



General Assembly

Amendment

January Session, 2009

LCO No. 9329

HB0667809329HDO

Offered by:

REP. RITTER, 38th Dist.

SEN. HARRIS, 5th Dist.

To: Subst. House Bill No. 6678

File No. 616

Cal. No. 404

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

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- 1 In line 15, strike "sealed" and insert "placed" in lieu thereof
- 2 Change the effective date of section 4 to "Effective July 1, 2009"
- 3 Strike sections 5 and 6 in their entirety and insert the following in
- 4 lieu thereof:
- 5 "Sec. 5. Subsections (a) and (b) of section 19a-436 of the general
- 6 statutes are repealed and the following is substituted in lieu thereof
- 7 (*Effective October 1, 2009*):
- 8 (a) No person shall permit, maintain, promote, conduct, advertise,
- 9 act as entrepreneur, undertake, organize, manage or sell or give tickets
- 10 to an actual or reasonably anticipated assembly of [~~three~~] two
- 11 thousand or more people which continues or can reasonably be
- 12 expected to continue for [~~eighteen~~] twelve or more consecutive hours,
- 13 whether on public or private property, unless a license to hold the

14 assembly has first been issued by the chief of police of the municipality
15 in which the assembly is to gather or, if there is none, the first
16 selectman. A license to hold an assembly issued to one person shall
17 permit any person to engage in any lawful activity in connection with
18 the holding of the licensed assembly.

19 (b) A separate license shall be required for each day and each
20 location in which [three] two thousand or more people assemble or can
21 reasonably be anticipated to assemble. The fee for each license shall be
22 one hundred dollars.

23 Sec. 6. Section 19a-438 of the general statutes is repealed and the
24 following is substituted in lieu thereof (*Effective October 1, 2009*):

25 (a) Application for a license to hold an actual or anticipated
26 assembly of [three] two thousand or more persons shall be made in
27 writing to the governing body of the municipality at least [thirty]
28 fifteen days in advance of such assembly and shall be accompanied by
29 the bond required by subparagraph (L) of subdivision (2) of section
30 19a-437 and the license fee required by subsection (b) of section 19a-
31 436, as amended by this act.

32 (b) The application shall contain a statement made upon oath or
33 affirmation that the statements contained therein are true and correct
34 to the best knowledge of the applicant and shall be signed and sworn
35 to or affirmed by the individual making application in the case of an
36 individual, by all officers in the case of a corporation, by all partners in
37 the case of a partnership or by all officers of an unincorporated
38 association, society or group or, if there are no officers, by all members
39 of such association, society or group.

40 (c) The application shall contain and disclose: (1) The name, age,
41 residence and mailing address of all persons required to sign the
42 application by subsection (b) of this section and, in the case of a
43 corporation, a certified copy of the articles of incorporation together
44 with the name, age, residence and mailing address of each person
45 holding ten per cent or more of the stock of such corporation; (2) the

46 address and legal description of all property upon which the assembly
47 is to be held, together with the name, residence and mailing address of
48 the record owner or owners of all such property; (3) proof of
49 ownership of all property upon which the assembly is to be held or a
50 statement made upon oath or affirmation by the record owner or
51 owners of all such property that the applicant has permission to use
52 such property for an assembly of [~~three~~] two thousand or more
53 persons; (4) the nature or purpose of the assembly; (5) the total number
54 of days or hours during which the assembly is to last; (6) the maximum
55 number of persons which the applicant shall permit to assemble at any
56 time, not to exceed the maximum number which can reasonably
57 assemble at the location of the assembly, in consideration of the nature
58 of the assembly or the maximum number of persons allowed to sleep
59 within the boundaries of the location of the assembly by the zoning
60 ordinances of the municipality if the assembly is to continue overnight;
61 (7) the maximum number of tickets to be sold, if any; (8) the plans of
62 the applicant to limit the maximum number of people permitted to
63 assemble; (9) the plans for supplying potable water including the
64 source, amount available and location of outlets; (10) the plans for
65 providing toilet and lavatory facilities, including the source, number,
66 location and type, and the means of disposing of waste deposited; (11)
67 the plans for holding, collecting and disposing of solid waste material;
68 (12) the plans to provide for medical facilities, including the location
69 and construction of a medical structure, the names and addresses and
70 hours of availability of physicians and nurses, and provisions for
71 emergency ambulance service; (13) the plans, if any, to illuminate the
72 location of the assembly, including the source and amount of power
73 and the location of lamps; (14) the plans for parking vehicles, including
74 size and location of lots, points of highway access and interior roads,
75 including routes between highway access and parking lots; (15) the
76 plans for telephone service, including the source, number and location
77 of telephones; (16) the plans for camping facilities, if any, including
78 facilities available and their location; (17) the plans for security,
79 including the number of guards, their deployment, and their names,
80 addresses, credentials and hours of availability; (18) the plans for fire

81 protection, including the number, type and location of all protective
82 devices including alarms and extinguishers, and the number of
83 emergency fire personnel available to operate the equipment; (19) the
84 plans for sound control and sound amplification, if any, including the
85 number, location and power of amplifiers and speakers; (20) the plans
86 for food concessions and concessioners who will be allowed to operate
87 on the grounds including the names and addresses of all concessioners
88 and their license or permit numbers."

89 In line 230, strike "six" and insert "nine" in lieu thereof

90 Strike line 231 in its entirety and insert the following in lieu thereof:

91 "of first contact with such hospital, clinical laboratory or health care
92 provider for diagnosis or treatment shall be assessed a civil penalty not
93 to exceed"

94 In line 232, strike "one thousand" and insert "two hundred fifty" in
95 lieu thereof

96 After line 234, insert the following:

97 "(4) The reimbursements, expenses and civil penalties set forth in
98 this section shall be assessed only after the Department of Public
99 Health provides a written notice of deficiency and the provider is
100 afforded the opportunity to respond to such notice. A provider shall
101 have not more than fourteen business days after the date of receiving
102 such notice to provide a written response to the department. Such
103 written response shall include any information requested by the
104 department."

105 In line 259, after "A", insert "local"

106 Change the effective date of section 10 to "Effective July 1, 2009"

107 In line 541, strike "needs to" and insert "must" in lieu thereof

108 Strike section 15 in its entirety and insert the following in lieu

109 thereof:

110 "Sec. 15. Section 4a-16 of the general statutes is repealed and the
111 following is substituted in lieu thereof (*Effective October 1, 2009*):

112 When any person supported or cared for by the state under a
113 program of public assistance or in an institution maintained by the
114 [Department of Public Health,] Department of Developmental Services
115 or Department of Mental Health and Addiction Services, or when an
116 inmate of the Department of Correction, or when any child committed
117 to the Commissioner of Social Services or Commissioner of Children
118 and Families dies leaving only personal estate, including personal
119 assets owing and due the estate after death, not exceeding twenty
120 thousand dollars in value, the Commissioner of Administrative
121 Services or the commissioner's authorized representative shall, upon
122 filing with the probate court having jurisdiction of such estate a
123 certificate that the total estate is under twenty thousand dollars and
124 the claim of the state, together with the expense of last illness not
125 exceeding three hundred seventy-five dollars and funeral and burial
126 expenses in accordance with section 17b-84, equals or exceeds the
127 amount of such estate, be issued a certificate by said court that the
128 commissioner is the legal representative of such estate only for the
129 following purpose. The commissioner shall have authority to claim
130 such estate, the commissioner's receipt for the same to be a valid
131 discharge of the liability of any person turning over the same, and to
132 settle the same by payment of the expense of last illness not exceeding
133 three hundred seventy-five dollars, expense of funeral and burial in
134 accordance with section 17b-84 and the remainder as partial or full
135 reimbursement of the claim of the state for care or assistance rendered
136 to the decedent. The commissioner shall file with said probate court a
137 statement of the settlement of such estate as herein provided."

138 In line 677, after "(E)" insert "for registration periods beginning on
139 and after October 1, 2010,"

140 Strike section 17 in its entirety and insert the following in lieu

141 thereof:

142 "Sec. 17. Subdivision (2) of section 20-66 of the general statutes is
143 repealed and the following is substituted in lieu thereof (*Effective*
144 *October 1, 2009*):

145 (2) "Physical therapy" means the evaluation and treatment of any
146 person by the employment of the effective properties of physical
147 measures, the performance of tests and measurements as an aid to
148 evaluation of function and the use of therapeutic exercises and
149 rehabilitative procedures, with or without assistive devices, for the
150 purpose of preventing, correcting or alleviating a physical or mental
151 disability. "Physical therapy" includes the establishment and
152 modification of physical therapy programs, treatment planning,
153 instruction, wellness care, peer review, [and] consultative services and
154 the use of low-level light laser therapy for the purpose of accelerating
155 tissue repair, decreasing edema or minimizing or eliminating pain, but
156 does not include surgery, the prescribing of drugs, the development of
157 a medical diagnosis of disease, injury or illness, the use of cauterization
158 or the use of Roentgen rays or radium for diagnostic or therapeutic
159 purposes. As used in this section, "low-level light laser therapy" means
160 low-level light therapy having wave lengths that range from six
161 hundred to one thousand nanometers."

162 In line 728, strike "permits" and insert "permit" in lieu thereof

163 In line 753, strike "cemetery" and insert "burial place" in lieu thereof

164 In line 761, after "removals", insert "of bodies in temporary receiving
165 vaults"

166 In line 763, after "removals", insert "of bodies in temporary receiving
167 vaults"

168 In line 804, strike "Environment" and insert "Environmental
169 Protection" in lieu thereof

170 Strike lines 895 to 898, inclusive, and insert the following in lieu

171 thereof:

172 "Sec. 25. Subdivision (23) of subsection (c) of section 19a-14 of the
173 general statutes is repealed and the following is substituted in lieu
174 thereof (*Effective January 1, 2010*):

175 (23) Emergency medical technician, advanced emergency medical
176 [technician-intermediate, medical response] technician, emergency
177 medical responder and emergency medical services instructor.

178 Sec. 26. Subdivision (6) of section 19a-177 of the general statutes is
179 repealed and the following is substituted in lieu thereof (*Effective*
180 *January 1, 2010*):

181 (6) Establish such minimum standards and adopt such regulations
182 in accordance with the provisions of chapter 54, as may be necessary to
183 develop the following components of an emergency medical service
184 system: (A) Communications, which shall include, but not be limited
185 to, equipment, radio frequencies and operational procedures; (B)
186 transportation services, which shall include, but not be limited to,
187 vehicle type, design, condition and maintenance, [life saving
188 equipment] and operational procedure; (C) training, which shall
189 include, but not be limited to, emergency medical technicians,
190 communications personnel, paraprofessionals associated with
191 emergency medical services, firefighters and state and local police; and
192 (D) emergency medical service facilities, which shall include, but not
193 be limited to, categorization of emergency departments as to their
194 treatment capabilities and ancillary services.

195 Sec. 27. Section 19a-177 of the general statutes is amended by adding
196 subdivision (13) as follows (*Effective January 1, 2010*):

197 (NEW) (13) The Commissioner of Public Health shall annually issue
198 a list of minimum equipment requirements for ambulances and rescue
199 vehicles based upon current national standards. The commissioner
200 shall distribute such list to all emergency medical services
201 organizations and sponsor hospital medical directors and make such

202 list available to other interested stakeholders. Emergency medical
203 services organizations shall have one year from the date of issuance of
204 such list to comply with the minimum equipment requirements.

205 Sec. 28. Subsection (a) of section 1 of senate bill 1048 of the current
206 session, as amended by senate amendment schedule A, is repealed and
207 the following is substituted in lieu thereof (*Effective July 1, 2009*):

208 (a) The Commissioners of Social Services and Administrative
209 Services and the Comptroller, in consultation with the Commissioner
210 of Public Health, [and the Insurance Commissioner,] shall develop a
211 plan to (1) implement and maintain a prescription drug purchasing
212 program and procedures to aggregate or negotiate the purchase of
213 pharmaceuticals for pharmaceutical programs benefiting state-
214 administered general assistance, HUSKY Plan, Part B, Charter Oak
215 Health Plan and ConnPACE recipients, inmates of the Department of
216 Correction, and persons eligible for coverage under the group
217 hospitalization and medical and surgical insurance plans procured
218 under section 5-259 of the general statutes, and (2) have the state join
219 an existing multistate Medicaid pharmaceutical purchasing pool. Such
220 plan shall determine the feasibility of subjecting some or all of the
221 component programs set forth in subdivision (1) of this subsection to
222 the preferred drug lists adopted pursuant to section 17b-274d of the
223 general statutes.

224 Sec. 29. Subsection (b) of section 19a-178a of the general statutes is
225 repealed and the following is substituted in lieu thereof (*Effective*
226 *January 1, 2010*):

227 (b) The advisory board shall consist of forty-one members,
228 including the Commissioner of Public Health and the [state]
229 department's emergency medical services medical director, or their
230 designees. The Governor shall appoint the following members: One
231 person from each of the regional emergency medical services councils;
232 one person from the Connecticut Association of Directors of Health;
233 three persons from the Connecticut College of Emergency Physicians;

234 one person from the Connecticut Committee on Trauma of the
235 American College of Surgeons; one person from the Connecticut
236 Medical Advisory Committee; one person from the Emergency
237 Department Nurses Association; one person from the Connecticut
238 Association of Emergency Medical Services Instructors; one person
239 from the Connecticut Hospital Association; two persons representing
240 commercial ambulance providers; one person from the Connecticut
241 Firefighters Association; one person from the Connecticut Fire Chiefs
242 Association; one person from the Connecticut Chiefs of Police
243 Association; one person from the Connecticut State Police; and one
244 person from the Connecticut Commission on Fire Prevention and
245 Control. An additional eighteen members shall be appointed as
246 follows: Three by the president pro tempore of the Senate; three by the
247 majority leader of the Senate; four by the minority leader of the Senate;
248 three by the speaker of the House of Representatives; two by the
249 majority leader of the House of Representatives and three by the
250 minority leader of the House of Representatives. The appointees shall
251 include a person with experience in municipal ambulance services; a
252 person with experience in for-profit ambulance services; three persons
253 with experience in volunteer ambulance services; [an emergency
254 medical technician] a paramedic; an emergency medical technician; an
255 advanced emergency medical technician; [intermediate;] three
256 consumers and four persons from state-wide organizations with
257 interests in emergency medical services as well as any other areas of
258 expertise that may be deemed necessary for the proper functioning of
259 the advisory board.

