective*
150 *October 1, 2007*):

151 (a) Each board or commission established under chapters 369 to 376,

152 inclusive, 378 to 381, inclusive, and 383 to 388, inclusive, and the
153 Department of Public Health with respect to professions under its
154 jurisdiction which have no board or commission may take any of the
155 following actions, singly or in combination, based on conduct which
156 occurred prior or subsequent to the issuance of a permit or a license
157 upon finding the existence of good cause:

158 (1) Revoke a practitioner's license or permit;

159 (2) Suspend a practitioner's license or permit;

160 (3) Censure a practitioner or permittee;

161 (4) Issue a letter of reprimand to a practitioner or permittee;

162 (5) Place a practitioner or permittee on probationary status and
163 require the practitioner or permittee to:

164 (A) Report regularly to such board, commission or department
165 upon the matters which are the basis of probation;

166 (B) Limit practice to those areas prescribed by such board,
167 commission or department;

168 (C) Continue or renew professional education until a satisfactory
169 degree of skill has been attained in those areas which are the basis for
170 the probation;

171 (6) Assess a civil penalty of up to [ten] twenty-five thousand dollars;
172 or

173 (7) Summarily take any action specified in this subsection against a
174 practitioner's license or permit upon receipt of proof that such
175 practitioner has been:

176 (A) Found guilty or convicted as a result of an act which constitutes
177 a felony under (i) the laws of this state, (ii) federal law or (iii) the laws
178 of another jurisdiction and which, if committed within this state,
179 would have constituted a felony under the laws of this state; or

180 (B) Subject to disciplinary action similar to that specified in this
181 subsection by a duly authorized professional agency of any state, the
182 District of Columbia, a United States possession or territory or a
183 foreign jurisdiction. The applicable board or commission, or the
184 department shall promptly notify the practitioner or permittee that his
185 license or permit has been summarily acted upon pursuant to this
186 subsection and shall institute formal proceedings for revocation within
187 ninety days after such notification.

188 Sec. 6. Section 19a-26 of the general statutes is repealed and the
189 following is substituted in lieu thereof (*Effective October 1, 2007*):

190 The Department of Public Health may establish, maintain and
191 control state laboratories to perform examinations of supposed morbid
192 tissues, other laboratory tests for the diagnosis and control of
193 preventable diseases, and laboratory work in the field of sanitation,
194 environmental and occupational testing and research studies for the
195 protection and preservation of the public health. Such laboratory
196 services shall be performed upon the application of licensed
197 physicians, other laboratories, licensed dentists, licensed podiatrists,
198 local directors of health, public utilities or state departments or
199 institutions, subject to regulations prescribed by the Commissioner of
200 Public Health, and upon payment of any applicable fee as [hereinafter]
201 provided in this section. For such purposes the department may
202 provide necessary buildings and apparatus, employ, subject to the
203 provisions of chapter 67, administrative and scientific personnel and
204 assistants and do all things necessary for the conduct of such
205 laboratories. The Commissioner of Public Health [shall] may establish
206 a schedule of fees, [based upon nationally recognized standards and
207 performance measures for analytic work effort for such laboratory
208 services,] provided the commissioner [(1) shall waive] waives the fees
209 for local directors of health and local law enforcement agencies. [and
210 (2)] If the commissioner establishes a schedule of fees, the
211 commissioner may waive (1) the fees, in full or in part, for others if the
212 commissioner determines that the public health requires a waiver, [. The commissioner may waive] and (2) fees for chlamydia and

214 gonorrhea testing for nonprofit organizations if the organization
215 provides combination chlamydia and gonorrhea test kits. The
216 commissioner shall also establish a fair handling fee which a client of a
217 state laboratory may charge a person or third party payer for
218 arranging for the services of the laboratory. Such client shall not charge
219 an amount in excess of such handling fee.

220 Sec. 7. Section 19a-121 of the general statutes is repealed and the
221 following is substituted in lieu thereof (*Effective October 1, 2007*):

222 (a) The Department of Public Health shall establish a grant program
223 to provide funds to [private agencies which provide services to
224 persons suffering from] qualifying individuals and organizations,
225 including local health departments, that serve persons infected with
226 and affected by human immunodeficiency virus ("HIV") or acquired
227 immune deficiency syndrome ("AIDS"), [and] the families of such
228 persons and persons at risk of contracting HIV or AIDS, or both. The
229 grants shall be used for services including, but not limited to,
230 education, counseling and prevention.

231 (b) Any agency [which] that receives funds from the department to
232 provide tests for [AIDS] HIV shall give priority to persons in high risk
233 categories. [and shall establish a fee schedule based upon a person's
234 ability to pay for such test.]

235 Sec. 8. Section 19a-121c of the general statutes is repealed and the
236 following is substituted in lieu thereof (*Effective October 1, 2007*):

237 The Department of Public Health shall establish a public
238 information program for the distribution of materials, including but
239 not limited to, pamphlets, films and public service announcements, on
240 HIV and AIDS.

241 Sec. 9. Section 19a-121f of the general statutes is repealed and the
242 following is substituted in lieu thereof (*Effective October 1, 2007*):

243 [(a) Any municipality, hospital, public or independent college or
244 university or individual] Any qualifying individual or organization

245 may apply to the Commissioner of Public Health for a grant-in-aid for
246 a program established for the study or treatment of [acquired immune
247 deficiency syndrome. Such grant shall be used (1) to conduct a study of
248 (A) the effectiveness of procedures available for the prevention of
249 AIDS, (B) testing procedures for the detection of the human
250 immunodeficiency virus, (C) the means by which the transmission of
251 AIDS from person to person can be effectively prevented, or (D) how
252 the disease progresses in the victim, (2) for purposes of providing
253 counseling or psychiatric assistance for persons infected by the human
254 immunodeficiency virus and their families, and (3) the future state
255 resources which will be necessary to address the AIDS epidemic in
256 Connecticut] HIV or AIDS, or both. Any request for such grant shall be
257 submitted in writing to the commissioner, in the form and manner
258 prescribed by the commissioner.

