



House of Representatives

General Assembly

File No. 114

February Session, 2010

House Bill No. 5292

House of Representatives, March 24, 2010

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDED TECHNICAL CHANGES TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Subdivision (1) of subsection (c) of section 1-84b of the
2 2010 supplement to the general statutes is repealed and the following
3 is substituted in lieu thereof (*Effective October 1, 2010*):

4 (1) No public official or state employee [] in an executive branch
5 position designated by the Office of State Ethics shall negotiate for,
6 seek or accept employment with any business subject to regulation by
7 his agency.

8 Sec. 2. Subsection (b) of section 14-227j of the general statutes is
9 repealed and the following is substituted in lieu thereof (*Effective*
10 *October 1, 2010*):

11 (b) Any person who has been arrested for a violation of subsection
12 (a) of section 14-227a, section 53a-56b, or section 53a-60d, may be

13 ordered by the court not to operate any motor vehicle unless such
14 motor vehicle is equipped with an ignition interlock device. Any such
15 order may be made as a condition of such person's release on bail, as a
16 condition of probation or as a condition of granting such person's
17 application for participation in the pretrial alcohol education [system]
18 program under section 54-56g, as amended by this act, and may
19 include any other terms and conditions as to duration, use, proof of
20 installation or any other matter that the court determines to be
21 appropriate or necessary.

22 Sec. 3. Subsection (o) of section 17a-451 of the 2010 supplement to
23 the general statutes is repealed and the following is substituted in lieu
24 thereof (*Effective October 1, 2010*):

25 (o) The commissioner shall establish uniform policies and
26 procedures for collecting, standardizing, managing and evaluating
27 data related to substance use, abuse and addiction programs
28 administered by state agencies, state-funded community-based
29 programs and the Judicial Branch, including, but not limited to: (1) The
30 use of prevention, education, treatment and criminal justice services
31 related to substance use, abuse and addiction; (2) client demographic
32 and substance use, abuse and addiction information; and (3) the
33 quality and cost effectiveness of substance use, abuse and addiction
34 services. The commissioner shall, in consultation with the Secretary of
35 the Office of Policy and Management, ensure that the Judicial Branch,
36 all state agencies and state-funded community-based programs with
37 substance use, abuse and addiction programs or services comply with
38 such policies and procedures. Notwithstanding any other provision of
39 the general statutes concerning confidentiality, the commissioner,
40 within available appropriations, shall establish and maintain a central
41 repository for such substance use, abuse and addiction program and
42 service data from the Judicial Branch, state agencies and state-funded
43 community-based programs administering substance use, abuse and
44 addiction programs and services. The central repository shall not
45 disclose any data that reveals the personal identification of any
46 individual. The Connecticut Alcohol and Drug Policy Council

47 established pursuant to section 17a-667 shall have access to the central
48 repository for aggregate analysis. The commissioner shall submit a
49 biennial report to the General Assembly, the Office of Policy and
50 Management and the Connecticut Alcohol and Drug Policy Council in
51 accordance with the provisions of section 11-4a. The report shall
52 include, but need not be limited to, a summary of: (A) Client and
53 patient demographic information; (B) trends and [risks] risk factors
54 associated with alcohol and drug use, abuse and dependence; (C)
55 effectiveness of services based on outcome measures; (D) progress
56 made in achieving the measures, benchmarks and goals established in
57 the state substance abuse plan, developed and implemented in
58 accordance with subsection (j) of this section; and (E) a state-wide cost
59 analysis.

60 Sec. 4. Subsection (b) of section 19a-25h of the 2010 supplement to
61 the general statutes is repealed and the following is substituted in lieu
62 thereof (*Effective October 1, 2010*):

63 (b) All initial appointments to the committee shall be made on or
64 before October 1, 2009. The initial term for the committee members
65 appointed by the Governor shall be for four years. The initial term for
66 committee members appointed by the speaker of the House of
67 Representatives and the majority leader of the House of
68 Representatives shall be for three years. The initial term for committee
69 members appointed by the minority leader of the House of
70 Representatives and the minority leader of the Senate shall be for two
71 years. The initial term for the committee members appointed by the
72 president pro tempore of the Senate and the majority leader of the
73 Senate shall be for one year. Terms shall expire on September thirtieth
74 in accordance with the provisions of this subsection. Any vacancy shall
75 be filled by the appointing authority for the balance of the unexpired
76 term. Other than an initial term, a committee member shall serve for a
77 term of four years. No committee member, including an initial
78 committee member, may serve for more than two terms. Any member
79 of the committee may be removed by the appropriate appointing
80 authority for misfeasance, malfeasance or wilful neglect of duty.

81 Sec. 5. Subdivision (2) of subsection (f) of section 19a-72 of the 2010
82 supplement to the general statutes is repealed and the following is
83 substituted in lieu thereof (*Effective October 1, 2010*):

84 (2) Any hospital, clinical laboratory or health care provider that fails
85 to comply with the provisions of this section shall be liable [to] for a
86 civil penalty not to exceed five hundred dollars for each failure to
87 disclose a reportable tumor, as determined by the commissioner.