260 Sec. 30. Subsections (d) and (e) of section 19a-179 of the general
261 statutes are repealed and the following is substituted in lieu thereof
262 (*Effective January 1, 2010*):

263 (d) An applicant who is issued a temporary emergency medical
264 technician certificate pursuant to subsection (c) of this section may,
265 prior to the expiration of such temporary certificate, apply to the
266 department for:

267 (1) Renewal of such person's paramedic license, giving such
268 person's name in full, such person's residence and business address
269 and such other information as the department requests, provided the
270 application for license renewal is accompanied by evidence satisfactory
271 to the commissioner that the applicant was under the medical [control]
272 oversight of a sponsor hospital on the date the applicant's paramedic
273 license became void for nonrenewal; or

274 (2) Recertification as an emergency medical technician, provided the
275 application for recertification is accompanied by evidence satisfactory
276 to the commissioner that the applicant completed emergency medical
277 technician refresher training approved by the commissioner not later
278 than one year after issuance of the temporary emergency medical
279 technician certificate. The department shall recertify such person as an
280 emergency medical technician without the examination required for
281 initial certification specified in regulations adopted by the
282 commissioner pursuant to this section.

283 (e) For purposes of subsection (d) of this section, ["medical control"]
284 "medical oversight" means the active surveillance by physicians of
285 mobile intensive care sufficient for the assessment of overall practice
286 levels, as defined by state-wide protocols, and "sponsor hospital"
287 means a hospital that has agreed to maintain staff for the provision of
288 medical [control] oversight, supervision and direction to an emergency
289 medical service organization, as defined in section 19a-175, and its
290 personnel and has been approved for such activity by the Office of
291 Emergency Medical Services.

292 Sec. 31. Section 19a-179a of the general statutes is repealed and the
293 following is substituted in lieu thereof (*Effective January 1, 2010*):

294 Notwithstanding any provision of the general statutes or any
295 regulation adopted pursuant to this chapter, the scope of practice of
296 any person certified or licensed as an emergency medical [technician-
297 basic] technician, advanced emergency medical [technician-
298 intermediate or emergency medical technician-paramedic] technician

299 or a paramedic under regulations adopted pursuant to section 19a-179,
300 as amended by this act, may include treatment modalities not specified
301 in the regulations of Connecticut state agencies, provided such
302 treatment modalities are (1) approved by the Connecticut Emergency
303 Medical Services Medical Advisory Committee established pursuant to
304 section 19a-178a, as amended by this act, and the Commissioner of
305 Public Health, and (2) administered at the medical [control] oversight
306 and direction of a sponsor hospital, as defined in section 28-8b, as
307 amended by this act.

308 Sec. 32. Section 19a-179b of the general statutes is repealed and the
309 following is substituted in lieu thereof (*Effective January 1, 2010*):

310 Any emergency medical technician or paramedic who is part of The
311 Connecticut Disaster Medical Assistance Team or the Medical Reserve
312 Corps, under the auspices of the Department of Public Health, or the
313 Connecticut Urban Search and Rescue Team, under the auspices of the
314 Department of Public Safety, shall be under the active surveillance,
315 medical [control] oversight and direction of the chief medical officer of
316 such team or corps while engaged in officially authorized civil
317 preparedness duty or civil preparedness training conducted by such
318 team or corps.

319 Sec. 33. Subsection (f) of section 19a-180 of the general statutes is
320 repealed and the following is substituted in lieu thereof (*Effective*
321 *January 1, 2010*):

322 (f) Each licensed or certified ambulance service shall secure and
323 maintain medical [control] oversight, as defined in section 19a-179, as
324 amended by this act, by a sponsor hospital, as defined in section 19a-
325 179, as amended by this act, for all its emergency medical personnel,
326 whether such personnel are employed by the ambulance service or a
327 management service.

328 Sec. 34. Subsection (c) of section 28-8b of the general statutes is
329 repealed and the following is substituted in lieu thereof (*Effective*
330 *January 1, 2010*):

331 (c) For purposes of this section, "sponsor hospital" means a hospital
332 that has agreed to maintain staff for the provision of medical [control]
333 oversight, supervision and direction to an emergency medical service
334 organization and its personnel and that has been approved for such
335 activity by the Office of Emergency Medical Services.

336 Sec. 35. Subsection (b) of section 19a-194 of the general statutes is
337 repealed and the following is substituted in lieu thereof (*Effective*
338 *January 1, 2010*):

339 (b) The commissioner [may adopt regulations in accordance with
340 the provisions of chapter 54] shall annually issue a list specifying the
341 minimum equipment that a motorcycle must carry to operate as a
342 rescue vehicle pursuant to this section. Such equipment shall include
343 those items that would enable an emergency medical technician,
344 paramedic or other individual similarly trained to render to a person
345 requiring emergency medical assistance the maximum benefit possible
346 from the operation of such motorcycle rescue vehicle.

347 Sec. 36. Subsection (a) of section 19a-195a of the general statutes is
348 repealed and the following is substituted in lieu thereof (*Effective*
349 *January 1, 2010*):

350 (a) The Commissioner of Public Health shall adopt regulations in
351 accordance with the provisions of chapter 54 to provide that [any
352 person who has completed six years of continuous service as an]
353 emergency medical [services technician] technicians shall be recertified
354 every three years. [rather than every two years.] For the purpose of
355 maintaining an acceptable level of proficiency, each emergency
356 medical services technician who is recertified for a three-year period
357 shall complete [twenty-five] thirty hours of refresher training
358 approved by the commissioner, [at intervals not to exceed thirty-six
359 months] or meet such other requirements as may be prescribed by the
360 commissioner.

361 Sec. 37. Subsection (a) of section 19a-195b of the general statutes is
362 repealed and the following is substituted in lieu thereof (*Effective*

363 *January 1, 2010*):

364 (a) Any person certified as an emergency medical technician,
365 advanced emergency medical [technician-intermediate, medical
366 response] technician, emergency medical responder or emergency
367 medical services instructor pursuant to this chapter and the
368 regulations adopted pursuant to section 19a-179, as amended by this
369 act, whose certification has expired may apply to the Department of
370 Public Health for reinstatement of such certification as follows: (1) If
371 such certification expired one year or less from the date of application
372 for reinstatement, such person shall complete the requirements for
373 recertification specified in regulations adopted pursuant to section 19a-
374 179, as amended by this act, as such recertification regulations may be
375 from time to time amended; (2) if such certification expired more than
376 one year but less than three years from the date of application for
377 reinstatement, such person shall complete the training required for
378 recertification and the examination required for initial certification
379 specified in regulations adopted pursuant to section 19a-179, as
380 amended by this act, as such training and examination regulations
381 may be from time to time amended; or (3) if such certification expired
382 three or more years from the date of application for reinstatement,
383 such person shall complete the requirements for initial certification
384 specified in regulations adopted pursuant to section 19a-179, as
385 amended by this act, as such initial certification regulations may be
386 from time to time amended.

387 Sec. 38. Subsection (a) of section 19a-197a of the general statutes is
388 repealed and the following is substituted in lieu thereof (*Effective*
389 *January 1, 2010*):

390 (a) As used in this section, "emergency medical technician" means
391 (1) any class of emergency medical technician certified under
392 regulations adopted pursuant to section 19a-179, as amended by this
393 act, including, but not limited to, any advanced emergency medical
394 [technician-intermediate] technician, and (2) any paramedic licensed
395 pursuant to section 20-206ll.

396 Sec. 39. (NEW) (*Effective October 1, 2009*) The zoning regulations
397 adopted under section 8-2 of the general statutes or any special act
398 shall not authorize the location of a crematory within five hundred feet
399 of any residential structure or land zoned for residential purposes not
400 owned by the owner of the crematory. As used in this section,
401 "crematory" means a building or structure containing one or more
402 cremation chambers or retorts for the cremation of dead human
403 bodies or large animals and "large animals" means all cattle, horses,
404 sheep, goat, swine or similar species commonly kept as livestock.

405 Sec. 40. Subsection (a) of section 19a-320 of the general statutes is
406 repealed and the following is substituted in lieu thereof (*Effective*
407 *October 1, 2009*):

408 (a) Any resident of this state, or any corporation formed under the
409 law of this state, may erect, maintain and conduct a crematory in this
410 state and provide the necessary appliances and facilities for the
411 disposal by incineration of the bodies of the dead, in accordance with
412 the provisions of this section. The location of such crematory shall be
413 within the confines of an established cemetery containing not less than
414 twenty acres, which cemetery shall have been in existence and
415 operation for at least five years immediately preceding the time of the
416 erection of such crematory, or shall be within the confines of a plot of
417 land approved for the location of a crematory by the selectmen of any
418 town, the mayor and council or board of aldermen of any city and the
419 warden and burgesses of any borough; provided, in any town, city or
420 borough having a zoning commission, such commission shall have the
421 authority to grant such approval. [On and after October 1, 1998, no
422 crematory which is not operating on October 1, 1998, shall be located
423 within five hundred feet of any residential structure or land used for
424 residential purposes not owned by the owner of the crematory.] This
425 section shall not apply to any resident of this state or any corporation
426 formed under the law of this state that was issued an air quality permit
427 by the Department of Environmental Protection prior to October 1,
428 1998.

429 Sec. 41. (NEW) (*Effective from passage*) Notwithstanding any
430 provision of the general statutes or the regulations of Connecticut state
431 agencies, a swine gestation and farrowing barn maintained on
432 property which has been in continuous use as a farm for not less than
433 fifty years may continue to be maintained provided such barn is no
434 closer than two hundred feet from any inhabited house located upon
435 the property other than that of the proprietor of such barn.

436 Sec. 42. Subsection (b) of section 19a-77 of the general statutes is
437 repealed and the following is substituted in lieu thereof (*Effective July*
438 *1, 2009*):

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

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

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

448 (3) Classes in music, dance, drama and art that are no longer than
449 two hours in length; classes that teach a single skill that are no longer
450 than two hours in length; library programs that are no longer than two
451 hours in length; scouting; programs that offer exclusively sports
452 activities; rehearsals; academic tutoring programs; or programs
453 exclusively for children thirteen years of age or older;

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

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

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

467 (7) Drop-in programs administered by a nationally chartered boys'
468 and girls' club; [or]

469 (8) Religious educational activities administered by a religious
470 institution exclusively for children whose parents or legal guardians
471 are members of such religious institution; or

472 (9) Administered by Solar Youth, Inc., a New Haven-based
473 nonprofit youth development and environmental education
474 organization, provided Solar Youth, Inc. informs the parents and legal
475 guardians of any children enrolled in its programs that such programs
476 are not licensed by the Department of Public Health to provide child
477 day care services.

478 Sec. 43. Subdivision (1) of subsection (a) of section 1 of public act 09-
479 76 is repealed and the following is substituted in lieu thereof (*Effective*
480 *October 1, 2009*):

481 (1) "Infectious disease" includes (A) infectious pulmonary
482 tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human
483 immunodeficiency virus (HIV), including acquired immunodeficiency
484 syndrome (AIDS), (F) diphtheria, (G) [pandemic flu] novel influenza A
485 virus infections with pandemic potential, as defined by the National
486 Centers for Disease Control and Prevention, (H) methicillin-resistant
487 staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J)
488 meningococcal disease, (K) plague, and (L) rabies.

489 Sec. 44. Subsection (a) of section 20-195c of the general statutes is
490 repealed and the following is substituted in lieu thereof (*Effective*
491 *October 1, 2009*):

492 (a) Each applicant for licensure as a marital and family therapist
493 shall present to the department satisfactory evidence that such
494 applicant has: (1) Completed a graduate degree program specializing
495 in marital and family therapy from a regionally accredited college or
496 university or an accredited postgraduate clinical training program
497 approved by the Commission on Accreditation for Marriage and
498 Family Therapy Education and recognized by the United States
499 Department of Education; (2) completed a supervised practicum or
500 internship with emphasis in marital and family therapy supervised by
501 the program granting the requisite degree or by an accredited
502 postgraduate clinical training program, approved by the Commission
503 on Accreditation for Marriage and Family Therapy Education
504 recognized by the United States Department of Education in which the
505 student received a minimum of five hundred direct clinical hours that
506 included one hundred hours of clinical supervision; (3) completed a
507 minimum of twelve months of relevant postgraduate experience,
508 including at least (A) one thousand hours of direct client contact
509 offering marital and family therapy services subsequent to being
510 awarded a master's degree or doctorate or subsequent to the training
511 year specified in subdivision (2) of this subsection, and (B) one
512 hundred hours of postgraduate clinical supervision provided by a
513 licensed marital and family therapist; [who is not directly compensated
514 by such applicant for providing such supervision;] and (4) passed an
515 examination prescribed by the department. The fee shall be two
516 hundred fifty dollars for each initial application.

517 Sec. 45. Subdivision (2) of subsection (a) of section 20-236 of the
518 general statutes is repealed and the following is substituted in lieu
519 thereof (*Effective July 1, 2009*):

520 (2) Any person who (A) holds a license at the time of application to
521 practice the occupation of barbering in any other state, the District of

522 Columbia or in a commonwealth or territory of the United States, (B)
523 has completed not less than fifteen hundred hours of formal education
524 and training in barbering, and (C) was issued such license on the basis
525 of successful completion of an examination, shall be eligible for
526 licensing in this state and entitled to a license without examination
527 upon payment of a fee of fifty dollars. Applicants who trained in
528 another state, district, commonwealth or territory which required less
529 than fifteen hundred hours of formal education and training, may
530 substitute no more than five hundred hours of licensed work
531 experience in such other state, district, commonwealth or territory
532 toward meeting the training requirement. [If the examination was
533 taken in a language other than English, the applicant shall demonstrate
534 successful completion of an English proficiency examination as
535 prescribed by the department.]