259 [(b) The Commissioner of Public Health shall adopt regulations, and
260 may adopt emergency regulations, in accordance with the provisions
261 of chapter 54, which establish all necessary guidelines and procedures
262 for the administration of such grant program.]

263 Sec. 10. Subsection (i) of section 19a-180 of the general statutes is
264 repealed and the following is substituted in lieu thereof (*Effective*
265 *October 1, 2007*):

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

278 preceding the date of the application.

279 Sec. 11. Section 19a-322 of the general statutes is repealed and the
280 following is substituted in lieu thereof (*Effective October 1, 2007*):

281 The managers of each crematory shall keep books of record, which
282 shall be open at reasonable times for inspection, in which shall be
283 entered the name, age, sex and residence of each person whose body is
284 cremated, together with the authority for such cremation and the
285 disposition of the ashes. The owner or superintendent shall complete
286 the cremation permit required by section 19a-323, retain a copy for
287 record and immediately forward the original permit to the registrar of
288 the town in which the death occurred. The registrar shall keep the
289 cremation permit on file and record it with other vital statistics. When
290 any body is removed from this state for the purpose of cremation, the
291 person having the legal custody and control of such body shall cause a
292 certificate to be procured from the person in charge of the crematory in
293 which such body is incinerated, stating the facts called for in this
294 section, and cause such certificate to be filed for record with the
295 registrar of the town in which the death occurred. Each crematory shall
296 retain on its premises, for not less than three years after final
297 disposition of cremated remains, books of record, copies of cremation
298 permits, cremation authorization documentation and documentation
299 of receipt of cremated remains.

300 Sec. 12. Subsection (a) of section 19a-490 of the general statutes is
301 repealed and the following is substituted in lieu thereof (*Effective*
302 *October 1, 2007*):

303 As used in this chapter and sections 17b-261e, 38a-498b and 38a-
304 525b:

305 (a) "Institution" means a hospital, residential care home, health care
306 facility for the handicapped, nursing home, rest home, home health
307 care agency, homemaker-home health aide agency, mental health
308 facility, assisted living services agency, substance abuse treatment
309 facility, outpatient surgical facility, an infirmary operated by an

310 educational institution for the care of students enrolled in, and faculty
311 and employees of, such institution; a facility engaged in providing
312 services for the prevention, diagnosis, treatment or care of human
313 health conditions, including facilities operated and maintained by any
314 state agency, except facilities for the care or treatment of mentally ill
315 persons or persons with substance abuse problems; and a residential
316 facility for the mentally retarded licensed pursuant to section 17a-227
317 and certified to participate in the Title XIX Medicaid program as an
318 intermediate care facility for the mentally retarded.

319 Sec. 13. Subsection (l) of section 19a-490 of the general statutes is
320 repealed and the following is substituted in lieu thereof (*Effective*
321 *October 1, 2007*):

322 (l) "Assisted living services agency" means an [institution] agency
323 that provides, among other things, nursing services and assistance
324 with activities of daily living to a population that is chronic and stable.

325 Sec. 14. Subdivision (3) of subsection (c) of section 19a-561 of the
326 general statutes is repealed and the following is substituted in lieu
327 thereof (*Effective October 1, 2007*):

328 (3) An affidavit signed by the applicant disclosing any matter in
329 which the applicant (1) has been convicted of an offense classified as a
330 felony under section 53a-25 or pleaded nolo contendere to a felony
331 charge, or (2) has been held liable or enjoined in a civil action by final
332 judgment, if the felony or civil action involved fraud, embezzlement,
333 fraudulent conversion or misappropriation of property, [;] or (3) is
334 subject to a currently effective injunction or restrictive or remedial
335 order of a court of record at the time of application, or (4) within the
336 past five years has had any state or federal license or permit
337 suspended or revoked as a result of an action brought by a
338 governmental agency or department, arising out of or relating to
339 business activity or health care, including, but not limited to, actions
340 affecting the operation of a nursing facility, residential care home or
341 any facility subject to sections 17b-520 to 17b-535, inclusive, or a
342 similar statute in another state or country.

343 Sec. 15. Subsection (a) of section 19a-562 of the general statutes is
344 repealed and the following is substituted in lieu thereof (*Effective*
345 *October 1, 2007*):

346 (a) As used in this section and section 19a-562a, as amended by this
347 act, "Alzheimer's special care unit or program" means any nursing
348 facility, residential care home, assisted living facility, adult congregate
349 living facility, adult day care center, hospice or adult foster home that
350 locks, secures, segregates or provides a special program or unit for
351 residents with a diagnosis of probable Alzheimer's disease, dementia
352 or other similar disorder, in order to prevent or limit access by a
353 resident outside the designated or separated area, and that advertises
354 or markets the facility as providing specialized care or services for
355 persons suffering from Alzheimer's disease or dementia.

356 Sec. 16. Subsection (c) of section 19a-562 of the general statutes is
357 repealed and the following is substituted in lieu thereof (*Effective*
358 *October 1, 2007*):

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

367 Sec. 17. Section 19a-562a of the general statutes is repealed and the
368 following is substituted in lieu thereof (*Effective October 1, 2007*):

369 Each Alzheimer's special care unit or program shall annually
370 provide Alzheimer's and dementia specific training to all licensed and
371 registered direct care staff who provide direct patient care to residents
372 enrolled in Alzheimer's special care units or programs. Such
373 requirements shall include, but not be limited to, (1) not less than eight
374 hours of dementia-specific training, which shall be completed not later

375 than six months after the date of employment and not less than three
376 hours of such training annually thereafter, and (2) annual training of
377 not less than two hours in pain recognition and administration of pain
378 management techniques for direct care staff.