88 Sec. 6. Subdivision (7) of section 19a-175 of the 2010 supplement to
89 the general statutes is repealed and the following is substituted in lieu
90 thereof (*Effective October 1, 2010*):

91 (7) "Emergency medical [technician] services instructor" means a
92 person who is certified by the Department of Public Health to teach
93 courses, the completion of which is required in order to become an
94 emergency medical technician;

95 Sec. 7. Subdivision (13) of section 19a-177 of the 2010 supplement to
96 the general statutes is repealed and the following is substituted in lieu
97 thereof (*Effective October 1, 2010*):

98 (13) [The Commissioner of Public Health shall annually] Annually
99 issue a list of minimum equipment requirements for ambulances and
100 rescue vehicles based upon current national standards. The
101 commissioner shall distribute such list to all emergency medical
102 services organizations and sponsor hospital medical directors and
103 make such list available to other interested stakeholders. Emergency
104 medical services organizations shall have one year from the date of
105 issuance of such list to comply with the minimum equipment
106 requirements.

107 Sec. 8. Section 19a-181a of the general statutes is repealed and the
108 following is substituted in lieu thereof (*Effective October 1, 2010*):

109 The state shall save harmless and indemnify any person certified as
110 an emergency medical [technician] services instructor by the
111 Department of Public Health under this chapter from financial loss and

112 expense, including legal fees and costs, if any, arising out of any claim,
113 demand, suit or judgment by reason of alleged negligence or other act
114 resulting in personal injury or property damage, which acts are not
115 wanton, reckless or malicious, provided such person at the time of the
116 acts resulting in such injury or damage was acting in the discharge of
117 his duties in providing emergency medical technician training and
118 instruction.

119 Sec. 9. Subsection (a) of section 19a-195a of the 2010 supplement to
120 the general statutes is repealed and the following is substituted in lieu
121 thereof (*Effective October 1, 2010*):

122 (a) The Commissioner of Public Health shall adopt regulations in
123 accordance with the provisions of chapter 54 to provide that
124 emergency medical technicians shall be recertified every three years.
125 For the purpose of maintaining an acceptable level of proficiency, each
126 emergency medical [services] technician who is recertified for a three-
127 year period shall complete thirty hours of refresher training approved
128 by the commissioner, or meet such other requirements as may be
129 prescribed by the commissioner.

130 Sec. 10. Subsection (a) of section 19a-308a of the 2010 supplement to
131 the general statutes is repealed and the following is substituted in lieu
132 thereof (*Effective October 1, 2010*):

133 (a) As used in this section, "abandoned cemetery" means a cemetery
134 (1) in which no burial has occurred during the previous forty years and
135 in which the lots or graves have not been maintained during the
136 previous ten years except for maintenance rendered by the
137 municipality in which such cemetery is located, (2) in which one burial
138 has occurred in the past forty years, for which a permit was issued
139 under section 7-65 after such burial, or (3) in which no lots have been
140 sold in the previous forty years and in which most lots and graves
141 have not been maintained during the previous ten years except for
142 maintenance rendered by the municipality in which such cemetery is
143 located.

144 Sec. 11. Subsection (b) of section 19a-517 of the 2010 supplement to
145 the general statutes is repealed and the following is substituted in lieu
146 thereof (*Effective October 1, 2010*):

147 (b) The department may take action under section 19a-17 for any of
148 the following reasons: (1) The license holder has employed or
149 knowingly cooperated in fraud or material deception in order to obtain
150 his license or has engaged in fraud or material deception in the course
151 of professional services or activities; (2) the license holder is suffering
152 from physical or mental illness, emotional disorder or loss of motor
153 skill, including but not limited to, deterioration through the aging
154 process, or is suffering from the abuse or excessive use of drugs,
155 including alcohol, narcotics or chemicals; (3) illegal, incompetent or
156 negligent conduct in his practice; (4) violation of any provision of state
157 or federal law governing the license holder's practices within a nursing
158 home; or (5) violation of any provision of this chapter or any
159 regulation adopted hereunder. The Commissioner of Public Health
160 may order a license holder to submit to a reasonable physical or
161 mental examination if his physical or mental capacity to practice safely
162 is being investigated. Said commissioner may petition the superior
163 court for the judicial district of Hartford to enforce such order or any
164 action taken pursuant to section 19a-17.

165 Sec. 12. Subsection (b) of section 19a-634 of the 2010 supplement to
166 the general statutes is repealed and the following is substituted in lieu
167 thereof (*Effective October 1, 2010*):

168 (b) The office, in consultation with such other state agencies as the
169 Commissioner of Public Health deems appropriate, shall establish and
170 maintain a state-wide health care facilities plan. Such plan may
171 include, but not be limited to: (1) An assessment of the availability of
172 acute hospital care, hospital emergency care, specialty hospital care,
173 outpatient surgical care, primary care [,] and clinic care; (2) an
174 evaluation of the unmet needs of persons at risk and vulnerable
175 populations as determined by the commissioner; (3) a projection of
176 future demand for health care services and the impact that technology

177 may have on the demand, capacity or need for such services; and (4)
178 recommendations for the expansion, reduction or modification of
179 health care facilities or services. In the development of the plan, the
180 office shall consider the recommendations of any advisory bodies
181 which may be established by the commissioner. The commissioner
182 may also incorporate the recommendations of authoritative
183 organizations whose mission is to promote policies based on best
184 practices or evidence-based research. The commissioner, in
185 consultation with hospital representatives, shall develop a process that
186 encourages hospitals to incorporate the state-wide health care facilities
187 plan into hospital long-range planning and shall facilitate
188 communication between appropriate state agencies concerning
189 innovations or changes that may affect future health planning. The
190 office shall update the state-wide health care facilities plan on or before
191 July 1, 2012, and every five years thereafter. Said plan shall be
192 considered part of the state health plan for purposes of office
193 deliberations pursuant to section 19a-637.