536 Sec. 46. Section 20-254 of the general statutes is repealed and the
537 following is substituted in lieu thereof (*Effective July 1, 2009*):

538 Any person who holds a license at the time of application as a
539 registered hairdresser and cosmetician, or as a person entitled to
540 perform similar services under different designations in any other
541 state, in the District of Columbia, or in a commonwealth or territory of
542 the United States, and who (1) has completed not less than fifteen
543 hundred hours of formal education and training in hairdressing and
544 cosmetology, and (2) was issued such license on the basis of successful
545 completion of an examination shall be eligible for licensing in this state
546 and entitled to a license without examination upon payment of a fee of
547 fifty dollars. Applicants who trained in another state, district,
548 commonwealth or territory which required less than fifteen hundred
549 hours of formal education and training may substitute no more than
550 five hundred hours of licensed work experience in such other state,
551 district, commonwealth or territory toward meeting the training
552 requirement. [If the examination was taken in a language other than
553 English, the applicant shall demonstrate successful completion of an
554 English proficiency examination as prescribed by the department.] No
555 license shall be issued under this section to any applicant against

556 whom professional disciplinary action is pending or who is the subject
557 of an unresolved complaint. The department shall inform the board
558 annually of the number of applications it receives for licensure without
559 examination under this section.

560 Sec. 47. Subsection (b) of section 25-32 of the general statutes is
561 repealed and the following is substituted in lieu thereof (*Effective from*
562 *passage*):

563 (b) No water company shall sell, lease, assign or otherwise dispose
564 of or change the use of any watershed lands, except as provided in
565 section 25-43c, without a written permit from the Commissioner of
566 Public Health. The commissioner shall not grant: [a] (1) A permit for
567 the sale [, lease or assignment] of class I land, except as provided in
568 subsection (d) of this section, [and shall not grant] (2) a permit for the
569 lease of class I land except as provided in subsection (p) of this section,
570 as amended by this act, or (3) a permit for a change in use of class I
571 land unless the applicant demonstrates that such change will not have
572 a significant adverse impact upon the present and future purity and
573 adequacy of the public drinking water supply and is consistent with
574 any water supply plan filed and approved pursuant to section 25-32d.
575 The commissioner may reclassify class I land only upon determination
576 that such land no longer meets the criteria established by subsection
577 (a) of section 25-37c because of abandonment of a water supply source
578 or a physical change in the watershed boundary. Not more than fifteen
579 days before filing an application for a permit under this section, the
580 applicant shall provide notice of such intent, by certified mail, return
581 receipt requested, to the chief executive officer and the chief elected
582 official of each municipality in which the land is situated.

583 Sec. 48. Section 25-32 of the general statutes is amended by adding
584 subsection (p) as follows (*Effective from passage*):

585 (NEW) (p) The commissioner may grant a permit for the lease of
586 class I land associated with a groundwater source for use for public
587 drinking water purposes to another water company that serves one

588 thousand or more persons or two hundred fifty or more customers and
589 maintains an approved water supply plan pursuant to section 25-32d,
590 provided a water company acquiring such interest in the property
591 demonstrates that such lease will improve conditions for the existing
592 public drinking water system and will not have a significant adverse
593 impact upon the present and future purity and adequacy of the public
594 drinking water supply. Any water company requesting a permit under
595 this subsection may be required to convey an easement that provides
596 for the protection of the public water supply source and shall submit
597 such easement and any provisions of the lease that pertain to the
598 protection of the public water supply to the commissioner for
599 approval.

600 Sec. 49. Subsection (a) of section 20-74bb of the general statutes is
601 repealed and the following is substituted in lieu thereof (*Effective from*
602 *passage*):

603 (a) No person shall operate a medical x-ray system unless such
604 person has obtained a license as a radiographer from the department
605 pursuant to this section. Operation of a medical x-ray system shall
606 include energizing the beam, positioning the patient, and positioning
607 or moving any equipment in relation to the patient. Each person
608 seeking licensure as a radiographer shall make application on forms
609 prescribed by the department, pay an application fee of one hundred
610 dollars and present to the department satisfactory evidence that such
611 person (1) has completed a course of study in radiologic technology in
612 a program accredited by the Committee on Allied Health Education
613 and Accreditation of the American Medical Association or its successor
614 organization, or a course of study deemed equivalent to such
615 accredited program by the American Registry of Radiologic
616 Technologists, and (2) has passed an examination prescribed by the
617 department and administered by the American Registry of Radiologic
618 Technologists.

619 Sec. 50. Subsection (a) of section 20-74ee of the general statutes is
620 repealed and the following is substituted in lieu thereof (*Effective from*

621 *passage*):

622 (a) (1) Nothing in subsection (c) of section 19a-14, as amended by
623 this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
624 construed to require licensure as a radiographer or to limit the
625 activities of a physician licensed pursuant to chapter 370, a
626 chiropractor licensed pursuant to chapter 372, a natureopath licensed
627 pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375,
628 a dentist licensed pursuant to chapter 379 or a veterinarian licensed
629 pursuant to chapter 384.

630 (2) Nothing in subsection (c) of section 19a-14, as amended by this
631 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
632 construed to require licensure as a radiographer or to limit the
633 activities of a dental hygienist licensed pursuant to chapter 379a,
634 provided such dental hygienist is engaged in the taking of dental x-
635 rays under the general supervision of a dentist licensed pursuant to
636 chapter 379.

637 (3) Nothing in subsection (c) of section 19a-14, as amended by this
638 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
639 construed to require licensure as a radiographer or to limit the
640 activities of: (A) A dental assistant as defined in section 20-112a,
641 provided such dental assistant is engaged in the taking of dental x-rays
642 under the supervision and control of a dentist licensed pursuant to
643 chapter 379 and can demonstrate successful completion of the dental
644 radiography portion of an examination prescribed by the Dental
645 Assisting National Board, or (B) a dental assistant student, intern or
646 trainee pursuing practical training in the taking of dental x-rays
647 provided such activities constitute part of a supervised course or
648 training program and such person is designated by a title which
649 clearly indicates such person's status as a student, intern or trainee.

650 (4) Nothing in subsection (c) of section 19a-14, as amended by this
651 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
652 construed to require licensure as a radiographer or to limit the

653 activities of a Nuclear Medicine Technologist certified by the Nuclear
654 Medicine Technology Certification Board or the American Registry of
655 Radiologic Technologists, provided such individual is engaged in the
656 operation of a bone densitometry system under the supervision,
657 control and responsibility of a physician licensed pursuant to chapter
658 370.

659 (5) Nothing in subsection (c) of section 19a-14, as amended by this
660 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
661 construed to require licensure as a radiographer or to limit the
662 activities of a podiatric medical assistant, provided such podiatric
663 assistant is engaged in taking of podiatric x-rays under the supervision
664 and control of a podiatrist licensed pursuant to chapter 375 and can
665 demonstrate successful completion of the podiatric radiography exam
666 as prescribed by the Connecticut Board of Podiatry Examiners.

667 (6) Nothing in subsection (c) of section 19a-14, as amended by this
668 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be
669 construed to require licensure as a radiographer or to limit the
670 activities of a physician assistant, licensed and supervised pursuant to
671 chapter 370, who is engaged in the use of fluoroscopy for guidance of
672 diagnostic and therapeutic procedures or from positioning and
673 utilizing a mini C-arm in conjunction with fluoroscopic procedures.

674 Sec. 51. (NEW) (*Effective from passage*) (a) On and after October 1,
675 2011, prior to engaging in the use of fluoroscopy for guidance of
676 diagnostic and therapeutic procedures, a physician assistant shall: (1)
677 Successfully complete a course that includes forty hours of training on
678 topics that include, but are not limited to, radiation physics, radiation
679 biology, radiation safety and radiation management applicable to
680 fluoroscopy, provided not less than ten hours of such training shall
681 address radiation safety and not less than fifteen hours of such training
682 shall address both radiation physics and radiation biology; and (2)
683 pass an examination prescribed by the Commissioner of Public Health.
684 Documentation that the physician assistant has met the requirements
685 prescribed in this subsection shall be maintained at the employment

686 site of the physician assistant and made available to the Department of
687 Public Health upon request.

688 (b) Notwithstanding the provisions of sections 20-74bb and 20-74ee
689 of the general statutes, as amended by this act, nothing shall prohibit a
690 physician assistant from engaging in the use of fluoroscopy for
691 guidance of diagnostic and therapeutic procedures or from positioning
692 and utilizing a mini C-arm in conjunction with fluoroscopic
693 procedures prior to October 1, 2011, nor require the physician assistant
694 to complete the course described in subsection (a) of this section,
695 provided such physician assistant shall pass the examination
696 prescribed by the commissioner on or before October 1, 2011. If a
697 physician assistant does not pass the required examination on or
698 before October 1, 2011, such physician assistant shall not engage in the
699 use of fluoroscopy for guidance of diagnostic and therapeutic
700 procedures or position and utilize a mini C-arm in conjunction with
701 fluoroscopic procedures until such time as such physician assistant
702 meets the requirements of subsection (a) of this section.

703 Sec. 52. Special act 09-3 is amended to read as follows (*Effective from*
704 *passage*):

705 Not later than January 1, 2010, the Commissioner of Social Services,
706 in collaboration with the Commissioners of Education and Public
707 Health, shall develop [, and implement the use of,] a single form [for]
708 that may be used by providers of preschool and child care services to
709 report the following information necessary to receive state funding: (1)
710 Daily attendance records for children enrolled in a preschool or
711 licensed child day care program; (2) daily attendance records for staff;
712 and (3) staff qualifications and work schedules. The Commissioner of
713 Social Services may develop separate additional forms for each type of
714 information listed. Any form developed pursuant to this section shall
715 be designed to facilitate collection of the information required by this
716 section by the Departments of Social Services, Education and Public
717 Health.

718 Sec. 53. (NEW) (*Effective October 1, 2009*) As used in this section and
719 sections 54 to 60, inclusive, of this act:

720 (1) "Audiologist" means an individual who engages in the practice
721 of audiology under any title or description of service incorporating the
722 words audiology, audiologist, audiological, hearing clinician, hearing
723 therapy, hearing therapist, hearing conservationist, industrial
724 audiologist, or any similar title or description of services.

725 (2) "Audiology assistant" means an unlicensed individual who
726 provides specified services under the supervision of a licensed
727 audiologist.

728 (3) "Audiometric testing" means the assessment of hearing
729 sensitivity for pure tone air conduction stimuli.

730 (4) "Certification from a national professional organization" means
731 certification issued by the American Board of Audiology or the
732 Certificate of Clinical Competence in audiology issued by the
733 American Speech-Language-Hearing Association, or any other
734 comparable certificate, awarded by a comparable national
735 organization, approved by the commissioner.

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

737 (6) "Contact hour" means a minimum of fifty minutes of continuing
738 education activity.

739 (7) "Department" means the Department of Public Health.

740 (8) "Registration period" means the one-year period for which a
741 license renewed in accordance with section 19a-88 of the general
742 statutes is current and valid.

743 (9) "Screening" means the use of test procedures, including pure
744 tone frequency testing, for the purpose of identifying those individuals
745 whose hearing may be at risk. Screening does not include diagnostic
746 testing and does not employ threshold-seeking techniques.

747 (10) "The practice of audiology" means the application of principles,
748 methods and procedures of measurement, testing, appraisal,
749 prediction, consultation and counseling and the determination and use
750 of appropriate amplification related to hearing and disorders of
751 hearing, including fitting or selling of hearing aids, for the purpose of
752 modifying communicative disorders involving speech, language,
753 auditory function or other aberrant behavior leading to hearing loss.

754 Sec. 54. (NEW) (*Effective October 1, 2009*) No person shall engage in
755 or offer to engage in the practice of audiology or represent himself as
756 an audiologist in this state unless such person is licensed or exempted
757 under the provisions of sections 53 to 59, inclusive, of this act.

758 Sec. 55. (NEW) (*Effective October 1, 2009*) (a) Except as provided in
759 subsection (c) of this section, no person shall be licensed pursuant to
760 this section until such person has successfully passed a written
761 examination prescribed by the commissioner. Application for licensure
762 shall be on forms prescribed by the department and shall be
763 accompanied by satisfactory proof that the applicant: (1) (A) If
764 graduated on or after January 1, 2007, possesses a doctorate degree in
765 audiology from a program accredited, at the time of the applicant's
766 graduation, by the educational standards board of the American
767 Speech Language-Hearing Association or its successor organization,
768 the Accreditation Commission for Audiology Education, or other
769 accreditation organization recognized by the United States Department
770 of Education to accredit audiology education programs, (B) if
771 graduated prior to January 1, 2007, possesses a master's or doctorate
772 degree in audiology from a program accredited, at the time of the
773 applicant's graduation, by the educational standards board of the
774 American Speech Language-Hearing Association, the Accreditation
775 Commission for Audiology Education, or other accreditation
776 organization recognized by the United States Department of Education
777 to accredit audiology education programs, or (C) (i) has completed an
778 integrated educational program which, at the time of the applicant's
779 completion, satisfied the educational requirements of the American
780 Speech Language-Hearing Association for the award of a certificate of

781 clinical competence; and (ii) has satisfactorily completed a minimum of
782 thirty-six weeks, including at least one thousand eighty hours of full-
783 time or a minimum of forty-eight weeks, including at least one
784 thousand four hundred forty hours of part-time professional
785 employment in audiology under the supervision of a licensed
786 audiologist. Such employment shall follow the completion of the
787 educational requirements and shall consist of at least six sessions of
788 supervision per month providing a total of at least four hours of
789 supervision per month, at least two sessions of which shall provide a
790 total of at least two hours of direct on-site observation of audiology
791 services provided by the applicant. For purposes of this section, "full-
792 time employment" means a minimum of thirty hours a week and "part-
793 time employment" means a minimum of fifteen hours a week. Persons
794 engaged in such employment under the direct supervision of a person
795 holding a valid hearing instrument specialist's license or a license as an
796 audiologist, who is authorized to fit and sell hearing aids pursuant to
797 section 20-398 of the general statutes, as amended by this act, shall not
798 be required to obtain a temporary permit pursuant to section 20-400 of
799 the general statutes, as amended by this act.

800 (b) The postgraduate supervised employment requirements of
801 subsection (a) of this section shall be waived for persons who have
802 been awarded a doctoral degree in audiology from an accredited
803 program on or after January 1, 2007.