379 Sec. 18. Section 19a-570 of the general statutes is repealed and the
380 following is substituted in lieu thereof (*Effective October 1, 2007*):

381 For purposes of this section [,] and sections 19a-571 to 19a-580c,
382 inclusive:

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

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

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

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

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

402 (6) "Incapacitated" means being unable to understand and
403 appreciate the nature and consequences of health care decisions,
404 including the benefits and disadvantages of such treatment, and to

405 reach and communicate an informed decision regarding the treatment;

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

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

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

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

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

429 Sec. 19. Section 19a-575a of the general statutes is repealed and the
430 following is substituted in lieu thereof (*Effective October 1, 2007*):

431 (a) Any person eighteen years of age or older may execute a
432 document that contains health care instructions, the appointment of a
433 health care representative, the designation of a conservator of the
434 person for future incapacity and a document of anatomical gift. Any
435 such document shall be signed and dated by the maker with at least

436 two witnesses and may be in the substantially following form:

437 THESE ARE MY HEALTH CARE INSTRUCTIONS.

438 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

439 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

440 FOR MY FUTURE INCAPACITY

441 AND

442 MY DOCUMENT OF ANATOMICAL GIFT

443 To any physician who is treating me: These are my health care
444 instructions including those concerning the withholding or withdrawal
445 of life support systems, together with the appointment of my health
446 care representative, the designation of my conservator of the person
447 for future incapacity and my document of anatomical gift. As my
448 physician, you may rely on these health care instructions and any
449 decision made by my health care representative or conservator of my
450 person, if I am incapacitated to the point when I can no longer actively
451 take part in decisions for my own life, and am unable to direct my
452 physician as to my own medical care.

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

466 providing nutrition and hydration. I do want sufficient pain
467 medication to maintain my physical comfort. I do not intend any direct
468 taking of my life, but only that my dying not be unreasonably
469 prolonged.

470 I appoint to be my health care representative. If my attending
471 physician determines that I am unable to understand and appreciate
472 the nature and consequences of health care decisions and unable to
473 reach and communicate an informed decision regarding treatment, my
474 health care representative is authorized to make any and all health care
475 decisions for me, including (1) the decision to accept or refuse any
476 treatment, service or procedure used to diagnose or treat my physical
477 or mental condition, except as otherwise provided by law [, including,
478 but not limited to,] such as for psychosurgery or shock therapy, and (2)
479 the decision to provide, withhold or withdraw life support systems. I
480 direct my health care representative to make decisions on my behalf in
481 accordance with my wishes, as stated in this document or as otherwise
482 known to my health care representative. In the event my wishes are
483 not clear or a situation arises that I did not anticipate, my health care
484 representative may make a decision in my best interests, based upon
485 what is known of my wishes.

486 If is unwilling or unable to serve as my health care
487 representative, I appoint to be my alternative health care
488 representative.

489 If a conservator of my person should need to be appointed, I
490 designate be appointed my conservator. If is unwilling or unable
491 to serve as my conservator, I designate, No bond shall be required
492 of either of them in any jurisdiction.

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

495 I give: (check one)

T18 (1) any needed organs or parts

T19 (2) only the following organs or parts

496 to be donated for: (check one)

T20 (1) any of the purposes stated in subsection (a) of
T21 section 19a-279f of the general statutes

T22 (2) these limited purposes

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

T23 Date, 20..

T24 L.S.

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

T25

T26 (Witness) (Witness)

T27

T28 (Number and Street) (Number and Street)

T29

T30 (City, State and Zip Code) (City, State and Zip Code)

T31 STATE OF CONNECTICUT }
T32 } ss.
T33 COUNTY OF

508 We, the subscribing witnesses, being duly sworn, say that we
509 witnessed the execution of these health care instructions, the
510 appointments of a health care representative, the designation of a
511 conservator for future incapacity and a document of anatomical gift by
512 the author of this document; that the author subscribed, published and
513 declared the same to be the author's instructions, appointments and
514 designation in our presence; that we thereafter subscribed the
515 document as witnesses in the author's presence, at the author's request,
516 and in the presence of each other; that at the time of the execution of
517 said document the author appeared to us to be eighteen years of age or
518 older, of sound mind, able to understand the nature and consequences
519 of said document, and under no improper influence, and we make this
520 affidavit at the author's request this day of 20...

T34
T35 (Witness) (Witness)
521 Subscribed and sworn to before me this day of 20..

T36
T37 Commissioner of the Superior Court
T38 Notary Public
T39 My commission expires:

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

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

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

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

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

536 Sec. 20. Section 19a-577 of the general statutes is repealed and the
537 following is substituted in lieu thereof (*Effective October 1, 2007*):

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

540 DOCUMENT CONCERNING THE APPOINTMENT
541 OF HEALTH CARE REPRESENTATIVE

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

550 I appoint (Name) to be my health care representative. If my
551 attending physician determines that I am unable to understand and

552 appreciate the nature and consequences of health care decisions and to
 553 reach and communicate an informed decision regarding treatment, my
 554 health care representative is authorized to (1) accept or refuse any
 555 treatment, service or procedure used to diagnose or treat my physical
 556 or mental condition, except as otherwise provided by law, [including,
 557 but not limited to,] such as for psychosurgery or shock therapy, and (2)
 558 make the decision to provide, withhold or withdraw life support
 559 systems. I direct my health care representative to make decisions on
 560 my behalf in accordance with my wishes as stated in a living will, or as
 561 otherwise known to my health care representative. In the event my
 562 wishes are not clear or a situation arises that I did not anticipate, my
 563 health care representative may make a decision in my best interests,
 564 based upon what is known of my wishes.

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

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

570 (Signature)
 571 (Date)

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

576 (Witness)
 577 (Address)
 578 (Witness)
 579 (Address)

580 Sec. 21. Section 19a-580f of the general statutes is repealed and the

581 following is substituted in lieu thereof (*Effective October 1, 2007*):

582 (a) An advance directive properly executed prior to October 1, 2006,
583 shall have the same legal force and effect as if it had been executed in
584 accordance with the provisions of this chapter.

585 (b) An appointment of health care agent properly executed prior to
586 October 1, 2006, shall have the same legal force and effect as if it had
587 been executed in accordance with the provisions of this chapter in
588 effect at the time of its execution.

