



**Substitute House Bill No. 5514**

**Public Act No. 12-197**

**AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.**

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

Section 1. Subsection (a) of section 7-60 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) Each case of fetal death shall be registered and a fetal death certificate shall be filed with the registrar of vital statistics in the manner required by sections 7-48, [7-50,] 7-51 and 7-52 with respect to the filing, content and issuance of birth certificates. A fetus born after a period of gestation of not less than twenty weeks in which there is no attempt at respiration, no action of heart and no movement of voluntary muscle, shall be recorded as a fetal death. A fetal death certificate shall be signed by a physician or, when no physician was in attendance, by the nurse-midwife in attendance at the birth, the Chief Medical Examiner, Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner.

Sec. 2. Section 46b-25 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

No license may be issued by the registrar until both persons have

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appeared before the registrar and made application for a license. The registrar shall issue a license to any two persons eligible to marry under this chapter. The license shall be completed in its entirety, dated, signed and sworn to by each applicant and shall state each applicant's name, age, race, birthplace, residence, whether single, widowed or divorced and whether under the supervision or control of a conservator or guardian. The Social Security numbers of both persons shall be recorded in the "administrative purposes" section of the license. If the license is signed and sworn to by the applicants on different dates, the [~~earlier~~] later date shall be deemed the date of application.

Sec. 3. Subsection (b) of section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) The Department of Public Health shall maintain and operate the Connecticut Tumor Registry. Said registry shall include a report of every occurrence of a reportable tumor that is diagnosed or treated in the state. Such reports shall be made to the department by any hospital, clinical laboratory and health care provider in the state. Such reports shall include, but not be limited to, pathology reports and information obtained from records of any person licensed as a health care provider and may include a collection of actual tissue samples and such information as the department may prescribe. Follow-up data, demographic, diagnostic, treatment and other medical information shall also be included in the report in a form and manner as the department may prescribe. The Commissioner of Public Health shall promulgate a list of required data items, which may be amended from time to time. Such reports shall include every occurrence of a reportable tumor that is diagnosed or treated during a calendar year. [On or before July 1, 2010, and annually thereafter, such] Such reports shall be submitted to the department on or before July first, annually,

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in such manner as the department may prescribe.

Sec. 4. Section 19a-255 of the general statutes is amended by adding subsection (d) as follows (*Effective October 1, 2012*):

(NEW) (d) The Commissioner of Public Health may enter into a reciprocal agreement with another state for the interstate transportation of a person afflicted with tuberculosis and for the medical treatment of such person.

Sec. 5. Section 19a-4l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

There is established, within the Department of Public Health, an Office of Oral Public Health. The director of the Office of Oral Public Health shall be a dental health professional with [a graduate degree] experience in public health and [hold] a license to practice under chapter 379 or 379a and shall:

(1) Coordinate and direct state activities with respect to state and national dental public health programs;

(2) Serve as the department's chief advisor on matters involving oral health; and

(3) Plan, implement and evaluate all oral health programs within the department.

Sec. 6. Subdivision (4) of subsection (a) of section 52-146k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(4) "Rape crisis center" means any office, institution or center offering assistance to victims of sexual assault and their families through crisis intervention, medical and legal advocacy and follow-up counseling. [and which meets the Department of Public Health criteria

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of service provision for such centers.]

Sec. 7. Subsection (f) of section 19a-37 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(f) The local director of health may require a private residential well to be tested for [radionuclides] arsenic, radium, uranium, radon or gross alpha emitters, when there are reasonable grounds to suspect that such contaminants are present in the groundwater. For purposes of this subsection, "reasonable grounds" means (1) the existence of a geological area known to have naturally occurring [radionuclide] arsenic, radium, uranium, radon or gross alpha emitter deposits in the bedrock; or (2) the well is located in an area in which it is known that [radionuclides] arsenic, radium, uranium, radon or gross alpha emitters are present in the groundwater.

Sec. 8. Section 20-341a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

As used in this chapter:

(1) "Subsurface sewage disposal system installer" means any person [regularly] offering to the general public services of construction, installation, repairing, cleaning or servicing subsurface sewage disposal systems and licensed pursuant to section 20-341e;

(2) "Subsurface sewage disposal system cleaner" means any person [regularly] offering to the general public services of cleaning or servicing subsurface sewage disposal systems and licensed pursuant to section 20-341e;

(3) "Subsurface sewage disposal system" means a septic tank followed by leaching pits, trenches, beds or galleries.