804 (c) The commissioner may waive the written examination required
805 in subsection (a) of this section for any person who: (1) Is licensed as an
806 audiologist in another state or territory of the United States and such
807 state has licensing requirements at least equivalent to the requirements
808 in this state; or (2) holds a certificate in audiology from a national
809 professional organization, approved by the commissioner.

810 Sec. 56. (NEW) (*Effective October 1, 2009*) (a) The fee for an initial
811 license as an audiologist shall be one hundred dollars. Licenses shall be
812 renewed in accordance with section 19a-88 of the general statutes upon
813 payment of a fee of one hundred dollars.

814 (b) Except as otherwise provided in this section, for registration
815 periods beginning on and after October 1, 2011, each licensed
816 audiologist shall earn a minimum of twenty contact hours of
817 continuing education within the preceding twenty-four-month period.
818 Such continuing education shall be in an area of the licensee's practice
819 and shall reflect the professional needs of the licensee in order to meet
820 the audiology health care needs of the public. Qualifying continuing
821 education shall consist of courses, workshops, conferences,
822 professional journals, and activities offered on-line or in-person, that
823 are accepted or approved by national or state audiology organizations,
824 associations or societies for continuing education, as well as other
825 related professional societies and organizations as appropriate to the
826 educational needs of the licensee. Audiology related graduate level
827 coursework offered by an accredited college or university is also
828 acceptable. One credit hour for each hour of attendance shall be
829 recognized. Audited courses shall have hours of attendance
830 documented.

831 (c) Each licensee applying for license renewal pursuant to section
832 19a-88 of the general statutes shall sign a statement attesting that he or
833 she has satisfied the continuing education requirements of subsection
834 (b) of this section in a format prescribed by the department. Each
835 licensee shall retain records of attendance or certificates of completion
836 that demonstrate compliance with such continuing education
837 requirements for a minimum of three years following the year in
838 which the continuing education activities were completed and shall
839 submit such records to the department for inspection not later than
840 forty-five days after a request by the department for such records.

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

844 (e) A licensee who is not engaged in active professional practice in
845 any form during a registration period shall be exempt from the
846 continuing education requirements of this section, provided the

847 licensee submits to the department, prior to the expiration of the
848 registration period, a notarized application for exemption on a form
849 prescribed by the department and such other documentation as may
850 be required by the department. The application for exemption
851 pursuant to this subsection shall contain a statement that the licensee
852 may not engage in professional practice until the licensee has met the
853 continuing education requirements of this section.

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

868 (g) Any licensee whose license has become void pursuant to section
869 19a-88 of the general statutes and who applies to the department for
870 reinstatement of such license pursuant to section 19a-14 of the general
871 statutes, as amended by this act, shall submit evidence documenting
872 successful completion of ten contact hours of continuing education
873 within the one-year period immediately preceding application for
874 reinstatement.

875 Sec. 57. (NEW) (*Effective October 1, 2009*) Nothing in sections 53 to
876 59, inclusive, of this act shall be construed as prohibiting:

877 (1) Consulting with or disseminating research findings and scientific
878 information to accredited academic institutions or governmental

879 agencies or offering lectures to the public for a fee, monetary or
880 otherwise;

881 (2) The activities and services of a graduate student or audiology
882 intern in audiology at an accredited or approved college or university
883 or a clinical training facility approved by the department, provided
884 these activities and services constitute a part of his or her supervised
885 course of study and that such person is designated as "Audiology
886 Intern", "Audiology Trainee", or other such title clearly indicating the
887 training status appropriate to his or her level of training;

888 (3) (A) A person from another state offering audiology services in
889 this state, provided such services are performed for no more than five
890 days in any calendar year and provided such person meets the
891 qualifications and requirements for licensing in this state; or (B) a
892 person from another state who is licensed or certified as an audiologist
893 by a similar authority of another state, or territory of the United States,
894 or of a foreign country or province whose standards are equivalent to
895 or higher than, the requirements of sections 53 to 59, inclusive, of this
896 act and regulations adopted under this section, or a person who meets
897 such qualifications and requirements and resides in a state or territory
898 of the United States, or a foreign country or province, which does not
899 grant certification or license to audiologists, from offering audiology
900 services in this state for a total of not more than thirty days in any
901 calendar year;

902 (4) The activities and services of a person who meets the
903 requirements of subsection (a) of section 55 of this act, while such
904 person is engaged in full or part-time employment in fulfillment of the
905 professional employment requirement of said subsection;

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

910 (6) The activity and services of hearing aid dealers;

911 (7) Any person possessing a valid certificate issued by the Council
912 for Accreditation in Occupational Hearing Conservation, or another
913 organization recognized by the commissioner, as a certified industrial
914 audiometric technician or occupational hearing conservationist from
915 an organization recognized by the commissioner, if such service is
916 performed in cooperation with either an audiologist licensed under
917 sections 53 to 59, inclusive, of this act or a licensed physician.

918 (8) Audiometric tests administered pursuant to the United States
919 Occupational Safety Act of 1970, by employees of the state or by a
920 person engaged in a business in which such tests are reasonably
921 required, and the persons administering such tests do not perform any
922 other functions for which a license is required under sections 53 to 59,
923 inclusive, of this act; or

924 (9) A person licensed or registered by this state in another
925 profession from practicing the profession for which he or she is
926 licensed or registered.

927 Sec. 58. (NEW) (*Effective October 1, 2009*) (a) The commissioner may
928 refuse to issue a license or may suspend or revoke the license of any
929 licensee or take any of the actions set forth in section 19a-17 of the
930 general statutes in circumstances which have endangered or are likely
931 to endanger the health, welfare, or safety of the public. Such
932 circumstances include, but are not limited to, the following:

933 (1) Obtaining a license by means of fraud or material
934 misrepresentation or engaging in fraud or material deception in the
935 course of professional services or activities;

936 (2) Violation of professional conduct guidelines or code of ethics as
937 established by regulations adopted by the department;

938 (3) Violation of any provision of sections 53 to 59, inclusive, of this
939 act or regulations of Connecticut state agencies;

940 (4) Physical or mental illness or emotional disorder or loss of motor

941 skill, including, but not limited to, deterioration through the aging
942 process;

943 (5) Abuse or excessive use of drugs, including alcohol, narcotics or
944 chemicals; or

945 (6) Illegal, incompetent or negligent conduct in the practice of
946 audiology.

947 (b) The commissioner may order a license holder to submit to a
948 reasonable physical or mental examination if his physical or mental
949 capacity to practice safely is the subject of an investigation. Said
950 commissioner may petition the Superior Court for the judicial district
951 of Hartford-New Britain to enforce such order or any action taken
952 pursuant to section 19a-17 of the general statutes.

953 Sec. 59. (NEW) (*Effective October 1, 2009*) (a) An audiology assistant
954 shall work under the direct, on-site supervision of a licensed
955 audiologist. An audiologist supervising an audiology assistant shall
956 assume responsibility for all services provided by the assistant.

957 (b) An audiology assistant may not engage in any of the following
958 activities:

959 (1) Interpreting obtained observations or data into diagnostic
960 statements of clinical management or procedures;

961 (2) Determining case selection;

962 (3) Transmitting clinical information including data or impressions
963 relative to client performance, behavior or progress, whether verbally
964 or in writing, to anyone other than the audiologist;

965 (4) Independently composing clinical reports except for progress
966 notes to be held in the patient's file;

967 (5) Referring a patient to other agencies; or

968 (6) Using any title, either verbally or in writing, other than that

969 determined by the audiologist or any title implying that the individual
970 is licensed as an audiologist.

971 Sec. 60. (NEW) (*Effective October 1, 2009*) Any person who violates
972 any of the provisions of sections 53 to 59, inclusive, of this act or the
973 regulations adopted under sections 53 to 59, inclusive, of this act, shall
974 be fined not more than five hundred dollars or imprisoned not more
975 than five years, or be both fined and imprisoned. For purposes of this
976 section, each instance of patient contact or consultation, which is in
977 violation of any provision of sections 53 to 59, inclusive, of this act,
978 shall constitute a separate offense. Failure to renew a license in a
979 timely manner shall not constitute a violation for the purposes of this
980 section.

981 Sec. 61. Section 20-408 of the general statutes is repealed and the
982 following is substituted in lieu thereof (*Effective October 1, 2009*):

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

984 (1) "The practice of speech and language pathology" means the
985 application of principles, methods and procedures for the
986 measurement, testing, diagnosis, prediction, counseling or instruction
987 relating to the development and disorders of speech, voice or language
988 or feeding and swallowing or other upper aerodigestive functions for
989 the purpose of diagnosing, preventing, treating, ameliorating or
990 modifying such disorders and conditions in individuals or groups of
991 individuals, and includes screening individuals for hearing loss or
992 middle ear pathology using otoacoustic emissions screening, screening
993 tympanometry or conventional pure-tone air conduction methods,
994 including otoscopic inspection.

995 (2) "Licensed speech and language pathologist" means a person
996 licensed under this chapter to practice speech and language pathology.
997 "Speech and language pathologist" includes an individual who
998 engages in the practice of speech and language pathology under any
999 title or description of service incorporating the words speech
1000 pathologist, speech pathology, speech therapist, speech therapy,

1001 speech correction, speech correctionist, speech clinician, language
1002 pathologist, language pathology, aphasiologist, aphasia therapist,
1003 voice therapy, voice therapist, voice pathologist, phoniatriest,
1004 communication disorder specialist, communication specialist or any
1005 similar titles or description of services.

1006 [(3) "The practice of audiology" means the application of principles,
1007 methods and procedures of measurement, testing, appraisal,
1008 prediction, consultation and counseling and the determination and use
1009 of appropriate amplification related to hearing and disorders of
1010 hearing, including the fitting or selling of hearing aids, for the purpose
1011 of modifying communicative disorders involving speech, language,
1012 auditory function or other aberrant behavior related to hearing loss.

1013 (4) "Licensed audiologist" means a person licensed under this
1014 chapter to practice audiology.]

1015 [(5)] (3) "Commissioner" means the Commissioner of Public Health.

1016 [(6)] (4) "Department" means the Department of Public Health.

1017 Sec. 62. Section 20-410 of the general statutes is repealed and the
1018 following is substituted in lieu thereof (*Effective October 1, 2009*):

1019 No person shall engage in or offer to engage in the practice of
1020 speech and language pathology [or audiology] or represent himself as
1021 a speech and language pathologist [or audiologist] in this state unless
1022 such person is licensed or exempted under the provisions of this
1023 chapter.

1024 Sec. 63. Section 20-411 of the general statutes is repealed and the
1025 following is substituted in lieu thereof (*Effective October 1, 2009*):

1026 (a) Except as provided in subsection (b) of this section no person
1027 shall be licensed under this chapter until such person has successfully
1028 passed a written examination, the subject and scope of which shall be
1029 determined by the commissioner. Application for such examination
1030 shall be on forms prescribed and furnished by the department and

1031 accompanied by satisfactory proof that the applicant: (1) Is of good
1032 professional character; (2) possesses a master's or doctorate degree in
1033 speech and language pathology [or audiology] from a program
1034 accredited, at the time of the applicant's graduation, by the educational
1035 standards board of the American Speech-Language Hearing
1036 Association or such successor organization as may be approved by the
1037 department, or has completed an integrated educational program
1038 which, at the time of the applicant's completion, satisfied the
1039 educational requirements of said organization for the award of a
1040 certificate of clinical competence; (3) has [had] satisfactorily completed
1041 a minimum of thirty-six weeks, [and] including not less than one
1042 thousand eighty hours of full-time, or a minimum of forty-eight weeks,
1043 [and] including not less than one thousand four hundred forty hours
1044 of part-time professional employment in speech and language
1045 pathology [or audiology] under the supervision of a licensed or
1046 certified speech and language pathologist, [or audiologist.] Such
1047 employment shall follow the completion of the educational
1048 requirements of subdivision (2) of this subsection and shall consist of
1049 at least six sessions of supervision per month providing a total of at
1050 least four hours of supervision per month, at least two sessions of
1051 which shall provide a total of at least two hours of direct on-site
1052 observation of audiology services provided by the applicant. [Persons
1053 engaged in such employment under the direct supervision of a person
1054 holding a valid hearing instrument specialist's license or as an
1055 audiologist under this chapter who is authorized to fit and sell hearing
1056 aids pursuant to section 20-398 shall not be required to obtain a
1057 temporary permit pursuant to section 20-400.] "Full-time employment"
1058 means a minimum of thirty hours a week and "part-time employment"
1059 means a minimum of fifteen hours a week. [The postgraduate
1060 supervised employment requirements of subdivision (3) of this
1061 subsection shall be waived for persons who meet the January 1, 2007,
1062 Standards for the Certificate of Clinical Competence in Audiology of
1063 the American Speech-Language Hearing Association, or its successor
1064 organization.]

1065 (b) The commissioner may waive the written examination for any
1066 person who (1) is licensed as a speech and language pathologist [or
1067 audiologist] in another state or territory of the United States and such
1068 state or territory has licensing requirements at least equivalent to the
1069 requirements in this state; or (2) holds a certificate from a national
1070 professional organization, approved by the commissioner, in speech
1071 and language pathology. [or audiology.]

1072 Sec. 64. Section 20-412 of the general statutes is repealed and the
1073 following is substituted in lieu thereof (*Effective October 1, 2009*):

1074 The fee for an initial license as provided for in section 20-411, as
1075 amended by this act, as a speech and language pathologist [or
1076 audiologist] shall be one hundred dollars. [and for a combined license
1077 as a speech and language pathologist and audiologist shall be one
1078 hundred eighty dollars.] Licenses shall expire in accordance with
1079 section 19a-88 and shall become invalid unless renewed. Renewal may
1080 be effected upon payment of a fee of one hundred dollars and in
1081 accordance with section 19a-88.