589 (c) A power of attorney for health care decisions properly executed
590 prior to October 1, 2006, shall have the same power and effect as
591 provided under section 1-55 of the general statutes in effect at the time
592 of its execution.

593 Sec. 22. Subsection (c) of section 20-8a of the general statutes is
594 repealed and the following is substituted in lieu thereof (*Effective*
595 *October 1, 2007*):

596 (c) The Commissioner of Public Health shall establish a list of
597 twenty-four persons who may serve as members of medical hearing
598 panels established pursuant to subsection (g) of this section. Persons
599 appointed to the list shall serve as members of the medical hearing
600 panels and provide the same services as members of the Connecticut
601 Medical Examining Board. Members from the list serving on such
602 panels shall not be voting members of the Connecticut Medical
603 Examining Board. The list shall consist of twenty-four members
604 appointed by the commissioner, at least eight of whom shall be
605 physicians, as defined in section 20-13a, with at least one of such
606 physicians being a graduate of a medical education program
607 accredited by the American Osteopathic Association, at least one of
608 whom shall be a physician assistant licensed pursuant to section 20-
609 12b, and nine of whom shall be members of the public. No professional
610 member of the list shall be an elected or appointed officer of a
611 professional society or association relating to such member's
612 profession at the time of appointment to the list or have been such an

613 officer during the year immediately preceding such appointment to the
614 list. A licensed professional appointed to the list shall be a practitioner
615 in good professional standing and a resident of this state. All vacancies
616 shall be filled by the commissioner. Successors and [appointments]
617 members appointed to fill a vacancy on the list shall possess the same
618 qualifications as those required of the member succeeded or replaced.
619 No person whose spouse, parent, brother, sister, child or spouse of a
620 child is a physician, as defined in section 20-13a, or a physician
621 assistant, as defined in section 20-12a, shall be appointed to the list as a
622 member of the public. Each person appointed to the list shall serve
623 without compensation at the pleasure of the commissioner. Each
624 medical hearing panel shall consist of three members, one of whom
625 shall be a member of the Connecticut Medical Examining Board, one of
626 whom shall be a physician or physician assistant, as appropriate, and
627 one of whom shall be a public member. The physician and public
628 member may be a member of the board or a member from the list
629 established pursuant to this subsection.

630 Sec. 23. Subdivision (7) of section 20-12a of the general statutes is
631 repealed and the following is substituted in lieu thereof (*Effective from*
632 *passage*):

633 (7) (A) "Supervision" in hospital settings means the exercise by the
634 supervising physician of oversight, control and direction of the
635 services of a physician assistant. Supervision includes but is not
636 limited to: (i) Continuous availability of direct communication either in
637 person or by radio, telephone or telecommunications between the
638 physician assistant and the supervising physician; (ii) active and
639 continuing overview of the physician assistant's activities to ensure
640 that the supervising physician's directions are being implemented and
641 to support the physician assistant in the performance of his or her
642 services; (iii) personal review by the supervising physician of the
643 physician assistant's practice at least weekly or more frequently as
644 necessary to ensure quality patient care; (iv) review of the charts and
645 records of the physician assistant on a regular basis as necessary to
646 ensure quality patient care; (v) delineation of a predetermined plan for

647 emergency situations; and (vi) designation of an alternate licensed
648 physician [registered with the department pursuant to section 20-12c]
649 in the absence of the supervising physician.

650 (B) "Supervision" in settings other than hospital settings means the
651 exercise by the supervising physician of oversight, control and
652 direction of the services of a physician assistant. Supervision includes,
653 but is not limited to: (i) Continuous availability of direct
654 communication either in person or by radio, telephone or
655 telecommunications between the physician assistant and the
656 supervising physician; (ii) active and continuing overview of the
657 physician assistant's activities to ensure that the supervising
658 physician's directions are being implemented and to support the
659 physician assistant in the performance of his or her services; (iii)
660 personal review by the supervising physician of the physician
661 assistant's services through a face-to-face meeting with the physician
662 assistant, at least weekly or more frequently as necessary to ensure
663 quality patient care, at a facility or practice location where the
664 physician assistant or supervising physician performs services; (iv)
665 review of the charts and records of the physician assistant on a regular
666 basis as necessary to ensure quality patient care and written
667 documentation by the supervising physician of such review at the
668 facility or practice location where the physician assistant or
669 supervising physician performs services; (v) delineation of a
670 predetermined plan for emergency situations; and (vi) designation of
671 an alternate licensed physician [registered with the department
672 pursuant to section 20-12c] in the absence of the supervising physician.

673 Sec. 24. Subdivision (7) of subsection (a) of section 20-74s of the
674 general statutes is repealed and the following is substituted in lieu
675 thereof (*Effective from passage*):

676 (7) "Supervision" means the regular on-site observation of the
677 functions and activities of an alcohol and drug counselor in the
678 performance of his or her duties and responsibilities to include a
679 review of the records, reports, treatment plans or recommendations

680 [developed by a licensed alcohol and drug counselor] with respect to
681 an individual or group.

682 Sec. 25. Subsection (t) of section 20-74s of the general statutes is
683 repealed and the following is substituted in lieu thereof (*Effective from*
684 *passage*):

685 (t) Nothing in this section shall be construed to apply to the
686 activities and services of a person licensed [or certified] in this state to
687 practice medicine and surgery, psychology, marital and family
688 therapy, clinical social work, [chiropractic, acupuncture, physical
689 therapy, occupational therapy, nursing or any other profession
690 licensed or certified by the state, when] professional counseling,
691 advanced practice registered nursing or registered nursing, when such
692 person is acting within the scope of the person's [profession or
693 occupation] license and doing work of a nature consistent with [a] that
694 person's [training] license, provided the person does not hold himself
695 or herself out to the public as possessing a license or certification
696 issued pursuant to this section.