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Sec. 9. Section 20-3411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

Any person who engages in or practices the work or occupation of subsurface sewage disposal system installer or subsurface sewage disposal system cleaner without having first obtained a license for such work, or who wilfully employs a person who does not have a license for such work, or who wilfully and falsely pretends to qualify to engage in or practice such work or occupation, or who violates any other provision of this chapter, unless the penalty is otherwise specifically prescribed, shall be fined not more than [one hundred] ten thousand dollars for each such violation.

Sec. 10. Subsection (e) of section 20-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(e) Any physician [licensed] or surgeon who holds a license in good standing in another state [who is board-certified in pediatrics or family medicine, or whose state standards for licensure are equivalent to or greater than those required in this state,] may practice as a youth camp physician in this state without a license for a period not to exceed nine weeks.

Sec. 11. Subsection (a) of section 17b-338 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) There is established a Long-Term Care Advisory Council which shall consist of the following: (1) The executive director of the Commission on Aging, or the executive director's designee; (2) the State Nursing Home Ombudsman, or the ombudsman's designee; (3) the president of the Coalition of Presidents of Resident Councils, or the president's designee; (4) the executive director of the Legal Assistance

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Resource Center of Connecticut, or the executive director's designee; (5) the state president of AARP, or the president's designee; (6) one representative of a bargaining unit for health care employees, appointed by the president of the bargaining unit; (7) the president of [the Connecticut Association of Not-For-Profit Providers for the Aging] LeadingAge Connecticut, Inc., or the president's designee; (8) the president of the Connecticut Association of Health Care Facilities, or the president's designee; (9) the president of the Connecticut Association of Residential Care Homes, or the president's designee; (10) the president of the Connecticut Hospital Association or the president's designee; (11) the executive director of the Connecticut Assisted Living Association or the executive director's designee; (12) the executive director of the Connecticut Association for Homecare or the executive director's designee; (13) the president of Connecticut Community Care, Inc. or the president's designee; (14) one member of the Connecticut Association of Area Agencies on Aging appointed by the agency; (15) the president of the Connecticut chapter of the Connecticut Alzheimer's Association; (16) one member of the Connecticut Association of Adult Day Centers appointed by the association; (17) the president of the Connecticut Chapter of the American College of Health Care Administrators, or the president's designee; (18) the president of the Connecticut Council for Persons with Disabilities, or the president's designee; (19) the president of the Connecticut Association of Community Action Agencies, or the president's designee; (20) a personal care attendant appointed by the speaker of the House of Representatives; (21) the president of the Family Support Council, or the president's designee; (22) a person who, in a home setting, cares for a person with a disability and is appointed by the president pro tempore of the Senate; (23) three persons with a disability appointed one each by the majority leader of the House of Representatives, the majority leader of the Senate and the minority leader of the House of Representatives; (24) a legislator who is a member of the Long-Term Care Planning Committee; and (25) one

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member who is a nonunion home health aide appointed by the minority leader of the Senate.

Sec. 12. Subsection (a) of section 17b-339 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) There is established a Nursing Home Financial Advisory Committee to examine the financial solvency of nursing homes on an ongoing basis and to support the Departments of Social Services and Public Health in their mission to provide oversight to the nursing home industry on issues concerning the financial solvency of and quality of care provided by nursing homes. The committee shall consist of the Commissioner of Social Services, or his designee; the Commissioner of Public Health, or his designee; the Secretary of the Office of Policy and Management, or his designee; the executive director of the Connecticut Health and Education Facilities Authority, or his designee; the [executive director of the Connecticut Association of Not-for-Profit Providers for the Aging, or the executive director's designee] president of LeadingAge Connecticut, Inc. or the president's designee; and the executive director of the Connecticut Association of Health Care Facilities, or the executive director's designee. The Commissioner of Social Services or his designee and the Commissioner of Public Health or his designee shall be the chairpersons of the committee.