1082 Sec. 65. Section 20-413 of the general statutes is repealed and the
1083 following is substituted in lieu thereof (*Effective October 1, 2009*):

1084 Nothing in this chapter shall be construed as prohibiting:

1085 (1) Consulting with or disseminating research findings and scientific
1086 information to accredited academic institutions or governmental
1087 agencies or offering lectures to the public for a fee, monetary or
1088 otherwise;

1089 (2) The activities and services of a graduate student or speech and
1090 language pathology intern in speech and language pathology pursuing
1091 a course of study leading to a graduate degree in speech and language
1092 pathology at an accredited or approved college or university or a
1093 clinical training facility approved by the department, provided these
1094 activities and services constitute a part of his supervised course of
1095 study and that such person is designated as "Speech and Language

1096 Pathology Intern", "Speech and Language Pathology Trainee", or other
1097 such title clearly indicating the training status appropriate to his level
1098 of training;

1099 [(3) The activities and services of a graduate student or audiology
1100 intern in audiology at an accredited or approved college or university
1101 or a clinical training facility approved by the department, provided
1102 these activities and services constitute a part of his supervised course
1103 of study and that such person is designated as "Audiology Intern",
1104 "Audiology Trainee", or other such title clearly indicating the training
1105 status appropriate to his level of training;]

1106 [(4)] (3) (A) A person from another state offering speech and
1107 language pathology [or audiology] services in this state, provided such
1108 services are performed for no more than five days in any calendar year
1109 and provided such person meets the qualifications and requirements
1110 for licensing in this state; or (B) a person from another state who is
1111 licensed or certified as a speech and language pathologist [or
1112 audiologist] by a similar authority of another state, or territory of the
1113 United States, or of a foreign country or province whose standards are
1114 equivalent to or higher than, at the date of his certification or licensure,
1115 the requirements of this chapter and regulations adopted hereunder,
1116 or a person who meets such qualifications and requirements and
1117 resides in a state or territory of the United States, or a foreign country
1118 or province which does not grant certification or license to speech and
1119 language pathologists, [or audiologists,] from offering speech and
1120 language pathology [or audiology] services in this state for a total of
1121 not more than thirty days in any calendar year;

1122 [(5)] (4) The activities and services of a person who meets the
1123 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
1124 411, as amended by this act, while such person is engaged in full or
1125 part-time employment in fulfillment of the professional employment
1126 requirement of subdivision (3) of said subsection (a);

1127 [(6) Nurses and other personnel from engaging in screening and

1128 audiometric testing, under the supervision of a licensed physician,
1129 surgeon or audiologist, for the purpose of identifying those persons
1130 whose sensitivity of hearing is below the standard acceptable level;

1131 (7) The activity and services of hearing instrument specialists;]

1132 [(8)] [5] The use of supervised support personnel to assist licensed
1133 speech and language pathologists with tasks that are (A) designed by
1134 the licensed speech and language pathologists being assisted, (B)
1135 routine, and (C) related to maintenance of assistive and prosthetic
1136 devices, recording and charting or implementation of evaluation or
1137 intervention plans. For purposes of this subdivision, "supervised"
1138 means (i) not more than three support personnel are assisting one
1139 licensed speech and language pathologist, (ii) in-person
1140 communication between the licensed speech and language pathologist
1141 and support personnel is available at all times, and (iii) the licensed
1142 speech and language pathologist provides the support personnel with
1143 regularly scheduled direct observation, guidance, direction and
1144 conferencing for not less than thirty per cent of client contact time for
1145 the support personnel's first ninety workdays and for not less than
1146 twenty per cent of client contact time thereafter.

1147 Sec. 66. Section 20-416 of the general statutes is repealed and the
1148 following is substituted in lieu thereof (*Effective October 1, 2009*):

1149 (a) Proceedings under this chapter and any appeals from the
1150 decisions or orders of the commissioner shall be in accordance with the
1151 provisions of chapter 54 and the regulations adopted by the
1152 Commissioner of Public Health.

1153 (b) The department [shall] may adopt regulations in accordance
1154 with chapter 54 for the administration of this chapter and for the
1155 conduct of the practice of speech and language pathology. [and
1156 audiology.]

1157 Sec. 67. (NEW) (*Effective October 1, 2009*) (a) Except as otherwise
1158 provided in this section, for registration periods beginning on and after

1159 October 1, 2011, each speech and language pathologist licensed under
1160 chapter 399 of the general statutes shall earn a minimum of twenty
1161 contact hours of continuing education within the preceding twenty-
1162 four-month period. Such continuing education shall be in an area of
1163 the licensee's practice and shall reflect the professional needs of the
1164 licensee in order to meet the speech and language pathology needs of
1165 the public.

1166 (b) Qualifying continuing education activities include, but are not
1167 limited to, workshops or courses, including on-line courses and journal
1168 studies with content accepted by the American-Speech-Language
1169 Hearing Association or such successor organization as may be
1170 approved by the department, offered by national and state speech-
1171 language-hearing associations, other regional speech-language groups,
1172 or other related professional societies and organizations as appropriate
1173 to the educational needs of the licensee, state and local education
1174 agencies, hospitals or other health care institutions, and accredited
1175 colleges and universities. One credit hour for each hour of attendance
1176 shall be recognized. Audited courses shall have hours of attendance
1177 documented.

1178 (c) Each licensee applying for license renewal pursuant to section
1179 19a-88 of the general statutes shall sign a statement attesting that he or
1180 she has satisfied the continuing education requirements of subsection
1181 (b) of this section in a format prescribed by the department. Each
1182 licensee shall retain records of attendance or certificates of completion
1183 that demonstrate compliance with such continuing education
1184 requirements for a minimum of three years following the year in
1185 which the continuing education activities were completed and shall
1186 submit such records to the department for inspection not later than
1187 forty-five days after a request by the department for such records.

1188 (d) A licensee applying for the first time for license renewal
1189 pursuant to section 19a-88 of the general statutes is exempt from the
1190 continuing education requirements of this section.

1191 (e) A licensee who is not engaged in active professional practice in
1192 any form during a registration period shall be exempt from the
1193 continuing education requirements of this section, provided the
1194 licensee submits to the department, prior to the expiration of the
1195 registration period, a notarized application for exemption on a form
1196 prescribed by the department and such other documentation as may
1197 be required by the department. The application for exemption
1198 pursuant to this subsection shall contain a statement that the licensee
1199 may not engage in professional practice until the licensee has met the
1200 continuing education requirements of this section.

1201 (f) In individual cases involving medical disability or illness, the
1202 commissioner may, in the commissioner's discretion, grant a waiver of
1203 the continuing education requirements or an extension of time within
1204 which to fulfill the continuing education requirements of this section to
1205 any licensee, provided the licensee submits to the department, prior to
1206 the expiration of the registration period, an application for waiver on a
1207 form prescribed by the department, along with a certification by a
1208 licensed physician of the disability or illness and such other
1209 documentation as may be required by the commissioner. The
1210 commissioner may grant a waiver or extension for a period not to
1211 exceed one registration period, except that the commissioner may
1212 grant additional waivers or extensions if the medical disability or
1213 illness upon which a waiver or extension is granted continues beyond
1214 the period of the waiver or extension and the licensee applies for an
1215 additional waiver or extension.

1216 (g) Any licensee whose license has become void pursuant to section
1217 19a-88 of the general statutes and who applies to the department for
1218 reinstatement of such license pursuant to section 19a-14 of the general
1219 statutes, as amended by this act, shall submit evidence documenting
1220 successful completion of ten contact hours of continuing education
1221 within the one-year period immediately preceding application for
1222 reinstatement.

1223 Sec. 68. (NEW) (*Effective October 1, 2009*) (a) As used in this section:

1224 (1) "Direct supervision" means a radiologist must be present in the
1225 office suite and immediately available to furnish assistance and
1226 direction throughout the performance of the procedure;

1227 (2) "Personal supervision" means a radiologist must be in attendance
1228 in the room during the performance of the procedure;

1229 (3) "Radiologist assistant" means a radiologic technologist who is
1230 licensed pursuant to chapter 376c of the general statutes, and who: (A)
1231 Has graduated from a radiologist assistant education program
1232 recognized by the American Registry of Radiologic Technologists; (B)
1233 has passed the radiologist assistant examination offered by the
1234 American Registry of Radiologic Technologists; (C) maintains a
1235 current license in good standing as a radiologic technologist in
1236 Connecticut; (D) holds current certification in advanced cardiac life
1237 support; (E) maintains current certification with the American Registry
1238 of Radiologic Technologists as a radiographer; (F) maintains current
1239 certification with the American Registry of Radiologic Technologists as
1240 a radiologist assistant; and (G) maintains professional liability
1241 insurance or other indemnity against liability for professional
1242 malpractice in an amount that shall not be less than five hundred
1243 thousand dollars for one person, per occurrence, with an aggregate of
1244 not less than one million five hundred thousand dollars;

1245 (4) "Supervising radiologist" means a physician who is licensed
1246 pursuant to chapter 370 of the general statutes and who is board
1247 certified in radiology, who assumes responsibility for the supervision
1248 of services rendered by a radiologist assistant; and

1249 (5) "Supervision" means the exercise by the supervising radiologist
1250 of oversight, control and direction of the services of a radiologist
1251 assistant. Supervision includes, but is not limited to: (A) Continuous
1252 availability of direct communication between the supervising
1253 radiologist and the radiologist assistant; (B) active and continuing
1254 overview of the radiologist assistant's activities to ensure that the
1255 supervising radiologist's directions are being implemented and to

1256 support the radiologist assistant in the performance of his or her
1257 services; (C) personal review by the supervising radiologist of the
1258 radiologist assistant's practice at least weekly or more frequently as
1259 necessary to ensure quality patient care; (D) review of the charts and
1260 records of the radiologist assistant on a regular basis, as necessary, to
1261 ensure quality patient care; and (E) delineation of a predetermined
1262 plan for emergency situations.

1263 (b) Nothing in chapter 370 of the general statutes shall be construed
1264 to prohibit a radiologist assistant from performing radiologic
1265 procedures under the direct supervision and direction of a physician
1266 who is licensed pursuant to chapter 370 of the general statutes and
1267 who is board certified in radiology. A radiologist assistant may
1268 perform radiologic procedures delegated by a supervising radiologist
1269 provided: (1) The supervising radiologist is satisfied as to the ability
1270 and competency of the radiologist assistant; (2) such delegation is
1271 consistent with the health and welfare of the patient and in keeping
1272 with sound medical practice; (3) the supervising radiologist shall
1273 assume full control and responsibility for all procedures performed by
1274 the radiologist assistant; and (4) such procedures shall be performed
1275 under the oversight, control and direction of the supervising
1276 radiologist. Delegated procedures shall be implemented in accordance
1277 with written protocols established by the supervising radiologist. In
1278 addition to those procedures that the supervising radiologist deems
1279 appropriate to be performed under personal supervision, the following
1280 procedures, including contrast media administration and needle or
1281 catheter placement, must be performed under personal supervision:
1282 (A) Lumbar puncture under fluoroscopic guidance, (B) lumbar
1283 myelogram, (C) thoracic or cervical myelogram, (D) nontunneled
1284 venous central line placement, venous catheter placement for dialysis,
1285 breast needle localization, and (E) ductogram.

1286 (c) A radiologist assistant shall not: (1) Interpret images, (2) make
1287 diagnoses, (3) prescribe medications or therapies, or (4) administer
1288 anesthesia.

1289 (d) Each radiologist assistant practicing in this state shall have a
1290 clearly identified supervising radiologist who maintains the final
1291 responsibility for the care of patients and the performance of the
1292 radiologist assistant. A licensed radiologist may function as a
1293 supervising radiologist for no more than two full-time radiologist
1294 assistants concurrently, or the part-time equivalent thereof. Any
1295 services provided by the radiologist assistant must be performed at
1296 either the physical location of the supervising radiologist's primary
1297 medical practice or within any health care facility where the
1298 supervising radiologist holds staff privileges.

1299 (e) Nothing in this section shall be construed to apply to the
1300 activities and services of a person who is enrolled in a radiologist
1301 assistant education program recognized by the American Registry of
1302 Radiologic Technologists provided such activities and services are
1303 incidental to the course of study.

1304 Sec. 69. (NEW) (*Effective from passage*) (a) As used in this section,
1305 "abandoned cemetery" means a cemetery (1) in which no burial has
1306 occurred during the previous forty years and in which the lots or
1307 graves have not been maintained during the previous ten years except
1308 for maintenance rendered by the municipality in which such cemetery
1309 is located, (2) in which one burial has occurred in the past forty years, a
1310 permit was issued under section 7-65 of the general statutes after such
1311 burial, or (3) in which no lots have been sold in the previous forty
1312 years and in which most lots and graves have not been maintained
1313 during the previous ten years except for maintenance rendered by the
1314 municipality in which such cemetery is located.

1315 (b) Any municipality may acquire an abandoned cemetery,
1316 including ownership of any occupied or unoccupied lots or grave sites
1317 in such cemetery. Such municipality may cause a survey of such
1318 cemetery to be completed in order to ascertain the extent of such
1319 cemetery. The municipality shall use due diligence in identifying any
1320 owners of the abandoned cemetery or any of the cemetery's occupied
1321 or unoccupied lots or grave sites and shall provide notice to such

1322 owners of the municipality's intention to acquire the abandoned
1323 cemetery. In the event that a municipality is unable to locate such an
1324 owner, the municipality shall publish notice of its intention to acquire
1325 the abandoned cemetery in a newspaper having a general circulation
1326 in such municipality. Such notice shall be published for a period of
1327 three consecutive weeks.

1328 (c) The notice described in subsection (b) of this section shall give a
1329 basic description of the abandoned cemetery, by reference to the
1330 municipality's tax maps, and shall set a date and place where
1331 objections to the acquisition of the cemetery by the municipality will be
1332 heard.

1333 (d) Any owner who receives notice pursuant to subsection (b) of this
1334 section may reassert his or her right of ownership over the abandoned
1335 cemetery, occupied or unoccupied lot or grave site, as applicable, by
1336 sending written notice of his or her objection to the municipality not
1337 later than fourteen days after his or her receipt of notice pursuant to
1338 subsection (b) of this section. Any owner who reasserts his or her
1339 rights pursuant to this subsection shall promptly comply with all
1340 municipal ordinances concerning such abandoned cemetery, occupied
1341 or unoccupied lot or grave site.