194 Sec. 13. Subdivision (3) of subsection (a) of section 19a-639b of the
195 2010 supplement to the general statutes is repealed and the following
196 is substituted in lieu thereof (*Effective October 1, 2010*):

197 (3) The commissioner, executive director, chairman or chief court
198 administrator of the state agency or department that has identified the
199 specific need confirms, in writing, to the office that (A) the agency or
200 department has identified a specific need with a detailed description of
201 that need and that the agency or department believes that the need
202 continues to exist, (B) the activity in question meets all or part of the
203 identified need and specifies how much of that need the proposal
204 meets, (C) in the case where the activity is the relocation of services,
205 the agency or department has determined that the needs of the area
206 previously served will continue to be met in a better or satisfactory
207 manner and specifies how that is to be done, (D) in the case where a
208 facility or institution seeks to transfer its ownership or control, [that]
209 the agency or department has investigated the proposed change and
210 the person or entity requesting the change and has determined that the

211 change would be in the best interests of the state and the patients or
212 clients, and (E) the activity will be cost-effective and well managed;
213 and

214 Sec. 14. Subdivision (1) of section 19a-710 of the 2010 supplement to
215 the general statutes is repealed and the following is substituted in lieu
216 thereof (*Effective October 1, 2010*):

217 (1) "SustiNet Plan" means a self-insured health care delivery plan [.]
218 that is designed to ensure that plan members receive high-quality
219 health care coverage without unnecessary costs;

220 Sec. 15. Subsection (b) of section 19a-712 of the 2010 supplement to
221 the general statutes is repealed and the following is substituted in lieu
222 thereof (*Effective October 1, 2010*):

223 (b) The SustiNet Health Partnership board of directors shall offer
224 recommendations to the General Assembly on the governance
225 structure of the entity that is best suited to provide oversight and
226 implementation of the SustiNet Plan. Such recommendations may
227 include, but need not be limited to, the establishment of a public
228 authority authorized and empowered:

229 (1) To adopt guidelines, policies and regulations in accordance with
230 chapter 54 that are necessary to implement the provisions of sections
231 19a-710 to 19a-723, inclusive, as amended by this act;

232 (2) To contract with insurers or other entities for administrative
233 purposes, such as claims processing and credentialing of providers.
234 Such contracts shall reimburse these entities using "per capita" fees or
235 other methods that do not create incentives to deny care. The selection
236 of such insurers or other entities may take into account their capacity
237 and willingness to (A) offer timely networks of participating providers
238 both within and outside the state, and (B) help finance the
239 administrative costs involved in the establishment and initial operation
240 of the SustiNet Plan;

241 (3) To solicit bids from individual providers and provider

242 organizations and to arrange with insurers and others for access to
243 existing or new provider networks, and take such other steps to
244 provide all SustiNet Plan members with access to timely, high-quality
245 care throughout the state and, in appropriate cases, care that is outside
246 the state's borders;

247 (4) To establish appropriate deductibles, standard benefit packages
248 and out-of-pocket cost-sharing levels for different providers [,] that
249 may vary based on quality, cost, provider agreement to refrain from
250 balance billing SustiNet Plan members, and other factors relevant to
251 patient care and financial sustainability;

252 (5) To commission surveys of consumers, employers and providers
253 on issues related to health care and health care coverage;

254 (6) To negotiate on behalf of providers participating in the SustiNet
255 Plan to obtain discounted prices for vaccines and other health care
256 goods and services;

257 (7) To make and enter into all contracts and agreements necessary or
258 incidental to the performance of its duties and the execution of its
259 powers under its enabling legislation, including contracts and
260 agreements for such professional services as financial consultants,
261 actuaries, bond counsel, underwriters, technical specialists, attorneys,
262 accountants, medical professionals, consultants, bio-ethicists and such
263 other independent professionals or employees as the board of directors
264 shall deem necessary;

265 (8) To purchase reinsurance or stop loss coverage, to set aside
266 reserves [,] or to take other prudent steps that avoid excess exposure to
267 risk in the administration of a self-insured plan;

268 (9) To enter into interagency agreements for performance of
269 SustiNet Plan duties that may be implemented more efficiently or
270 effectively by an existing state agency;

271 (10) To set payment methods for licensed health care providers that
272 reflect evolving research and experience both within the state and

273 elsewhere, promote access to care and patient health, prevent
274 unnecessary spending, and ensure sufficient compensation to cover the
275 reasonable cost of furnishing necessary care;

276 (11) To appoint such advisory committees as may be deemed
277 necessary for the public authority to successfully implement the
278 SustiNet Plan, further the objectives of the public authority and secure
279 necessary input from various experts and stakeholder groups;

280 (12) To establish and maintain an Internet web site that provides for
281 timely posting of all public notices issued by the public authority or
282 the board of directors and such other information as the public
283 authority or board deems relevant in educating the public about the
284 SustiNet Plan;

285 (13) To evaluate the implementation of an individual mandate in
286 concert with guaranteed issue, the elimination of preexisting condition
287 exclusions [,] and the implementation of auto-enrollment;

288 (14) To apply for and receive federal funds and raise funds from
289 private and public sources outside of the state budget to contribute
290 toward support of its mission and operations;

291 (15) To make optimum use of opportunities created by the federal
292 government for securing new and increased federal funding,
293 including, but not limited to, increased reimbursement revenues;

294 (16) In the event of the enactment of federal health care reform, to
295 submit preliminary recommendations for the implementation of the
296 SustiNet Plan to the General Assembly not later than sixty days after
297 the date of enactment of such federal health care reform; and

298 (17) To study the feasibility of funding premium subsidies for
299 individuals with income that exceeds three hundred per cent of the
300 federal poverty level but does not exceed four hundred per cent of the
301 federal poverty level.