697 Sec. 26. Subsection (a) of section 20-54 of the general statutes is
698 repealed and the following is substituted in lieu thereof (*Effective*
699 *October 1, 2007*):

700 (a) No person other than those described in section 20-57 and those
701 to whom a license has been reissued as provided by section 20-59 shall
702 engage in the practice of podiatry in this state until such person has
703 presented to the department satisfactory evidence that such person
704 [has had a high school education or its equivalent,] has received a
705 diploma or other certificate of graduation from an accredited school or
706 college of chiropody or podiatry approved by the Board of Examiners
707 in Podiatry with the consent of the Commissioner of Public Health, nor
708 shall any person so practice until such person has obtained a license
709 from the Department of Public Health after meeting the requirements
710 of this chapter. A graduate of an approved school of chiropody or
711 podiatry subsequent to July 1, 1947, shall present satisfactory evidence
712 that he or she has been a resident student through not less than four

713 graded courses of not less than thirty-two weeks each in such
714 approved school and has received the degree of D.S.C., Doctor of
715 Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent
716 degree; and, if a graduate of an approved chiropody or podiatry school
717 subsequent to July 1, 1951, that he or she has completed, before
718 beginning the study of podiatry, a course of study of an academic year
719 of not less than thirty-two weeks' duration in a college or scientific
720 school approved by said board with the consent of the Commissioner
721 of Public Health, which course included the study of chemistry and
722 physics or biology; and if a graduate of an approved college of
723 podiatry or podiatric medicine subsequent to July 1, 1971, that he or
724 she has completed a course of study of two such prepodiatry college
725 years, including the study of chemistry, physics or mathematics and
726 biology, and that he or she received the degree of D.P.M., Doctor of
727 Podiatric Medicine. No provision of this section shall be construed to
728 prevent graduates of a podiatric college, approved by the Board of
729 Examiners in Podiatry with the consent of the Commissioner of Public
730 Health, from receiving practical training in podiatry in a residency
731 program in an accredited hospital facility which program is accredited
732 by the Council on Podiatric Education.

733 Sec. 27. Subsection (a) of section 20-71 of the general statutes is
734 repealed and the following is substituted in lieu thereof (*Effective*
735 *October 1, 2007*):

736 (a) The Department of Public Health may issue a license to practice
737 physical therapy without examination, on payment of a fee of two
738 hundred twenty-five dollars, to an applicant who is a physical
739 therapist registered or licensed under the laws of any other state or
740 territory of the United States, any province of Canada or any other
741 country, if the requirements for registration or licensure of physical
742 therapists in such state, territory, province or country [were, at the
743 time of application, similar to] are deemed by the department to be
744 equivalent to, or higher than [the requirements in force in this state]
745 those prescribed in this chapter.

746 Sec. 28. Subsection (b) of section 20-71 of the general statutes is
747 repealed and the following is substituted in lieu thereof (*Effective*
748 *October 1, 2007*):

749 (b) The department may issue a physical therapist assistant license
750 without examination, on payment of a fee of one hundred fifty dollars,
751 to an applicant who is a physical therapist assistant registered or
752 licensed under the laws of any other state or territory of the United
753 States, any province of Canada or any other country, if the
754 requirements for registration or licensure of physical therapist
755 assistants in such state, territory, province or country [were, at the time
756 of application, similar to] are deemed by the department to be
757 equivalent to, or higher than [the requirements in force in this state]
758 those prescribed in this chapter.

759 Sec. 29. Subsection (b) of section 20-73d of the general statutes is
760 repealed and the following is substituted in lieu thereof (*Effective*
761 *October 1, 2007*):

762 (b) Each insurance company [which] that issues professional
763 liability insurance, as defined in subdivision (10) of subsection (b) of
764 section 38a-393, shall on and after January 1, 2007, render to the
765 Commissioner of Public Health a true record of the names and
766 addresses, according to classification, of cancellations of and refusals to
767 renew professional liability insurance policies and the reasons for such
768 [cancellation or refusal] cancellations or refusals to renew said policies
769 for the year ending on the thirty-first day of December next preceding.

770 Sec. 30. Subsection (b) of section 20-126d of the general statutes is
771 repealed and the following is substituted in lieu thereof (*Effective*
772 *October 1, 2007*):

773 (b) Each insurance company that issues professional liability
774 insurance, as defined in subdivision (4) of subsection (b) of section 38a-
775 393, shall on and after January 1, 2007, render to the Commissioner of
776 Public Health a true record of the names and addresses, according to
777 classification, of cancellations of and refusals to renew professional

778 liability insurance policies and the reasons for such [cancellation or
779 refusal] cancellations or refusals to renew said policies for the year
780 ending on the thirty-first day of December next preceding.

781 Sec. 31. Section 20-130 of the general statutes is repealed and the
782 following is substituted in lieu thereof (*Effective October 1, 2007*):

783 Each person, before beginning the practice of optometry in this
784 state, except as hereinafter provided, shall present to the Department
785 of Public Health satisfactory evidence that [he has a qualifying
786 academic certificate from the Commissioner of Education showing that
787 he has been graduated after a four years' course of study in a public
788 high school approved by the State Board of Education, or has a
789 preliminary education equivalent thereto, and] such person has been
790 graduated from a school of optometry approved by the board of
791 examiners with the consent of the Commissioner of Public Health,
792 [and maintaining a course of study of not less than four years.] The
793 board shall consult, where possible, with nationally recognized
794 accrediting agencies when approving schools of optometry. [No school
795 of optometry shall be approved unless it has a minimum requirement
796 of a course of study of one thousand attendance hours. No school shall
797 be disapproved by the board solely because it is located in a country
798 other than the United States or its territories or possessions. The
799 qualifications of any applicant who has not been graduated from an
800 approved public high school shall be determined by the State Board of
801 Education by adequate preliminary examination, the fee for which
802 shall be twenty-five dollars.] All applicants shall be required to [take]
803 successfully complete an examination [conducted] prescribed by the
804 Department of Public Health [under the supervision] with the consent
805 of the board of examiners, in theoretic, practical and physiological
806 optics, theoretic and practical optometry, ocular pharmacology and the
807 anatomy and physiology of the eye; and said department shall
808 determine the qualifications of the applicant and, if they are found
809 satisfactory, shall give a license to that effect. Passing scores shall be
810 established by the department with the consent of the board. The
811 department may, upon receipt of four hundred fifty dollars, [accept