1342 (e) In the event that no objection is received by the municipality
1343 pursuant to subsection (d) of this section not later than fifteen days
1344 after the last date of publication of the notice described in subsections
1345 (b) and (c) of this section, title to such abandoned cemetery and any
1346 occupied or unoccupied lots or graves shall vest in such municipality.
1347 Whenever title vests in a municipality pursuant to this subsection,
1348 such municipality shall record a confirmation of such vesting,
1349 including a basic description of the cemetery, on the land records of
1350 the municipality in which such cemetery is located.

1351 (f) If title to an abandoned cemetery vests with a municipality
1352 pursuant to subsection (e) of this section, such municipality shall
1353 maintain title to such cemetery, shall not transfer title to such

1354 cemetery, and shall maintain the characteristics of such cemetery and
1355 make no changes in the use of such cemetery land. The municipality
1356 may appoint a superintendent or sexton for such cemetery pursuant to
1357 section 19a-297 of the general statutes, and may appropriate funds as
1358 necessary for the care, maintenance and support of such cemetery.

1359 Sec. 70. (NEW) (*Effective from passage*) (a) On or after September 21,
1360 2009, Sunshine House, Inc. shall establish a pilot program creating a
1361 freestanding children's comfort care center that shall provide comfort
1362 care for children with limited life expectancy and their families. Such
1363 care may include, but need not be limited to: (1) Respite care for
1364 children and their families, such respite care being available to families
1365 intermittently during the course of their child's illness; (2) end-of-life
1366 care for children that includes whole child care in a child-centered,
1367 family-oriented, home-like setting for families who need a home-like
1368 option other than the family home; and (3) whole family care
1369 consisting of supportive care for the whole family including
1370 accommodation for parents, specialized support for siblings and others
1371 important to the child and bereavement support.

1372 (b) On or before September 30, 2011, such pilot program shall
1373 comply with the provisions of sections 19a-638 and 19a-639 of the
1374 general statutes.

1375 (c) On or before September 30, 2014, such pilot program shall
1376 comply with the provisions of section 19a-491 of the general statutes.

1377 (d) If Sunshine House, Inc. fails to comply with the provisions of
1378 subsections (b) and (c) of this section, the pilot program established
1379 pursuant to subsection (a) of this section shall terminate.

1380 Sec. 71. Subsection (a) of section 19a-180 of the general statutes is
1381 repealed and the following is substituted in lieu thereof (*Effective from*
1382 *passage*):

1383 (a) No person shall operate any ambulance service, rescue service or
1384 management service without either a license or a certificate issued by

1385 the commissioner. No person shall operate a commercial ambulance
1386 service or commercial rescue service or a management service without
1387 a license issued by the commissioner. A certificate shall be issued to
1388 any volunteer or municipal ambulance service which shows proof
1389 satisfactory to the commissioner that it meets the minimum standards
1390 of the commissioner in the areas of training, equipment and personnel.
1391 No license or certificate shall be issued to any volunteer, municipal or
1392 commercial ambulance service, rescue service or management service,
1393 as defined in subdivision (19) of section 19a-175, unless it meets the
1394 requirements of subsection (e) of section 14-100a. Applicants for a
1395 license shall use the forms prescribed by the commissioner and shall
1396 submit such application to the commissioner accompanied by an
1397 annual fee of one hundred dollars. In considering requests for
1398 approval of permits for new or expanded emergency medical services
1399 in any region, the commissioner shall consult with the Office of
1400 Emergency Medical Services and the emergency medical services
1401 council of such region and shall hold a public hearing to determine the
1402 necessity for such services. Written notice of such hearing shall be
1403 given to current providers in the geographic region where such new or
1404 expanded services would be implemented, provided, any volunteer
1405 ambulance service which elects not to levy charges for services
1406 rendered under this chapter shall be exempt from the provisions
1407 concerning requests for approval of permits for new or expanded
1408 emergency medical services set forth in this subsection. A primary
1409 service area responder [in a municipality in which the applicant
1410 operates or proposes to operate] that operates in the service area
1411 identified in the application shall, upon request, be granted intervenor
1412 status with opportunity for cross-examination. Each applicant for
1413 licensure shall furnish proof of financial responsibility which the
1414 commissioner deems sufficient to satisfy any claim. The commissioner
1415 may adopt regulations, in accordance with the provisions of chapter
1416 54, to establish satisfactory kinds of coverage and limits of insurance
1417 for each applicant for either licensure or certification. Until such
1418 regulations are adopted, the following shall be the required limits for
1419 licensure: (1) For damages by reason of personal injury to, or the death

1420 of, one person on account of any accident, at least five hundred
1421 thousand dollars, and more than one person on account of any
1422 accident, at least one million dollars, (2) for damage to property at least
1423 fifty thousand dollars, and (3) for malpractice in the care of one
1424 passenger at least two hundred fifty thousand dollars, and for more
1425 than one passenger at least five hundred thousand dollars. In lieu of
1426 the limits set forth in subdivisions (1) to (3), inclusive, of this
1427 subsection, a single limit of liability shall be allowed as follows: (A) For
1428 damages by reason of personal injury to, or death of, one or more
1429 persons and damage to property, at least one million dollars; and (B)
1430 for malpractice in the care of one or more passengers, at least five
1431 hundred thousand dollars. A certificate of such proof shall be filed
1432 with the commissioner. Upon determination by the commissioner that
1433 an applicant is financially responsible, properly certified and otherwise
1434 qualified to operate a commercial ambulance service, rescue service or
1435 management service, the commissioner shall issue the appropriate
1436 license effective for one year to such applicant. If the commissioner
1437 determines that an applicant for either a certificate or license is not so
1438 qualified, the commissioner shall notify such applicant of the denial of
1439 the application with a statement of the reasons for such denial. Such
1440 applicant shall have thirty days to request a hearing on the denial of
1441 the application.

1442 Sec. 72. Section 20-7a of the general statutes is repealed and the
1443 following is substituted in lieu thereof (*Effective July 1, 2009*):

1444 (a) Any practitioner of the healing arts who agrees with any clinical
1445 laboratory, either private or hospital, to make payments to such
1446 laboratory for individual tests or test series for patients shall disclose
1447 on the bills to patients or third party payors the name of such
1448 laboratory, the amount or amounts charged by such laboratory for
1449 individual tests or test series and the amount of his procurement or
1450 processing charge, if any, for each test or test series. Any person who
1451 violates the provisions of this section shall be fined not more than one
1452 hundred dollars.

1453 (b) Each practitioner of the healing arts who recommends a test to
1454 aid in the diagnosis of a patient's physical condition shall, to the extent
1455 the practitioner is reasonably able, inform the patient of the
1456 approximate range of costs of such test.

1457 (c) Each practitioner of the healing arts who (1) has an ownership or
1458 investment interest in an entity that provides diagnostic or therapeutic
1459 services, or (2) receives compensation or remuneration for referral of
1460 patients to an entity that provides diagnostic or therapeutic services
1461 shall disclose such interest to any patient prior to referring such patient
1462 to such entity for diagnostic or therapeutic services and provide
1463 reasonable referral alternatives. Such information shall be verbally
1464 disclosed to each patient or shall be posted in a conspicuous place
1465 visible to patients in the practitioner's office. The posted information
1466 shall list the therapeutic and diagnostic services in which the
1467 practitioner has an ownership or investment interest and therapeutic
1468 and diagnostic services from which the practitioner receives
1469 compensation or remuneration for referrals and state that alternate
1470 referrals will be made upon request. Therapeutic services include
1471 physical therapy, radiation therapy, intravenous therapy and
1472 rehabilitation services including physical therapy, occupational
1473 therapy or speech and language pathology, or any combination of such
1474 therapeutic services. This subsection shall not apply to in-office
1475 ancillary services. As used in this subsection, "ownership or
1476 investment interest" does not include ownership of investment
1477 securities that are purchased by the practitioner on terms available to
1478 the general public and are publicly traded; and "entity that provides
1479 diagnostic or therapeutic services" includes services provided by an
1480 entity that is within a hospital but is not owned by the hospital.
1481 Violation of this subsection constitutes conduct subject to disciplinary
1482 action under subdivision (6) of subsection (a) of section 19a-17.

1483 (d) No person or entity, other than a physician licensed under
1484 chapter 370, clinical laboratory, as defined in section 19a-30, or a
1485 referring clinical laboratory, shall directly or indirectly charge, bill or
1486 otherwise solicit payment for the provision of anatomic pathology

1487 services, unless such services were personally rendered by or under
1488 the direct supervision of such physician, clinical laboratory or referring
1489 laboratory in accordance with section 353 of the Public Health Service
1490 Act, (42 USC 263a). A clinical laboratory or referring laboratory may
1491 only solicit payment for anatomic pathology services from the patient,
1492 a hospital, the responsible insurer of a third party payor, or a
1493 governmental agency or such agency's public or private agent that is
1494 acting on behalf of the recipient of such services. Nothing in this
1495 subsection shall be construed to prohibit a clinical laboratory from
1496 billing a referring clinical laboratory when specimens are transferred
1497 between such laboratories for histologic or cytologic processing or
1498 consultation. No patient or other third party payor, as described in this
1499 subsection, shall be required to reimburse any provider for charges or
1500 claims submitted in violation of this section. For purposes of this
1501 subsection, (1) "referring clinical laboratory" means a clinical
1502 laboratory that refers a patient specimen for consultation or anatomic
1503 pathology services, excluding the laboratory of a physician's office or
1504 group practice that takes a patient specimen and does not perform the
1505 professional diagnostic component of the anatomic pathology services
1506 involved, and (2) "anatomic pathology services" means the gross and
1507 microscopic examination and histologic or cytologic processing of
1508 human specimens, including histopathology or surgical pathology,
1509 cytopathology, hematology, subcellular pathology or molecular
1510 pathology or blood banking service performed by a pathologist.

1511 Sec. 73. Subsection (a) of section 46b-24 of the general statutes is
1512 repealed and the following is substituted in lieu thereof (*Effective*
1513 *October 1, 2009*):

1514 (a) No persons may be joined in marriage in this state until both
1515 have complied with the provisions of sections 46b-24, 46b-25 and 46b-
1516 29 to 46b-33, inclusive, and have been issued a license by the registrar
1517 for the town in which [(1)] the marriage is to be celebrated, [or (2)
1518 either person to be joined in marriage resides,] which license shall bear
1519 the certification of the registrar that the persons named therein have
1520 complied with the provisions of said sections.

1521 Sec. 74. (*Effective from passage*) On or before July 1, 2009, the
1522 Department of Public Health shall submit, in accordance with the
1523 provisions of section 11-4a of the general statutes, to the joint standing
1524 committee of the General Assembly having cognizance of matters
1525 relating to public health, the state-wide health information technology
1526 plan developed pursuant to section 19a-25d of the general statutes, as
1527 amended by this act.

1528 Sec. 75. (NEW) (*Effective from passage*) (a) On and after July 1, 2009,
1529 the Department of Public Health shall be the lead health information
1530 exchange organization for the state. The department shall seek private
1531 and federal funds, including funds made available pursuant to the
1532 federal American Recovery and Reinvestment Act of 2009, for the
1533 initial development of a state-wide health information exchange. Any
1534 private or federal funds received by the department may be used for
1535 the purpose of establishing health information technology pilot
1536 programs and the grant programs described in section 77 of this act.

1537 (b) The department shall: (1) Facilitate the implementation and
1538 periodic revisions of the health information technology plan after the
1539 plan is initially submitted in accordance with the provisions of section
1540 74 of this act, including the implementation of an integrated state-wide
1541 electronic health information infrastructure for the sharing of
1542 electronic health information among health care facilities, health care
1543 professionals, public and private payors and patients, and (2) develop
1544 standards and protocols for privacy in the sharing of electronic health
1545 information. Such standards and protocols shall be no less stringent
1546 than the "Standards for Privacy of Individually Identifiable Health
1547 Information" established under the Health Insurance Portability and
1548 Accountability Act of 1996, P.L. 104-191, as amended from time to
1549 time, and contained in 45 CFR 160, 164. Such standards and protocols
1550 shall require that individually identifiable health information be secure
1551 and that access to such information be traceable by an electronic audit
1552 trail.

1553 Sec. 76. (NEW) (*Effective from passage*) (a) There is established a

1554 health information technology and exchange advisory committee. The
1555 committee shall consist of twelve members as follows: The Lieutenant
1556 Governor; three appointed by the Governor, one of whom shall be a
1557 representative of a medical research organization, one of whom shall
1558 be an insurer or representative of a health plan, and one of whom shall
1559 be an attorney with background and experience in the field of privacy,
1560 health data security or patient rights; two appointed by the president
1561 pro tempore of the Senate, one of whom shall have background and
1562 experience with a private sector health information exchange or health
1563 information technology entity, and one of whom shall have expertise
1564 in public health; two appointed by the speaker of the House of
1565 Representatives, one of whom shall be a representative of hospitals, an
1566 integrated delivery network or a hospital association, and one of
1567 whom who shall have expertise with federally qualified health centers;
1568 one appointed by the majority leader of the Senate, who shall be a
1569 primary care physician whose practice utilizes electronic health
1570 records; one appointed by the majority leader of the House of
1571 Representatives, who shall be a consumer or consumer advocate; one
1572 appointed by the minority leader of the Senate, who shall have
1573 background and experience as a pharmacist or other health care
1574 provider that utilizes electronic health information exchange; and one
1575 appointed by the minority leader of the House of Representatives, who
1576 shall be a large employer or a representative of a business group. The
1577 Commissioners of Public Health, Social Services, Consumer Protection
1578 and the Office of Health Care Access, the Chief Information Officer,
1579 the Secretary of the Office of Policy and Management and the
1580 Healthcare Advocate, or their designees, shall be ex-officio, nonvoting
1581 members of the committee.