302 Sec. 16. Subsections (a) to (d), inclusive, of section 19a-714 of the

303 2010 supplement to the general statutes are repealed and the following
304 is substituted in lieu thereof (*Effective October 1, 2010*):

305 (a) For purposes of this section: (1) "Subscribing provider" means a
306 licensed health care provider that: (A) Either is a participating provider
307 in the Sustinet Plan or provides services in this state; and (B) enters
308 into a binding agreement to pay a proportionate share of the cost of the
309 goods and services described in this section, consistent with guidelines
310 adopted by the board; and (2) "approved software" means electronic
311 medical records software approved by the board [] after receiving
312 recommendations from the information technology advisory
313 committee [] established pursuant to this section.

314 (b) The board of directors shall establish an information technology
315 advisory committee that shall formulate a plan for developing,
316 acquiring, financing, leasing or purchasing fully interoperable
317 electronic medical records software and hardware packages for
318 subscribing providers. Such plan shall include the development of a
319 periodic payment system that allows subscribing providers to acquire
320 approved software and hardware while receiving the services
321 described in this section. The committee shall offer recommendations
322 on matters that include, but are not limited to: (1) The furnishing of
323 approved software to subscribing providers and to participating
324 providers, as the case may be, consistent with the capital acquisition,
325 technical support, reduced-cost digitization of records, software
326 updating and software transition procedures described in this section;
327 and (2) the development and implementation of procedures to ensure
328 that physicians, nurses, hospitals and other health care providers gain
329 access to hardware and approved software for interoperable electronic
330 medical records and the establishment of electronic health records for
331 Sustinet Plan members.

332 (c) The committee shall consult with health information technology
333 specialists, physicians, nurses, hospitals and other health care
334 providers, as deemed appropriate by the committee, to identify
335 potential software and hardware options that meet the needs of the full

336 array of health care practices in the state. Any electronic medical
337 record package that the committee recommends for future possible
338 purchase shall include, to the maximum extent feasible: (1) A full set of
339 functionalities for pertinent provider categories, including practice
340 management, patient scheduling, claims submission, billing, issuance
341 and tracking of laboratory orders and prescriptions; (2) automated
342 patient reminders concerning upcoming appointments; (3)
343 recommended preventive care services; (4) automated provision of test
344 results to patients, when appropriate; (5) decision support, including a
345 notice of recommended services not yet received by a patient; (6)
346 notice of potentially duplicative tests and other services; (7) in the case
347 of prescriptions, notice of potential interactions with other drugs and
348 past patient adverse reactions to similar medications; (8) notice of
349 possible violation of patient wishes for end-of-life care; (9) notice of
350 services provided inconsistently with care guidelines adopted
351 pursuant to section 19a-717, along with options that permit the
352 convenient recording of reasons why such guidelines are not being
353 followed; and (10) such additional functions as may be approved by
354 the information technology advisory committee.

355 (d) The committee shall offer recommendations on the procurement
356 and development of approved software. Such recommendations may
357 include that any approved software have the capacity to: (1) Gather
358 information pertinent to assessing health care outcomes, including
359 activity limitations, self-reported health status and other quality of life
360 indicators; and (2) allow the board of directors to track the
361 accomplishment of clinical care objectives at all levels. The board of
362 directors shall ensure that Sustinet Plan providers who use approved
363 software are able to electronically transmit to, and receive information
364 from, all laboratories and pharmacies participating in the Sustinet
365 Plan [,] without the need to construct interfaces, other than those
366 constructed by the public authority.

367 Sec. 17. Subsections (c) to (e), inclusive, of section 19a-718 of the
368 2010 supplement to the general statutes are repealed and the following
369 is substituted in lieu thereof (*Effective October 1, 2010*):

370 (c) The board of directors shall develop recommendations to ensure
371 that the HUSKY Plan Part A and Part B, Medicaid [] and state-
372 administered general assistance programs participate in the Sustinet
373 Plan. Such recommendations shall also ensure that HUSKY Plan Part
374 A and Part B benefits are extended, to the extent permitted by federal
375 law, to adults with income at or below three hundred per cent of the
376 federal poverty level.

377 (d) The board of directors shall make recommendations to ensure
378 that on and after July 1, 2012, state residents who are not offered
379 employer-sponsored insurance and who do not qualify for HUSKY
380 Plan Part A and Part B, Medicaid [] or state-administered general
381 assistance are permitted to enroll in the Sustinet Plan. Such
382 recommendations shall ensure that premium variation based on
383 member characteristics does not exceed, in total amount or in
384 consideration of individual health risk, the variation permitted for a
385 small employer carrier, as defined in subdivision (16) of section 38a-
386 564.