Sec. 13. Subsection (d) of section 19a-127l of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(d) The advisory committee shall consist of (1) four members who represent and shall be appointed by the Connecticut Hospital Association, including three members who represent three separate hospitals that are not affiliated of which one such hospital is an

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academic medical center; (2) one member who represents and shall be appointed by the Connecticut Nursing Association; (3) two members who represent and shall be appointed by the Connecticut Medical Society, including one member who is an active medical care provider; (4) two members who represent and shall be appointed by the Connecticut Business and Industry Association, including one member who represents a large business and one member who represents a small business; (5) one member who represents and shall be appointed by the Home Health Care Association; (6) one member who represents and shall be appointed by the Connecticut Association of Health Care Facilities; (7) one member who represents and shall be appointed by [the Connecticut Association of Not-For-Profit Providers for the Aging] LeadingAge Connecticut, Inc.; (8) two members who represent and shall be appointed by the AFL-CIO; (9) one member who represents consumers of health care services and who shall be appointed by the Commissioner of Public Health; (10) one member who represents a school of public health and who shall be appointed by the Commissioner of Public Health; (11) the Commissioner of Public Health or said commissioner's designee; (12) the Commissioner of Social Services or said commissioner's designee; (13) the Secretary of the Office of Policy and Management or said secretary's designee; (14) two members who represent licensed health plans and shall be appointed by the Connecticut Association of Health Care Plans; (15) one member who represents and shall be appointed by the federally designated state peer review organization; and (16) one member who represents and shall be appointed by the Connecticut Pharmaceutical Association. The chairperson of the advisory committee shall be the Commissioner of Public Health or said commissioner's designee. The chairperson of the committee, with a vote of the majority of the members present, may appoint ex-officio nonvoting members in specialties not represented among voting members. Vacancies shall be filled by the person who makes the appointment under this subsection.

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Sec. 14. Subsection (b) of section 19a-515 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) Each licensee shall complete a minimum of forty hours of continuing education every two years. Such two-year period shall commence on the first date of renewal of the licensee's license after January 1, 2004. The continuing education shall be in areas related to the licensee's practice. Qualifying continuing education activities are courses offered or approved by the Connecticut Association of Healthcare Facilities, [the Connecticut Association of Not-For-Profit Providers for the Aging] LeadingAge Connecticut, Inc., the Connecticut Assisted Living Association, the Connecticut Alliance for Subacute Care, Inc., the Connecticut Chapter of the American College of Health Care Administrators, the Association For Long Term Care Financial Managers or any accredited college or university, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, or by federal or state departments or agencies.

Sec. 15. Subsection (a) of section 20-206b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) No person shall engage in the practice of massage therapy unless the person has obtained a license from the department pursuant to this section. Each person seeking licensure as a massage therapist shall make application on forms prescribed by the department, pay an application fee of three hundred seventy-five dollars and present to the department satisfactory evidence that the applicant: (1) Has graduated from a school of massage therapy offering a course of study of not less than five hundred classroom hours, with the instructor present, [and] that, at the time of the applicant's graduation, had a current school

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code assigned by the National Certification Board for Therapeutic Massage and Bodywork and was either (A) accredited by an agency recognized by the United States Department of Education or by a state board of postsecondary technical trade and business schools, or (B) accredited by the Commission on Massage Therapy Accreditation, and (2) has passed the National Certification Examination for Therapeutic Massage and Bodywork. Passing scores on the examination shall be prescribed by the department. The National Certification Board for Therapeutic Massage and Bodywork's national examination for state licensing option shall not satisfy the examination requirements for a person seeking licensure pursuant to this section.

Sec. 16. (NEW) (*Effective October 1, 2012*) (a) Not later than January 1, 2013, the athletic department of each institution of higher education shall develop and implement a policy consistent with this section concerning the availability and use of an automatic external defibrillator during intercollegiate sport practice, training and competition.