1582 (b) All initial appointments to the committee shall be made on or
1583 before October 1, 2009. The initial term for the committee members
1584 appointed by the Governor shall be for four years. The initial term for
1585 committee members appointed by the speaker of the House of
1586 Representatives and the majority leader of the House of
1587 Representatives shall be for three years. The initial term for committee

1588 members appointed by the minority leader of the House of
1589 Representatives and the minority leader of the Senate shall be for two
1590 years. The initial term for the committee members appointed by the
1591 president pro tempore of the Senate and the majority leader of the
1592 Senate shall be for one year. Terms shall expire on September thirtieth
1593 in accordance with the provisions of this subsection. Any vacancy shall
1594 be filled by the appointing authority for the balance of the unexpired
1595 term. Other than an initial term, a committee member shall serve for a
1596 term of four years. No committee member, including initial committee
1597 member may serve for more than two terms. Any member of the
1598 committee may be removed by the appropriate appointing authority
1599 for misfeasance, malfeasance or wilful neglect of duty.

1600 (c) The committee shall select a chairperson from its membership
1601 and the chairperson shall schedule the first meeting of the committee,
1602 which shall be held no later than November 1, 2009.

1603 (d) Any member appointed to the committee who fails to attend
1604 three consecutive meetings or who fails to attend fifty per cent of all
1605 meetings held during any calendar year shall be deemed to have
1606 resigned from the committee.

1607 (e) Notwithstanding any provision of the general statutes, it shall
1608 not constitute a conflict of interest for a trustee, director, partner,
1609 officer, stockholder, proprietor, counsel or employee of any eligible
1610 institution, or for any other individual with a financial interest in an
1611 eligible institution, to serve as a member of the committee. All
1612 members shall be deemed public officials and shall adhere to the code
1613 of ethics for public officials set forth in chapter 10 of the general
1614 statutes. Members may participate in the affairs of the committee with
1615 respect to the review or consideration of grant-in-aid applications,
1616 including the approval or disapproval of such applications, except that
1617 no member shall participate in the affairs of the committee with
1618 respect to the review or consideration of any grant-in-aid application
1619 filed by such member or by an eligible institution in which such
1620 member has a financial interest, or with whom such member engages

1621 in any business, employment, transaction or professional activity.

1622 (f) The health information technology and exchange advisory
1623 committee shall advise the Commissioner of Public Health regarding
1624 implementation of the health information technology plan. The
1625 committee shall develop, in consultation with the Commissioner of
1626 Public Health, (1) appropriate protocols for health information
1627 exchange, and (2) electronic data standards to facilitate the
1628 development of a state-wide, integrated electronic health information
1629 system, as defined in subsection (a) of section 19a-25d of the general
1630 statutes, as amended by this act, for use by health care providers and
1631 institutions that are funded by the state. Such electronic data standards
1632 shall (A) include provisions relating to security, privacy, data content,
1633 structures and format, vocabulary, and transmission protocols, with
1634 such privacy standards consistent with the requirements of section 75
1635 of this act, (B) be compatible with any national data standards in order
1636 to allow for interstate interoperability, as defined in subsection (a) of
1637 section 19a-25d of the general statutes, as amended by this act, (C)
1638 permit the collection of health information in a standard electronic
1639 format, as defined in subsection (a) of section 19a-25d of the general
1640 statutes, as amended by this act, and (D) be compatible with the
1641 requirements for an electronic health information system, as defined in
1642 subsection (a) of section 19a-25d of the general statutes, as amended by
1643 this act.

1644 (g) The health information technology and exchange advisory
1645 committee shall examine and identify specific ways to improve and
1646 promote health information exchange in the state, including, but not
1647 limited to, identifying both public and private funding sources for
1648 health information technology. On and after November 1, 2009, the
1649 Commissioner of Public Health shall submit any proposed application
1650 for private or federal funds that are to be used for the development of
1651 health information exchange to the committee. Not later than twenty
1652 days after the date the committee receives such proposed application
1653 for private or federal funds, the committee shall advise the
1654 commissioner, in writing, of any comments or recommended changes,

1655 if any, that the committee believes should be made to such application.
1656 Such comments and recommended changes shall be taken into
1657 consideration by the commissioner in making any decisions regarding
1658 the grants. In addition, the committee shall advise the commissioner
1659 regarding the development and implementation of a health
1660 information technology grant program which may, within available
1661 funds, provide grants-in-aid to eligible institutions for the
1662 advancement of health information exchange and health information
1663 technology in this state. The commissioner shall offer at least one
1664 member of the committee the opportunity to participate on any review
1665 panel constituted to effectuate the provisions of this subsection.

1666 (h) The Department of Public Health shall, within available funds,
1667 provide administrative support to the committee and shall assist the
1668 committee in all tasks, including, but not limited to, (1) developing the
1669 application for the grants-in-aid authorized under subsection (g) of
1670 this section, (2) reviewing such applications, (3) preparing and
1671 executing any assistance agreements or other agreements in connection
1672 with the awarding of such grants-in-aid, and (4) performing such other
1673 administrative duties as the committee deems necessary. For purposes
1674 of this subsection, the Commissioner of Public Health may, within
1675 available funds, contract for administrative support for the committee
1676 pursuant to section 4a-7a of the general statutes.

1677 (i) Not later than February 1, 2010, and annually thereafter until
1678 February 1, 2015, the Commissioner of Public Health and the health
1679 information technology and exchange advisory committee shall report,
1680 in accordance with section 11-4a of the general statutes, to the
1681 Governor and the General Assembly on (1) any private or federal
1682 funds received during the preceding quarter and, if applicable, how
1683 such funds were expended, (2) the amount of grants-in-aid awarded to
1684 eligible institutions, (3) the recipients of such grants-in-aid, and (4) the
1685 current status of health information exchange and health information
1686 technology in the state.

1687 (j) For purposes of this section, "eligible institution" means a

1688 hospital, clinic, physician or other health care provider, laboratory or
1689 public health agency that utilizes health information exchange or
1690 health information technology.

1691 Sec. 77. Section 19a-25d of the general statutes is repealed and the
1692 following is substituted in lieu thereof (*Effective from passage*):

1693 (a) As used in this section:

1694 (1) "Electronic health information system" means an information
1695 processing system, involving both computer hardware and software
1696 that deals with the storage, retrieval, sharing and use of health care
1697 information, data and knowledge for communication and decision
1698 making, and includes: (A) An electronic health record that provides
1699 access in real-time to a patient's complete medical record; (B) a
1700 personal health record through which an individual, and anyone
1701 authorized by such individual, can maintain and manage such
1702 individual's health information; (C) computerized order entry
1703 technology that permits a health care provider to order diagnostic and
1704 treatment services, including prescription drugs electronically; (D)
1705 electronic alerts and reminders to health care providers to improve
1706 compliance with best practices, promote regular screenings and other
1707 preventive practices, and facilitate diagnoses and treatments; (E) error
1708 notification procedures that generate a warning if an order is entered
1709 that is likely to lead to a significant adverse outcome for a patient; and
1710 (F) tools to allow for the collection, analysis and reporting of data on
1711 adverse events, near misses, the quality and efficiency of care, patient
1712 satisfaction and other healthcare-related performance measures.

1713 (2) "Interoperability" means the ability of two or more systems or
1714 components to exchange information and to use the information that
1715 has been exchanged and includes: (A) The capacity to physically
1716 connect to a network for the purpose of exchanging data with other
1717 users; (B) the ability of a connected user to demonstrate appropriate
1718 permissions to participate in the instant transaction over the network;
1719 and (C) the capacity of a connected user with such permissions to

1720 access, transmit, receive and exchange usable information with other
1721 users.

1722 (3) "Standard electronic format" means a format using open
1723 electronic standards that: (A) Enable health information technology to
1724 be used for the collection of clinically specific data; (B) promote the
1725 interoperability of health care information across health care settings,
1726 including reporting to local, state and federal agencies; and (C)
1727 facilitate clinical decision support.

1728 (b) On or before November 30, 2007, the Department of Public
1729 Health, in consultation with the Office of Health Care Access and
1730 within available appropriations, shall contract, through a competitive
1731 bidding process, for the development of a state-wide health
1732 information technology plan. The entity awarded such contract shall
1733 be designated the lead health information exchange organization for
1734 the state of Connecticut for the period commencing December 1, 2007,
1735 and ending June 30, 2009. The state-wide health information
1736 technology plan shall include, but not be limited to:

1737 (1) General standards and protocols for health information
1738 exchange.

1739 (2) Electronic data standards to facilitate the development of a state-
1740 wide, integrated electronic health information system for use by health
1741 care providers and institutions that are funded by the state. Such
1742 electronic data standards shall (A) include provisions relating to
1743 security, privacy, data content, structures and format, vocabulary and
1744 transmission protocols, (B) be compatible with any national data
1745 standards in order to allow for interstate interoperability, (C) permit
1746 the collection of health information in a standard electronic format,
1747 and (D) be compatible with the requirements for an electronic health
1748 information system.

1749 (3) Pilot programs for health information exchange, and projected
1750 costs and sources of funding for such pilot programs.

1751 [(c) Not later than December 1, 2008, and annually thereafter, the
1752 Department of Public Health, in consultation with Office of Health
1753 Care Access, shall report, in accordance with section 11-4a, to the joint
1754 standing committees of the General Assembly having cognizance of
1755 matters relating to public health, human services, government
1756 administration and appropriations and the budgets of state agencies
1757 on the status of the state-wide health information technology plan.]

1758 Sec. 78. Subsection (a) of section 2c-2b of the general statutes is
1759 repealed and the following is substituted in lieu thereof (*Effective*
1760 *October 1, 2009*):

1761 (a) The following governmental entities and programs are
1762 terminated, effective July 1, 2010, unless reestablished in accordance
1763 with the provisions of section 2c-10:

1764 (1) Regulation of hearing aid dealers pursuant to chapter 398;

1765 (2) Repealed by P.A. 99-102, S. 51;

1766 (3) Connecticut Homeopathic Medical Examining Board, established
1767 under section 20-8;

1768 (4) State Board of Natureopathic Examiners, established under
1769 section 20-35;

1770 (5) Board of Examiners of Electrologists, established under section
1771 20-268;

1772 (6) Connecticut State Board of Examiners for Nursing, established
1773 under section 20-88;

1774 (7) Connecticut Board of Veterinary Medicine, established under
1775 section 20-196;

1776 (8) Liquor Control Commission, established under section 30-2;

1777 (9) Connecticut State Board of Examiners for Optometrists,
1778 established under section 20-128a;

- 1779 (10) Board of Examiners of Psychologists, established under section
1780 20-186;
- 1781 (11) Regulation of speech and language pathologists [and
1782 audiologists] pursuant to chapter 399;
- 1783 (12) Connecticut Examining Board for Barbers and Hairdressers and
1784 Cosmeticians established under section 20-235a;
- 1785 (13) Board of Examiners of Embalmers and Funeral Directors
1786 established under section 20-208;
- 1787 (14) Regulation of nursing home administrators pursuant to chapter
1788 368v;
- 1789 (15) Board of Examiners for Opticians established under section 20-
1790 139a;
- 1791 (16) Medical Examining Board established under section 20-8a;
- 1792 (17) Board of Examiners in Podiatry, established under section 20-
1793 51;
- 1794 (18) Board of Chiropractic Examiners, established under section 20-
1795 25;
- 1796 (19) The agricultural lands preservation program, established under
1797 section 22-26cc;
- 1798 (20) Nursing Home Ombudsmen Office, established under section
1799 17a-405;
- 1800 (21) Mobile Manufactured Home Advisory Council established
1801 under section 21-84a;
- 1802 (22) Repealed by P.A. 93-262, S. 86, 87;
- 1803 (23) The Child Day Care Council established under section 17b-748;
- 1804 (24) The Connecticut Advisory Commission on Intergovernmental

- 1805 Relations established under section 2-79a;
- 1806 (25) The Commission on Children established under section 46a-126;
- 1807 (26) The task force on the development of incentives for conserving
1808 energy in state buildings established under section 16a-39b;
- 1809 (27) The estuarine embayment improvement program established
1810 by sections 22a-113 to 22a-113c, inclusive;
- 1811 (28) The State Dental Commission, established under section 20-
1812 103a;
- 1813 (29) The Connecticut Economic Information Steering Committee,
1814 established under section 32-6i;
- 1815 (30) Repealed by P.A. 95-257, S. 57, 58; [and]
- 1816 (31) The registry established under section 17a-247b; and
- 1817 (32) Regulation of audiologists under sections 53 to 59, inclusive, of
1818 this act.
- 1819 Sec. 79. Section 20-396 of the general statutes is repealed and the
1820 following is substituted in lieu thereof (*Effective October 1, 2009*):
- 1821 As used in this chapter, except as the context may require otherwise:
- 1822 (1) "Department" means the Department of Public Health;
- 1823 (2) "Commissioner" means the Commissioner of Public Health;
- 1824 (3) "Hearing aid" means any wearable instrument or device
1825 designed for or offered for the purpose of aiding or compensating for
1826 impaired human hearing, and any parts, attachments or accessories,
1827 excluding batteries, earmolds and cords;
- 1828 (4) "Practice of fitting hearing aids" means the comprehensive
1829 measurement of human hearing and determination and use of
1830 appropriate amplification related to hearing disorders, including, but

1831 not limited to, screening for the preexisting otological disorders listed
1832 in section 20-403, the making of impressions for earmolds, the making
1833 of selections and adaptation of hearing aids and the instruction and
1834 counseling in their use;

1835 (5) "Licensed hearing instrument specialist" means a person, other
1836 than an audiologist or physician, licensed to engage in the practice of
1837 fitting or selling hearing aids;

1838 (6) "Sell" or "sale" means any transfer of title or of the right to use by
1839 lease, or any other contract, for a consideration, excluding wholesale
1840 transactions with distributors or hearing instrument specialists;

1841 (7) "Otolaryngologist" means a physician licensed under chapter 370
1842 who is certified by the American Board of Otolaryngology and
1843 includes physicians in training programs approved by the American
1844 Board of Otolaryngology;

1845 (8) "Audiologist" means a person who is licensed under [chapter
1846 399] sections 53 to 59, inclusive, of this act as an audiologist;

1847 (9) "Used hearing aid" means a hearing aid that has been previously
1848 sold, leased or rented to a hearing aid user.