387 (e) The board of directors shall make recommendations to provide
388 an option for enrollment into the Sustinet Plan, rather than employer-
389 sponsored insurance, for certain state residents who are offered
390 employer-sponsored insurance but who have a household income at or
391 below four hundred per cent of the federal poverty level. Said board
392 may make recommendations for the establishment of (1) an enrollment
393 procedure for those individuals who demonstrate eligibility to enroll
394 in the Sustinet Plan pursuant to this subsection; and (2) a method for
395 the collection of payments from employers [] whose employees would
396 have received employer-sponsored insurance [] but instead enroll in
397 the Sustinet Plan in accordance with the provisions of this subsection.

398 Sec. 18. Subdivision (5) of subsection (a) of section 19a-904 of the
399 2010 supplement to the general statutes is repealed and the following
400 is substituted in lieu thereof (*Effective October 1, 2010*):

401 (5) "Emergency medical technician" means any class of emergency
402 medical technician certified under regulations adopted pursuant to

403 section 19a-179, including, but not limited to, any [emergency medical
404 technician-intermediate] advanced emergency medical technician or
405 [medical response technician] emergency medical responder;

406 Sec. 19. Subsection (d) of section 20-7a of the 2010 supplement to the
407 general statutes is repealed and the following is substituted in lieu
408 thereof (*Effective October 1, 2010*):

409 (d) No person or entity, other than a physician licensed under
410 chapter 370, a clinical laboratory, as defined in section 19a-30, or a
411 referring clinical laboratory, shall directly or indirectly charge, bill or
412 otherwise solicit payment for the provision of anatomic pathology
413 services, unless such services were personally rendered by or under
414 the direct supervision of such physician, clinical laboratory or referring
415 laboratory in accordance with section 353 of the Public Health Service
416 Act, (42 USC 263a). A clinical laboratory or referring laboratory may
417 only solicit payment for anatomic pathology services from the patient,
418 a hospital, the responsible insurer of a third party payor, or a
419 governmental agency or such agency's public or private agent that is
420 acting on behalf of the recipient of such services. Nothing in this
421 subsection shall be construed to prohibit a clinical laboratory from
422 billing a referring clinical laboratory when specimens are transferred
423 between such laboratories for histologic or cytologic processing or
424 consultation. No patient or other third party payor, as described in this
425 subsection, shall be required to reimburse any provider for charges or
426 claims submitted in violation of this section. For purposes of this
427 subsection, (1) "referring clinical laboratory" means a clinical
428 laboratory that refers a patient specimen for consultation or anatomic
429 pathology services, excluding the laboratory of a physician's office or
430 group practice that takes a patient specimen and does not perform the
431 professional diagnostic component of the anatomic pathology services
432 involved, and (2) "anatomic pathology services" means the gross and
433 microscopic examination and histologic or cytologic processing of
434 human specimens, including histopathology or surgical pathology,
435 cytopathology, hematology, subcellular pathology or molecular
436 pathology or blood banking service performed by a pathologist.

437 Sec. 20. Subsection (b) of section 20-74mm of the 2010 supplement to
438 the general statutes is repealed and the following is substituted in lieu
439 thereof (*Effective October 1, 2010*):

440 (b) Nothing in chapter 370 shall be construed to prohibit a
441 radiologist assistant from performing radiologic procedures under the
442 direct supervision and direction of a physician who is licensed
443 pursuant to chapter 370 and who is board certified in radiology. A
444 radiologist assistant may perform radiologic procedures delegated by
445 a supervising radiologist provided: (1) The supervising radiologist is
446 satisfied as to the ability and competency of the radiologist assistant;
447 (2) such delegation is consistent with the health and welfare of the
448 patient and in keeping with sound medical practice; (3) the
449 supervising radiologist shall assume full control and responsibility for
450 all procedures performed by the radiologist assistant; and (4) such
451 procedures shall be performed under the oversight, control and
452 direction of the supervising radiologist. Delegated procedures shall be
453 implemented in accordance with written protocols established by the
454 supervising radiologist. In addition to those procedures that the
455 supervising radiologist deems appropriate to be performed under
456 personal supervision, the following procedures, including contrast
457 media administration and needle or catheter placement, must be
458 performed under personal supervision: (A) Lumbar puncture under
459 fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical
460 myelogram, (D) nontunneled venous central line placement, (E)
461 venous catheter placement for dialysis, (F) breast needle localization,
462 and ~~[(E)]~~ (G) ductogram.

463 Sec. 21. Subsection (e) of section 20-74oo of the 2010 supplement to
464 the general statutes is repealed and the following is substituted in lieu
465 thereof (*Effective October 1, 2010*):

466 (e) No license shall be issued under this section to any applicant
467 against [who] whom professional disciplinary action is pending or
468 who is the subject of an unresolved complaint in this or any other state
469 or territory.

470 Sec. 22. Section 20-126e of the 2010 supplement to the general
471 statutes is repealed and the following is substituted in lieu thereof
472 (*Effective October 1, 2010*):

473 Each dentist licensed in this state, who either makes or directs to be
474 made a removable prosthetic denture, bridge, appliance or other
475 structure to be worn in a person's mouth, shall offer to the patient for
476 whom the prosthesis is to be made the opportunity to have such
477 prosthesis marked with the patient's name or initials. Such markings
478 shall be accomplished at the time the prosthesis is made and the
479 location and methods used to apply or implant such markings shall be
480 determined by the dentist or person directed to act on behalf of the
481 dentist. Such marking shall be permanent, legible and cosmetically
482 acceptable. A dentist shall advise the patient of any additional charges
483 that may be incurred to obtain such markings on the prosthesis.
484 Notwithstanding the provisions of this section, if in the professional
485 judgment of the dentist or the entity that is making the prosthesis, such
486 markings are not practicable or clinically safe, the identifying marks
487 may be omitted entirely.