812 and approve, in lieu of the examination required in this section, a
813 diploma of the National Board of Examiners in Optometry, subject to
814 the same conditions as hereinafter set forth for acceptance, in lieu of
815 examination, of a license from a board of examiners in optometry of
816 any state or territory of the United States or the District of Columbia
817 and may issue to such person a statement certifying to the fact that
818 such person has been found qualified to practice optometry. Any]
819 issue a license to any person who is a currently practicing competent
820 practitioner who [presents to the Department of Public Health a
821 certified copy or certificate of registration or license, which was] holds
822 a license issued to [him] such person after examination by a board of
823 registration in optometry in any other state or territory of the United
824 States in which the requirements for registration are deemed by the
825 department to be equivalent to, or higher than, those prescribed in this
826 chapter.], may be given a license without examination, provided such
827 state shall accord a like privilege to holders of licenses issued by this
828 state. The fee for such license shall be four hundred fifty dollars. The
829 times and places of examination of applicants shall be determined by
830 the department. Each applicant shall pay to the department the sum of
831 fifty dollars before examination. No person otherwise qualified under
832 the provisions of this section shall be denied the right to apply for or
833 receive an optometrist's license solely because he is not a citizen of the
834 United States.] No license shall be issued [without examination] under
835 this section to any applicant against whom professional disciplinary
836 action is pending or who is the subject of an unresolved complaint.
837 [The department shall inform the board annually of the number of
838 applications it receives for licensure without examination under this
839 section.]

840 Sec. 32. Subsection (b) of section 20-162r of the general statutes is
841 repealed and the following is substituted in lieu thereof (*Effective*
842 *October 1, 2007*):

843 (b) Except as otherwise provided in this section, for registration
844 periods beginning on and after October 1, 2007, a licensee applying for
845 license renewal shall [either maintain credentialing as a respiratory

846 therapist, issued by the National Board for Respiratory Care, or its
847 successor organization, or] earn a minimum of six hours of continuing
848 education within the preceding registration period. Such continuing
849 education shall (1) be directly related to respiratory therapy; and (2)
850 reflect the professional needs of the licensee in order to meet the health
851 care needs of the public. Qualifying continuing education activities
852 include, but are not limited to, courses, including on-line courses,
853 offered or approved by the American Association for Respiratory Care,
854 regionally accredited institutions of higher education, or a state or local
855 health department.

856 Sec. 33. Subsection (g) of section 20-222 of the general statutes is
857 repealed and the following is substituted in lieu thereof (*Effective*
858 *October 1, 2007*):

859 (g) Any person, firm, partnership or corporation engaged in the
860 funeral service business shall maintain at the address of record of the
861 funeral service business identified on the certificate of inspection:

862 (1) All records relating to contracts for funeral services, prepaid
863 funeral contracts or escrow accounts shall, [be maintained at the
864 address of record of the funeral home identified on the certificate of
865 inspection] for a period of not less than three years after the death of
866 the individual for whom funeral services were provided;

867 (2) Copies of all death certificates, burial permits, authorizations for
868 cremation, documentation of receipt of cremated remains and written
869 agreements used in making arrangements for final disposition of dead
870 human bodies, including, but not limited to, copies of the final bill and
871 other written evidence of agreement or obligation furnished to
872 consumers, for a period of not less than three years after such final
873 disposition; and

874 (3) Copies of price lists, for a period of not less than three years from
875 the last date such lists were distributed to consumers.

876 Sec. 34. Section 20-363 of the general statutes is repealed and the

877 following is substituted in lieu thereof (*Effective October 1, 2007*):

878 The commissioner may refuse to issue or renew or may suspend or
879 revoke a license or take any of the actions set forth in section 19a-17
880 upon proof that the applicant or license holder (1) has employed or
881 knowingly cooperated in fraud or material deception in order to obtain
882 [his] a license or has engaged in fraud or material deception in the
883 course of professional services or activities at any place; (2) has been
884 guilty of illegal, incompetent or negligent conduct in his or her
885 practice; [or] (3) has violated any provision of this chapter or any
886 regulation adopted [hereunder] under this chapter; (4) has been found
887 guilty or convicted as a result of an act which constitutes a felony
888 under (A) the laws of this state, (B) federal law, or (C) the laws of
889 another jurisdiction and which, if committed within this state, would
890 have constituted a felony under the laws of this state; or (5) has been
891 subject to disciplinary action similar to that specified in section 19a-17
892 by a duly authorized professional disciplinary agency of any state, the
893 District of Columbia, a United States possession or territory, or a
894 foreign jurisdiction. The commissioner may petition the superior court
895 for the judicial district of Hartford to enforce any action taken
896 pursuant to section 19a-17. Before the commissioner may suspend,
897 revoke or refuse to renew a license or take such other action, [he] the
898 commissioner shall give the applicant or license holder notice and
899 opportunity for hearing as provided in the regulations adopted by the
900 commissioner.

901 Sec. 35. Section 19a-116a of the general statutes is repealed. (*Effective*
902 *October 1, 2007*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	1-43
Sec. 2	<i>October 1, 2007</i>	1-55
Sec. 3	<i>October 1, 2007</i>	17a-238(g)
Sec. 4	<i>October 1, 2007</i>	19a-7d(a)
Sec. 5	<i>October 1, 2007</i>	19a-17(a)