1849 Sec. 80. Section 20-398 of the general statutes is repealed and the
1850 following is substituted in lieu thereof (*Effective October 1, 2009*):

1851 (a) No person may engage in the practice of fitting or selling hearing
1852 aids, or display a sign or in any other way advertise or claim to be a
1853 person who sells or engages in the practice of fitting or selling hearing
1854 aids unless such person has obtained a license under this chapter or as
1855 an audiologist under [chapter 399] sections 53 to 59, inclusive, of this
1856 act. No audiologist, other than an audiologist who is a licensed hearing
1857 instrument specialist on and after July 1, 1996, shall engage in the
1858 practice of fitting or selling hearing aids until such audiologist has
1859 presented satisfactory evidence to the commissioner that the
1860 audiologist has (1) completed at least six semester hours of coursework

1861 regarding the selection and fitting of hearing aids and eighty hours of
1862 supervised clinical experience with children and adults in the selection
1863 and fitting of hearing aids at an institution of higher education in a
1864 program accredited, at the time of the audiologist's completion of
1865 coursework and clinical experience, by the American Speech-Language
1866 Hearing Association or such successor organization as may be
1867 approved by the department, or (2) has satisfactorily passed the
1868 written section of the examination required by this section for licensure
1869 as a hearing instrument specialist. No person may receive a license,
1870 except as provided in subsection (b) of this section, unless such person
1871 has submitted proof satisfactory to the department that such person
1872 has completed a four-year course at an approved high school or has an
1873 equivalent education as determined by the department; has
1874 satisfactorily completed a course of study in the fitting and selling of
1875 hearing aids or a period of training approved by the department; and
1876 has satisfactorily passed a written, oral and practical examination
1877 given by the department. Application for the examination shall be on
1878 forms prescribed and furnished by the department. Examinations shall
1879 be given at least twice yearly. The fee for the examination shall be one
1880 hundred dollars; and for the initial license and each renewal thereof
1881 shall be two hundred dollars.

1882 (b) Nothing in this chapter shall prohibit a corporation, partnership,
1883 trust, association or other like organization maintaining an established
1884 business address from engaging in the business of selling or offering
1885 for sale hearing aids at retail, provided such organization employs
1886 only persons licensed, in accordance with the provisions of this
1887 chapter or as audiologists under [chapter 399] sections 53 to 59,
1888 inclusive, of this act, in the direct sale and fitting of such products.

1889 (c) Nothing in this chapter shall prohibit a hearing instrument
1890 specialist licensed under this chapter from making impressions for
1891 earmolds or a physician licensed in this state or an audiologist licensed
1892 under the provisions of [chapter 399] sections 53 to 59, inclusive, of this
1893 act, from making impressions for earmolds in the course of such
1894 person's clinical practice.

1895 Sec. 81. Subsection (a) of section 20-400 of the general statutes is
1896 repealed and the following is substituted in lieu thereof (*Effective*
1897 *October 1, 2009*):

1898 (a) A temporary permit may be issued to a person who has
1899 submitted proof satisfactory to the department that the applicant has
1900 completed a four-year course at an approved high school or has an
1901 equivalent education as determined by the department, upon
1902 application on forms prescribed and furnished by the department,
1903 accompanied by a fee of thirty dollars. A temporary permit shall entitle
1904 the applicant to engage in the fitting or sale of hearing aids for a period
1905 of one year under the direct supervision and training of a person
1906 holding a valid hearing instruments dispenser's license or a license as
1907 an audiologist under [chapter 399] sections 53 to 59, inclusive, of this
1908 act or while enrolled in a course of study approved by the department,
1909 except that a person who holds a temporary permit shall be excluded
1910 from making selections of hearing aids.

1911 Sec. 82. Subsection (a) of section 20-401 of the general statutes is
1912 repealed and the following is substituted in lieu thereof (*Effective*
1913 *October 1, 2009*):

1914 (a) A person who holds a license under this chapter or as an
1915 audiologist under [chapter 399] sections 53 to 59, inclusive, of this act
1916 shall notify the department in writing of the regular address of the
1917 place or places where such person engages or intends to engage in the
1918 fitting or sale of hearing aids and shall notify the department in
1919 writing of any change in such person's regular place of business and of
1920 the new address or addresses of the place or places where such person
1921 intends to engage in the fitting or sale of hearing aids at least ten days
1922 prior to such change.

1923 Sec. 83. (NEW) (*Effective July 1, 2011*) As used in this section and
1924 sections 84 to 90, inclusive, of this act:

1925 (1) "Commissioner" means the Commissioner of Public Health;

- 1926 (2) "Department" means the Department of Public Health;
- 1927 (3) "Direct supervision" means the radiologist must be present in the
1928 office suite and immediately available to furnish assistance and
1929 direction throughout the performance of the procedure;
- 1930 (4) "Personal supervision" means the radiologist must be in
1931 attendance in the room during the performance of the procedure;
- 1932 (5) "Radiologist assistant" means a person who is licensed to practice
1933 as a radiologist assistant pursuant to this section and sections 84 to 90,
1934 inclusive, of this act;
- 1935 (6) "Supervising radiologist" means a physician who is licensed
1936 pursuant to chapter 370 of the general statutes, who is board certified
1937 in radiology, and who assumes responsibility for the supervision of
1938 services rendered by a radiologist assistant; and
- 1939 (7) "Supervision" means the exercise by the supervising radiologist
1940 of oversight, control and direction of the services of a radiologist
1941 assistant. Supervision includes, but is not limited to: (A) Continuous
1942 availability of direct communication between the supervising
1943 radiologist and the radiologist assistant; (B) active and continuing
1944 overview of the radiologist assistant's activities to ensure that the
1945 supervising radiologist's directions are being implemented and to
1946 support the radiologist assistant in the performance of his or her
1947 services; (C) personal review by the supervising radiologist of the
1948 radiologist assistant's practice at least weekly or more frequently as
1949 necessary to ensure quality patient care; (D) review of the charts and
1950 records of the radiologist assistant on a regular basis as necessary to
1951 ensure quality patient care; and (E) delineation of a predetermined
1952 plan for emergency situations.
- 1953 Sec. 84. (NEW) (*Effective July 1, 2011*) (a) No person shall practice as
1954 a radiologist assistant in this state unless such person has obtained a
1955 license pursuant to this section. No person shall use the title
1956 "radiologist assistant" or make use of any title, words, letters or

1957 abbreviations that may reasonably be confused with licensure as a
1958 radiologist assistant unless such person holds a valid license from the
1959 department to practice as a radiologist assistant.

1960 (b) Each person seeking licensure to practice as a radiologist
1961 assistant in this state shall make application on forms prescribed by the
1962 department, pay an application fee of one hundred fifty dollars and
1963 present to the department satisfactory evidence that such person: (1)
1964 Has graduated from a radiologist assistant education program
1965 recognized by the American Registry of Radiologic Technologists; (2)
1966 has passed the radiologist assistant examination offered by the
1967 American Registry of Radiologic Technologists; (3) holds and
1968 maintains a current license in good standing as a radiologic
1969 technologist in the state; (4) holds and maintains current certification in
1970 advanced cardiac life support; (5) holds and maintains current
1971 certification with the American Registry of Radiologic Technologists as
1972 a radiographer; and (6) holds and maintains current certification with
1973 the American Registry of Radiologic Technologists as a radiologist
1974 assistant.

1975 (c) Nothing in this section shall be construed to apply to the
1976 activities and services of a person who is enrolled in a radiologist
1977 assistant education program recognized by the American Registry of
1978 Radiologic Technologists, provided such activities and services are
1979 incidental to the course of study.

1980 (d) The provisions of this section shall not apply to any practicing
1981 physician or surgeon licensed under chapter 370 of the general
1982 statutes.

1983 (e) No license shall be issued under this section to any applicant
1984 against who professional disciplinary action is pending or who is the
1985 subject of an unresolved complaint in this or any other state or
1986 territory.

1987 (f) Licenses shall be renewed annually in accordance with the
1988 provisions of section 19a-88 of the general statutes for a fee of one

1989 hundred fifty dollars.

1990 Sec. 85. (NEW) (*Effective July 1, 2011*) (a) Each radiologist assistant
1991 practicing in this state shall have a clearly identified supervising
1992 radiologist who maintains the final responsibility for the care of
1993 patients and the performance of the radiologist assistant.

1994 (b) A licensed radiologist may function as a supervising radiologist
1995 for no more than two full-time radiologist assistants concurrently, or
1996 the part-time equivalent thereof.

1997 (c) Any services provided by the radiologist assistant shall be
1998 performed at either the physical location of the supervising
1999 radiologist's primary medical practice or within any health care facility
2000 where the supervising radiologist holds staff privileges.

2001 Sec. 86. (NEW) (*Effective July 1, 2011*) (a) A radiologist assistant may
2002 perform radiologic procedures delegated by a supervising radiologist
2003 provided: (1) The supervising radiologist is satisfied as to the ability
2004 and competency of the radiologist assistant; (2) such delegation is
2005 consistent with the health and welfare of the patient and in keeping
2006 with sound medical practice; (3) the supervising radiologist assumes
2007 full control and responsibility for all procedures performed by the
2008 radiologist assistant; and (4) such procedures are performed under the
2009 oversight, control and direction of the supervising radiologist. A
2010 supervising radiologist shall establish written protocols concerning
2011 any procedures delegated by such radiologist and implemented by a
2012 radiologist assistant. In addition to those procedures that the
2013 supervising radiologist deems appropriate to be performed under
2014 personal supervision, the following procedures, including contrast
2015 media administration and needle or catheter placement, shall be
2016 performed under personal supervision: (A) Lumbar puncture under
2017 fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical
2018 myelogram, (D) nontunneled venous central line placement, (E)
2019 venous catheter placement for dialysis, (F) breast needle localization,
2020 and (G) ductogram.

2021 (b) A radiologist assistant shall not: (1) Interpret images, (2) make
2022 diagnoses, (3) prescribe medications or therapies, or (4) administer
2023 anesthesia.

2024 Sec. 87. (NEW) (*Effective July 1, 2011*) Each person licensed to
2025 practice as a radiologist assistant who provides direct patient care
2026 services shall maintain professional liability insurance or other
2027 indemnity against liability for professional malpractice in an amount
2028 that shall not be less than five hundred thousand dollars for one
2029 person, per occurrence, with an aggregate of not less than one million
2030 five hundred thousand dollars.

2031 Sec. 88. (NEW) (*Effective July 1, 2011*) The Commissioner of Public
2032 Health may take any disciplinary action set forth in section 19a-17 of
2033 the general statutes, against a radiologist assistant for any of the
2034 following reasons: (1) Failure to conform to the accepted standards of
2035 the profession; (2) conviction of a felony; (3) fraud or deceit in
2036 obtaining or seeking reinstatement of a license to practice as a
2037 radiologist assistant; (4) fraud or deceit in the practice of the
2038 profession; (5) negligent, incompetent or wrongful conduct in
2039 professional activities; (6) physical, mental or emotional illness or
2040 disorder resulting in an inability to conform to the accepted standards
2041 of the profession; (7) alcohol or substance abuse; (8) wilful falsification
2042 of entries in any hospital, patient or other record pertaining to the
2043 profession; or (9) violation of any provision of sections 83 to 90,
2044 inclusive, of this act. The commissioner may order a license holder to
2045 submit to a reasonable physical or mental examination if the physical
2046 or mental capacity of the license holder to practice safely is the subject
2047 of an investigation. The commissioner may petition the superior court
2048 for the judicial district of Hartford to enforce such order or any action
2049 taken pursuant to said section 19a-17. The commissioner shall give
2050 notice and an opportunity to be heard on any contemplated action
2051 under said section 19a-17.

2052 Sec. 89. Subsection (c) of section 19a-14 of the general statutes is
2053 repealed and the following is substituted in lieu thereof (*Effective July*

2054 1, 2009):

2055 (c) No board shall exist for the following professions that are
2056 licensed or otherwise regulated by the Department of Public Health:

2057 (1) Speech and language pathologist and audiologist;

2058 (2) Hearing instrument specialist;

2059 (3) Nursing home administrator;

2060 (4) Sanitarian;

2061 (5) Subsurface sewage system installer or cleaner;

2062 (6) Marital and family therapist;

2063 (7) Nurse-midwife;

2064 (8) Licensed clinical social worker;

2065 (9) Respiratory care practitioner;

2066 (10) Asbestos contractor and asbestos consultant;

2067 (11) Massage therapist;

2068 (12) Registered nurse's aide;

2069 (13) Radiographer;

2070 (14) Dental hygienist;

2071 (15) Dietitian-Nutritionist;

2072 (16) Asbestos abatement worker;

2073 (17) Asbestos abatement site supervisor;

2074 (18) Licensed or certified alcohol and drug counselor;

2075 (19) Professional counselor;

- 2076 (20) Acupuncturist;
- 2077 (21) Occupational therapist and occupational therapist assistant;
- 2078 (22) Lead abatement contractor, lead consultant contractor, lead
2079 consultant, lead abatement supervisor, lead abatement worker,
2080 inspector and planner-project designer;
- 2081 (23) Emergency medical technician, emergency medical technician-
2082 intermediate, medical response technician and emergency medical
2083 services instructor;
- 2084 (24) Paramedic;
- 2085 (25) Athletic trainer; [and]
- 2086 (26) Perfusionist; and
- 2087 (27) On and after July 1, 2011, a radiologist assistant, subject to the
2088 provisions of section 90 of this act.

2089 The department shall assume all powers and duties normally vested
2090 with a board in administering regulatory jurisdiction over such
2091 professions. The uniform provisions of this chapter and chapters 368v,
2092 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
2093 and 400c, including, but not limited to, standards for entry and
2094 renewal; grounds for professional discipline; receiving and processing
2095 complaints; and disciplinary sanctions, shall apply, except as otherwise
2096 provided by law, to the professions listed in this subsection.

2097 Sec. 90. (NEW) (*Effective July 1, 2011*) The Department of Public
2098 Health shall only be required to implement the provisions of sections
2099 83 to 89, inclusive, of this act as relate to the licensure of radiologist
2100 assistants, if appropriations are available.

2101 Sec. 91. Section 10-292p of the general statutes is repealed. (*Effective*
2102 *from passage*)

2103 Sec. 92. Sections 7-68 and 7-72 of the general statutes are repealed.

2104 (*Effective October 1, 2009*)"