488 Sec. 23. Subsection (a) of section 20-395f of the 2010 supplement to
489 the general statutes is repealed and the following is substituted in lieu
490 thereof (*Effective October 1, 2010*):

491 (a) The commissioner may refuse to issue a license or may suspend
492 or revoke the license of any licensee or take any of the actions set forth
493 in section 19a-17 in circumstances which have endangered or are likely
494 to endanger the health, welfare [,] or safety of the public. Such
495 circumstances include, but are not limited to, the following:

496 (1) Obtaining a license by means of fraud or material
497 misrepresentation or engaging in fraud or material deception in the
498 course of professional services or activities;

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

501 (3) Violation of any provision of sections 20-395a to 20-395g,
502 inclusive, or regulations of Connecticut state agencies;

503 (4) Physical or mental illness or emotional disorder or loss of motor
504 skill, including, but not limited to, deterioration through the aging
505 process;

506 (5) Abuse or excessive use of drugs, including alcohol, narcotics or
507 chemicals; or

508 (6) Illegal, incompetent or negligent conduct in the practice of
509 audiology.

510 Sec. 24. Subsections (a) to (c), inclusive, of section 54-56g of the 2010
511 supplement to the general statutes are repealed and the following is
512 substituted in lieu thereof (*Effective October 1, 2010*):

513 (a) There shall be a pretrial alcohol education program for persons
514 charged with a violation of section 14-227a, 14-227g, 15-132a, 15-133,
515 15-140l or 15-140n. Upon application by any such person for
516 participation in such [system] program and payment to the court of an
517 application fee of one hundred dollars and a nonrefundable evaluation
518 fee of one hundred dollars, the court shall, but only as to the public,
519 order the court file sealed, provided such person states under oath, in
520 open court or before any person designated by the clerk and duly
521 authorized to administer oaths, under penalties of perjury that: (1) If
522 such person is charged with a violation of section 14-227a, such person
523 has not had such [system] program invoked in such person's behalf
524 within the preceding ten years for a violation of section 14-227a, (2) if
525 such person is charged with a violation of section 14-227g, such person
526 has never had such [system] program invoked in such person's behalf
527 for a violation of section 14-227a or 14-227g, (3) such person has not
528 been convicted of a violation of section 53a-56b or 53a-60d, a violation
529 of subsection (a) of section 14-227a before or after October 1, 1981, or a
530 violation of subdivision (1) or (2) of subsection (a) of section 14-227a on
531 or after October 1, 1985, and (4) such person has not been convicted in
532 any other state at any time of an offense the essential elements of

533 which are substantially the same as section 53a-56b or 53a-60d or
534 subdivision (1) or (2) of subsection (a) of section 14-227a. Unless good
535 cause is shown, a person shall be ineligible for participation in such
536 pretrial alcohol education [system] program if such person's alleged
537 violation of section 14-227a or 14-227g caused the serious physical
538 injury, as defined in section 53a-3, of another person. The application
539 fee imposed by this subsection shall be credited to the Criminal
540 Injuries Compensation Fund established by section 54-215. The
541 evaluation fee shall be credited to the pretrial account established
542 under section 54-56k.

543 (b) The court, after consideration of the recommendation of the
544 state's attorney, assistant state's attorney or deputy assistant state's
545 attorney in charge of the case, may, in its discretion, grant such
546 application. If the court grants such application, the court shall refer
547 such person to the Court Support Services Division for assessment and
548 confirmation of the eligibility of the applicant and to the Department
549 of Mental Health and Addiction Services for evaluation. The Court
550 Support Services Division, in making its assessment and confirmation,
551 may rely on the representations made by the applicant under oath in
552 open court with respect to convictions in other states of offenses
553 specified in subsection (a) of this section. Upon confirmation of
554 eligibility and receipt of the evaluation report, the defendant shall be
555 referred to the Department of Mental Health and Addiction Services
556 by the Court Support Services Division for placement in an
557 appropriate alcohol intervention program for one year, or be placed in
558 a state-licensed substance abuse treatment program. The alcohol
559 intervention program shall include a ten-session intervention program
560 and a fifteen-session intervention program. Any person who enters the
561 [system] program shall agree: (1) To the tolling of the statute of
562 limitations with respect to such crime, (2) to a waiver of such person's
563 right to a speedy trial, (3) to complete ten or fifteen counseling sessions
564 in an alcohol intervention program or successfully complete a
565 substance abuse treatment program of not less than twelve sessions
566 pursuant to this section dependent upon the evaluation report and the
567 court order, (4) to commence participation in an alcohol intervention