Sec. 6	<i>October 1, 2007</i>	19a-26
Sec. 7	<i>October 1, 2007</i>	19a-121
Sec. 8	<i>October 1, 2007</i>	19a-121c
Sec. 9	<i>October 1, 2007</i>	19a-121f
Sec. 10	<i>October 1, 2007</i>	19a-180(i)
Sec. 11	<i>October 1, 2007</i>	19a-322
Sec. 12	<i>October 1, 2007</i>	19a-490(a)
Sec. 13	<i>October 1, 2007</i>	19a-490(l)
Sec. 14	<i>October 1, 2007</i>	19a-561(c)(3)
Sec. 15	<i>October 1, 2007</i>	19a-562(a)
Sec. 16	<i>October 1, 2007</i>	19a-562(c)
Sec. 17	<i>October 1, 2007</i>	19a-562a
Sec. 18	<i>October 1, 2007</i>	19a-570
Sec. 19	<i>October 1, 2007</i>	19a-575a
Sec. 20	<i>October 1, 2007</i>	19a-577
Sec. 21	<i>October 1, 2007</i>	19a-580f
Sec. 22	<i>October 1, 2007</i>	20-8a(c)
Sec. 23	<i>from passage</i>	20-12a(7)
Sec. 24	<i>from passage</i>	20-74s(a)(7)
Sec. 25	<i>from passage</i>	20-74s(t)
Sec. 26	<i>October 1, 2007</i>	20-54(a)
Sec. 27	<i>October 1, 2007</i>	20-71(a)
Sec. 28	<i>October 1, 2007</i>	20-71(b)
Sec. 29	<i>October 1, 2007</i>	20-73d(b)
Sec. 30	<i>October 1, 2007</i>	20-126d(b)
Sec. 31	<i>October 1, 2007</i>	20-130
Sec. 32	<i>October 1, 2007</i>	20-162r(b)
Sec. 33	<i>October 1, 2007</i>	20-222(g)
Sec. 34	<i>October 1, 2007</i>	20-363
Sec. 35	<i>October 1, 2007</i>	Repealer section

PH *Joint Favorable Subst.*

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

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Public Health, Dept.	GF - Revenue Impact	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

Sections 1, 2, and 18-21 make technical changes to and otherwise update Connecticut law on health care decision making. Changes within these sections do not result in a fiscal impact.

Sections 3, 4, 7-10, 12-17, and 22-31 make technical changes, repeal obsolete statutory references, clarify or otherwise align statute with current practice. No fiscal impact is associated with changes contained within these sections.

Section 5 increases from \$10,000 to \$25,000 the maximum civil penalty that may be assessed in the course of disciplinary proceedings involving health care professionals. To the extent that such penalties are assessed, a potential minimal revenue gain may result. In the last three years (2003 - 2006), the number of penalties assessed at the \$10,000 maximum has ranged from two to five a year.

Section 6 eliminates a requirement of current law that the Department of Public Health establish a schedule of laboratory fees (for analytical work performed by the Connecticut State Laboratory) based upon national recognized standards and performance measures. No fiscal impact is anticipated to result. The department does not intend to modify laboratory fees in response to enactment of this bill. Other changes in this section are technical in nature and have no

associated fiscal impact.

Section 11 sets forth a minimum time period for crematories to maintain certain records and results in no fiscal impact.

Section 23 removes a requirement of current law that a designated alternate supervising physician register with the DPH. As a \$37.50 fee is paid to the department by registrants, a potential minimal revenue loss is associated with this change. Aggregate payments by supervising physicians average about \$6,000 a year – a small portion of this amount is attributable to alternate supervising physicians.

Section 32 modifies requirements that must be met by a respiratory therapist at the time of his or her license renewal. No fiscal impact is associated with the changes contained within this section.

Section 33 sets forth a minimum time period for funeral service businesses to maintain certain records and results in no fiscal impact.

Section 34 may facilitate the denial or revocation of a license to a registered sanitarian having been found guilty of a felony, or having been disciplined by non-Connecticut regulatory body. A potential minimal revenue loss to the state would ensue. Registered Sanitarians pay an initial fee of \$40 and a renewal fee of \$20.

Section 35 repeals a requirement that clinical practices performing infertility treatments report certain information to the DPH. No fiscal impact is associated with this change.

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$	FY 12 \$
Public Health, Dept.	GF - Revenue Impact	Potential Minimal	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

OLR Bill Analysis**sHB 7163****AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.****SUMMARY:**

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

EFFECTIVE DATE: October 1, 2007, except for the provisions on physician assistant supervision registration and alcohol and drug counselors which take effect upon passage.

§ 5 — CIVIL PENALTIES AGAINST HEALTH CARE PROFESSIONALS

The bill increases, from \$10,000 to \$25,000, the amount of a civil penalty DPH and various health professional regulatory boards can assess a health care professional. Under the law, DPH and various health professional boards and commissions can, after a finding of good cause, take various disciplinary actions against licensed health professionals. These actions include license suspension or revocation, censure, letter of reprimand, probation, or assessment of a civil penalty.

§ 6 — LABORATORY FEES

The bill allows, rather than requires, the DPH commissioner to set laboratory fees and do so without basing them on nationally recognized standards and performance measures for analytic work effort for such services as currently required. By law, DPH can establish state laboratories to test for preventable disease, as well as

perform sanitation, environmental, and occupational testing.

Laboratory services are done without charge for local health directors and local law enforcement officials. The law also allows for partial, as well as full, fee waivers for others if the commissioner determines the public health requires it. The bill clarifies that the commissioner can waive the fees if he establishes a fee schedule.

§ 7-9 — HIV AND AIDS SERVICES

The bill revises funding provisions for HIV and AIDS services. It expands the type for organizations that can receive funds to provide such services and expands service recipients to include people with HIV and those at risk of contracting HIV or AIDS.

Under current law, DPH must establish a grant program to provide funds to private agencies that provide services to persons suffering from AIDS and their families. Under the bill, qualifying individuals and organizations, including local health departments, that serve people infected with, at risk of, and affected by HIV or AIDS are eligible for grants.

Currently, agencies receiving DPH funding to provide AIDS tests must give priority to persons in high risk categories and must establish a fee schedule based on ability to pay. The bill eliminates the fee schedule requirement and specifies that the testing is for HIV.

The bill also specifies that DPH's existing public information program must address HIV as well as AIDS.

The bill broadens the eligibility criteria for grant-in-aid applicants for programs to study or treat AIDS. Under the bill, such grants are available to qualifying individuals or organizations instead of just any hospital, municipality, public independent college or university, or individual. It also provides that the grants are for studying or treating HIV, AIDS, or both.

§ 11 — CREMATORIES

The bill requires crematories to keep on their premises records, copies of cremation permits, cremation authorization documentation, and documentation of receipt of cremated remains for at least three years after final disposition of the cremated remains.

§ 33 — FUNERAL SERVICE BUSINESSES

The bill requires a person, firm, partnership, or corporation involved in the funeral service business to keep at the funeral business address of record (1) copies of all death certificates, burial permits, cremation authorizations, receipts for cremated remains, and written agreements used in making arrangements for final disposition of dead bodies, including copies of the final bill and other written evidence of agreement or obligation given to consumers, for at least three years after final disposition and (2) copies of price lists, for at least three years from the last date they were distributed to consumers.

§ 12 & 13 — ASSISTED LIVING SERVICES AGENCY

The bill adds assisted living services agencies to the statutory list of health care institutions and makes a technical change to the definition of such agencies.

§ 1, 2, & 21 — APPOINTMENT OF HEALTH CARE AGENT, POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

The bill specifies that a short form power of attorney no longer can be used for health care decision purposes.

The bill specifies that an appointment of a (1) health care agent or (2) power of attorney for health care decisions, properly executed before October 1, 2006 under the law in effect at that time has the same legal force and effect as if it had been executed according to the law after October 1, 2006. PA 06-195 amended and updated Connecticut law on health care decision making by, among other things, (1) combining the authority of the health care agent and attorney-in-fact for health care decisions into a unified proxy known as the “health care representative” and (2) authorizing the health care representative to make any and all health care decisions for a person

incapable of expressing those wishes.

§ 23 — PHYSICIAN ASSISTANTS-ALTERNATE SUPERVISING PHYSICIAN

By law, each physician assistant (PA) must have a clearly identified supervising physician, registered with DPH. A designated alternative physician to supervise in the absence of the supervising physician also must be registered with DPH. The bill eliminates the requirement of registering the alternate supervising physician.

§ 24 & 25 — ALCOHOL AND DRUG COUNSELORS

Current law provides that the alcohol and drug abuse counselor licensure and certification statutes do not apply to the activities of various licensed professionals acting within the scope of their profession, doing work consistent with their training, and not holding themselves out as alcohol and drug counselors.

The bill amends this exception by (1) removing chiropractors, acupuncturists, physical therapists, and occupational therapists from the exempt list; (2) adding professional counselors; and (3) specifying that nurses mean advanced practice registered nurses and registered nurses. It also specifies that the person must be working consistent with his or her license, rather than “training.”

§ 26 — PODIATRY

The bill eliminates a requirement that a podiatrist provide DPH with satisfactory evidence of a high school diploma or its equivalent in order to obtain a license.

§ 27 & 28 — PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

The law allows DPH to license without examination physical therapists and physical therapist assistants licensed or registered in another state or nation with similar or higher requirements than Connecticut's. The bill instead specifies that the other state's or nation's requirements must be deemed by DPH to be equivalent to or higher than Connecticut's.

§ 31 — OPTOMETRISTS

The bill deletes (1) requirements that an optometrist applying for a license present satisfactory evidence to DPH of graduating from an approved high school or its equivalent and (2) related provisions and examination fees concerning license applicants who have not graduated from an approved high school. It deletes a requirement that optometry schools have a minimum course of study of 1,000 attendance hours in order to be approved by the state optometry board. It also eliminates a provision that specifies that a school cannot be disapproved solely because it is located outside of the United States.

The bill requires that optometric license applicants successfully complete an examination prescribed, rather than conducted, by DPH with the consent of (instead of under the supervision of) the Board of Examiners for Optometrists.

The bill makes both technical and substantive changes to requirements for licensure by endorsement. (Endorsement basically means that a licensee from another state may be eligible for licensure, without examination, in this state provided that the applicant has credentials and qualifications substantially equivalent to Connecticut's licensure requirements.) The bill eliminates a requirement that the other state give a similar privilege to Connecticut licensees seeking licensure in that state in order for Connecticut to license someone from that state by endorsement. It also eliminates (1) a requirement that DPH annually inform the optometry board of the number of applications it receives for licensure without examination and (2) a provision that specifies that an otherwise qualified person cannot be denied the right to apply for or receive an optometrist's license solely because he is not a United States citizen. It also eliminates a \$50 examination fee.

§ 34 — SANITARIANS

The bill expands the grounds on which DPH may refuse to issue or renew, or suspend, a license or take other disciplinary action against a sanitarian as follows: (1) the sanitarian has been found guilty or

convicted of an act which is a felony under Connecticut or federal law, or under the laws of another jurisdiction, which, if committed in Connecticut, would have been a felony or (2) the sanitarian has been subject to disciplinary action similar to that of Connecticut's by an authorized professional disciplinary agency in any state, the District of Columbia, a U.S. territory or possession, or a foreign country.

§ 35— IN-VITRO FERTILIZATION REPORTS

The bill eliminates a requirement that a clinical practice performing in-vitro fertilization, gamete intra-fallopian transfer, or zygote intra-fallopian transfer procedures covered by insurance report certain information to DPH.

§ 32 — RESPIRATORY CARE PRACTITIONERS

This law requires a respiratory care practitioner applying for license renewal to either (1) earn a minimum of six contact hours of continuing education within the preceding registration period or (2) maintain credentialing as a respiratory therapist from the National Board for Respiratory Care. The bill eliminates the latter option. A registration period is the one-year period for which a renewed license is current and valid.

BACKGROUND

Related Bills

sHB 7160 concerns funeral service businesses and crematories; sSB 7089 eliminates the registration requirement and corresponding fee for physicians supervising physician assistants; HB 6700 expands the scope of practice of podiatrists; sHB 7159 changes the scope of practice of optometrists; sHB 7157 addresses staff training requirements for Alzheimer's Special Care Units (§§ 15 to 17 of sHB 7163 make technical changes, concerning Alzheimer's special care units); and SB 1144 establishes a central index for advanced health care directives.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (03/21/2007)