568 program or substance abuse treatment program not later than ninety
569 days after the date of entry of the court order unless granted a delayed
570 entry into a program by the court, (5) upon completion of participation
571 in the alcohol intervention program, to accept placement in a treatment
572 program upon recommendation of a provider under contract with the
573 Department of Mental Health and Addiction Services pursuant to
574 subsection (f) of this section or placement in a state-licensed treatment
575 program which meets standards established by the Department of
576 Mental Health and Addiction Services, if the Court Support Services
577 Division deems it appropriate, and (6) if ordered by the court, to
578 participate in at least one victim impact panel. The suspension of the
579 motor vehicle operator's license of any such person pursuant to section
580 14-227b shall be effective during the period such person is
581 participating in such program, provided such person shall have the
582 option of not commencing the participation in such program until the
583 period of such suspension is completed. If the Court Support Services
584 Division informs the court that the defendant is ineligible for the
585 [system] pretrial alcohol education program and the court makes a
586 determination of ineligibility or if the program provider certifies to the
587 court that the defendant did not successfully complete the assigned
588 program or is no longer amenable to treatment and such person does
589 not pursue, or the court denies, program reinstatement under
590 subsection (e) of this section, the court shall order the court file to be
591 unsealed, enter a plea of not guilty for such defendant and
592 immediately place the case on the trial list. If such defendant
593 satisfactorily completes the assigned program, such defendant may
594 apply for dismissal of the charges against such defendant and the
595 court, on reviewing the record of the defendant's participation in such
596 program submitted by the Court Support Services Division and on
597 finding such satisfactory completion, shall dismiss the charges. If the
598 defendant does not apply for dismissal of the charges against such
599 defendant after satisfactorily completing the assigned program the
600 court, upon receipt of the record of the defendant's participation in
601 such program submitted by the Court Support Services Division, may
602 on its own motion make a finding of such satisfactory completion and

603 dismiss the charges. Upon motion of the defendant and a showing of
604 good cause, the court may extend the one-year placement period for a
605 reasonable period for the defendant to complete the assigned program.
606 A record of participation in such program shall be retained by the
607 Court Support Services Division for a period of seven years from the
608 date of application. The Court Support Services Division shall transmit
609 to the Department of Motor Vehicles a record of participation in such
610 program for each person who satisfactorily completes such program.
611 The Department of Motor Vehicles shall maintain for a period of ten
612 years the record of a person's participation in such program as part of
613 such person's driving record. The Court Support Services Division
614 shall transmit to the Department of Environmental Protection the
615 record of participation of any person who satisfactorily completes such
616 program who has been charged with a violation of the provisions of
617 section 15-132a, 15-133, 15-140l or 15-140n. The Department of
618 Environmental Protection shall maintain for a period of ten years the
619 record of a person's participation in such program as a part of such
620 person's boater certification record.

621 (c) At the time the court grants the application for participation in
622 the alcohol intervention program, such person shall also pay to the
623 court a nonrefundable program fee of three hundred fifty dollars if
624 such person is ordered to participate in the ten-session program and a
625 nonrefundable program fee of five hundred dollars if such person is
626 ordered to participate in the fifteen-session program. If the court
627 grants participation in a treatment program, such person shall be
628 responsible for the costs associated with participation in such program.
629 No person may be excluded from either program for inability to pay
630 such fee or cost, provided (1) such person files with the court an
631 affidavit of indigency or inability to pay, (2) such indigency or inability
632 to pay is confirmed by the Court Support Services Division, and (3) the
633 court enters a finding thereof. If the court finds that a person is
634 indigent or unable to pay for a treatment program, the costs of such
635 program shall be paid for from the pretrial account established under
636 section 54-56k. If the court denies the application, such person shall not
637 be required to pay the program fee. If the court grants the application,

638 and such person is later determined to be ineligible for participation in
639 such pretrial alcohol education [system] program or fails to complete
640 the assigned program, the program fee shall not be refunded. All
641 program fees shall be credited to the pretrial account established under
642 section 54-56k.

643 Sec. 25. Subsection (d) of section 54-56i of the 2010 supplement to
644 the general statutes is repealed and the following is substituted in lieu
645 thereof (*Effective October 1, 2010*):

646 (d) Upon confirmation of eligibility and receipt of the evaluation
647 required pursuant to subsection (c) of this section, such person shall be
648 referred to the Department of Mental Health and Addiction Services
649 by the Court Support Services Division for placement in the drug
650 education program. Participants in the drug education program shall
651 receive appropriate drug intervention services or substance abuse
652 treatment program services, as recommended by the evaluation
653 conducted pursuant to subsection (c) of this section, and ordered by
654 the court. Placement in the drug education program pursuant to this
655 section shall not exceed one year. Persons receiving substance abuse
656 treatment program services in accordance with the provisions of this
657 section shall only receive such services at state licensed substance
658 abuse treatment program facilities that are in compliance with all state
659 standards governing the operation of such facilities. Any person who
660 enters the program shall agree: (1) To the tolling of the statute of
661 limitations with respect to such crime; (2) to a waiver of such person's
662 right to a speedy trial; (3) to complete participation in the ten-session
663 drug intervention program, fifteen-session drug intervention program
664 or substance abuse treatment program, as recommended by the
665 evaluation conducted pursuant to subsection (c) of this section, and
666 ordered by the court; (4) to commence participation in the drug
667 education program not later than ninety days after the date of entry of
668 the court order unless granted a delayed entry into the program by the
669 court; and (5) upon completion of participation in the pretrial drug
670 education program, to accept placement in a treatment program upon
671 the recommendation of a provider under contract with the Department

672 of Mental Health and Addiction Services or placement in a treatment
673 program that has standards substantially similar to, or higher than, a
674 program of a provider under contract with the Department of Mental
675 Health and Addiction Services if the Court Support Services Division
676 deems it appropriate. The department shall require as a condition of
677 participation in the drug education program that any person
678 participating in the ten-session drug intervention program or the
679 substance abuse treatment program also participate in the community
680 service labor program, established pursuant to section 53a-39c, for not
681 less than five days; and that any person participating in the fifteen-
682 session drug intervention program also participate in said community
683 service labor program, for not less than ten days.

684 Sec. 26. Subsection (g) of section 54-56i of the 2010 supplement to
685 the general statutes is repealed and the following is substituted in lieu
686 thereof (*Effective October 1, 2010*):

687 (g) At the time the court grants the application for participation in
688 the pretrial drug education program, such person shall pay to the court
689 a nonrefundable program fee of three hundred fifty dollars if such
690 person is ordered to participate in the ten-session drug intervention
691 program or five hundred dollars if such person is ordered to
692 participate in the fifteen-session drug intervention program. If the
693 court orders participation in a drug treatment program, such person
694 shall be responsible for the costs associated with such program. No
695 person may be excluded from any such program for inability to pay
696 such fee, provided (1) such person files with the court an affidavit of
697 indigency or inability to pay, (2) such indigency or inability to pay is
698 confirmed by the Court Support Services Division, and (3) the court
699 enters a finding thereof. The court may waive all or any portion of
700 such fee depending on such person's ability to pay. If the court denies
701 the application, such person shall not be required to pay the program
702 fee. If the court grants the application, and such person is later
703 determined to be ineligible for participation in such pretrial drug
704 education program or fails to complete the assigned program, the
705 program fees shall not be refunded. All such program fees shall be

706 credited to the pretrial account established under section 54-56k.

707 Sec. 27. Section 54-66a of the general statutes is repealed and the
 708 following is substituted in lieu thereof (*Effective October 1, 2010*):

709 Any bail bond posted in any criminal proceeding in this state shall
 710 be automatically terminated and released whenever the defendant: (1)
 711 Is granted accelerated rehabilitation pursuant to section 54-56e; (2) is
 712 granted admission to the pretrial alcohol education [system] program
 713 pursuant to section 54-56g, as amended by this act; (3) is granted
 714 admission to the pretrial family violence education program pursuant
 715 to section 46b-38c; (4) is granted admission to the community service
 716 labor program pursuant to section 53a-39c; (5) is granted admission to
 717 the pretrial drug education program pursuant to section 54-56i, as
 718 amended by this act; (6) has the complaint or information filed against
 719 such defendant dismissed; (7) is acquitted; (8) is sentenced by the
 720 court; (9) is granted admission to the pretrial school violence
 721 prevention program pursuant to section 54-56j; or (10) is charged with
 722 a violation of section 29-33 and prosecution has been suspended
 723 pursuant to subsection (h) of section 29-33.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | <i>October 1, 2010</i> | 1-84b(c)(1) |
| Sec. 2 | <i>October 1, 2010</i> | 14-227j(b) |
| Sec. 3 | <i>October 1, 2010</i> | 17a-451(o) |
| Sec. 4 | <i>October 1, 2010</i> | 19a-25h(b) |
| Sec. 5 | <i>October 1, 2010</i> | 19a-72(f)(2) |
| Sec. 6 | <i>October 1, 2010</i> | 19a-175(7) |
| Sec. 7 | <i>October 1, 2010</i> | 19a-177(13) |
| Sec. 8 | <i>October 1, 2010</i> | 19a-181a |
| Sec. 9 | <i>October 1, 2010</i> | 19a-195a(a) |
| Sec. 10 | <i>October 1, 2010</i> | 19a-308a(a) |
| Sec. 11 | <i>October 1, 2010</i> | 19a-517(b) |
| Sec. 12 | <i>October 1, 2010</i> | 19a-634(b) |
| Sec. 13 | <i>October 1, 2010</i> | 19a-639b(a)(3) |
| Sec. 14 | <i>October 1, 2010</i> | 19a-710(1) |
| Sec. 15 | <i>October 1, 2010</i> | 19a-712(b) |

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|---------|------------------------|-------------------|
| Sec. 16 | <i>October 1, 2010</i> | 19a-714(a) to (d) |
| Sec. 17 | <i>October 1, 2010</i> | 19a-718(c) to (e) |
| Sec. 18 | <i>October 1, 2010</i> | 19a-904(a)(5) |
| Sec. 19 | <i>October 1, 2010</i> | 20-7a(d) |
| Sec. 20 | <i>October 1, 2010</i> | 20-74mm(b) |
| Sec. 21 | <i>October 1, 2010</i> | 20-74oo(e) |
| Sec. 22 | <i>October 1, 2010</i> | 20-126e |
| Sec. 23 | <i>October 1, 2010</i> | 20-395f(a) |
| Sec. 24 | <i>October 1, 2010</i> | 54-56g(a) to (c) |
| Sec. 25 | <i>October 1, 2010</i> | 54-56i(d) |
| Sec. 26 | <i>October 1, 2010</i> | 54-56i(g) |
| Sec. 27 | <i>October 1, 2010</i> | 54-66a |

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill makes technical changes to existing statutes and does not result in a fiscal impact.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis

HB 5292

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDED TECHNICAL CHANGES TO THE PUBLIC HEALTH STATUTES.

SUMMARY:

This bill makes a number of technical changes to various public health- related statutes.

EFFECTIVE DATE: October 1, 2010

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 30 Nay 0 (03/10/2010)