(b) Each athletic department of an institution of higher education shall (1) (A) provide and maintain in a central location that is not more than one-quarter mile from the premises used by the athletic department at least one automatic external defibrillator, as defined in section 19a-175 of the general statutes, and (B) make such central location known and accessible to employees and student-athletes of such institution of higher education during all hours of intercollegiate sport practice, training and competition, (2) ensure that at least one licensed athletic trainer or other person who is trained in cardiopulmonary resuscitation and the use of an automatic external defibrillator in accordance with the standards set forth by the American Red Cross or American Heart Association is on the premises used by the athletic department during all hours of intercollegiate sport practice, training and competition, (3) maintain and test the

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automatic external defibrillator in accordance with the manufacturer's guidelines, and (4) promptly notify a local emergency medical services provider after each use of such automatic external defibrillator. As used in this section, "the premises used by the athletic department" means those premises that are used for intercollegiate sport practice, training or competition and may include, but need not be limited to, an athletic building or room, gymnasium, athletic field or stadium; and "intercollegiate sport" means a sport played at the collegiate level for which eligibility requirements for participation by a student-athlete are established by a national association for the promotion or regulation of collegiate athletics.

Sec. 17. Subsection (d) of section 19a-6k of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(d) The advisory panel shall present the initial plan to the Department of Public Health and the joint standing committee of the General Assembly having cognizance of matters relating to public health on or before [October 1, 2012] July 1, 2013. The advisory panel may make periodic revisions to the plan that are consistent with the purposes of this section.

Sec. 18. Subsection (b) of section 20-126c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) Except as otherwise provided in this section, [for registration periods beginning on and after October 1, 2007,] a licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include [the

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topics required pursuant to this subdivision. For registration periods ending on or before September 30, 2011, such topics shall include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) access to care, (C) risk management, (D) care of special needs patients, and (E) domestic violence, including sexual abuse] not less than one contact hour of training or education in any five of the ten mandatory topics for continuing education activities prescribed by the commissioner pursuant to this subdivision. For registration periods beginning on and after October 1, 2011, the Commissioner of Public Health, in consultation with the Dental Commission, shall on or before October 1, 2010, and biennially thereafter, issue a list that includes [not more than five] ten mandatory topics for continuing education activities that will be required for the following two-year registration period. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Dental Association or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; local, state or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l, may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Sec. 19. Subsection (d) of section 20-74s of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) To be eligible for licensure as a licensed alcohol and drug counselor, an applicant shall (1) have attained a master's degree from an accredited institution of higher education [with] and have completed a minimum of eighteen graduate semester hours in counseling or counseling-related subjects at an accredited institution of higher education, except that applicants holding certified clinical supervisor status by the Connecticut Certification Board, Inc. as of October 1, 1998, may substitute such certification in lieu of the master's degree requirement and graduate coursework requirement, and (2) [be certified or have met all the requirements for certification as a certified alcohol and drug counselor] have completed the certification eligibility requirements described in subdivisions (1), (2) and (4) of subsection (e) of this section.

Sec. 20. Subsection (c) of section 38a-492i of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) As used in this section, "pain" means a sensation in which a person experiences severe discomfort, distress or suffering due to provocation of sensory nerves, and "pain management specialist" means a physician who is credentialed by the American Academy of Pain Management or who is a board-certified anesthesiologist, physiatrist, neurologist, oncologist or radiation oncologist with additional training in pain management.

Sec. 21. Subsection (c) of section 38a-518i of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) As used in this section, "pain" means a sensation in which a

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person experiences severe discomfort, distress or suffering due to provocation of sensory nerves, and "pain management specialist" means a physician who is credentialed by the American Academy of Pain Management or who is a board-certified anesthesiologist, physiatrist, neurologist, oncologist or radiation oncologist with additional training in pain management.

Sec. 22. Subsection (e) of section 10-221a of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(e) Any student who presents a certificate from a physician or advanced practice registered nurse stating that, in the opinion of the physician or advanced practice registered nurse, participation in physical education is medically contraindicated because of the physical condition of such student, shall be excused from the physical education requirement, provided the credit for physical education may be fulfilled by an elective.

Sec. 23. Subsection (a) of section 10a-155 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) Each institution of higher education shall require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against measles, rubella and on and after August 1, 2010, to provide proof of adequate immunization against mumps and varicella as recommended by the national Advisory Committee for Immunization Practices before permitting such student to enroll in such institution. Any such student who (1) presents a certificate from a physician or an advanced practice registered nurse stating that in the opinion of such physician or advanced practice registered nurse such immunization is medically contraindicated, (2) provides a statement that such immunization

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would be contrary to his religious beliefs, (3) presents a certificate from a physician, an advanced practice registered nurse or [from] the director of health in the student's present or previous town of residence, stating that the student has had a confirmed case of such disease, (4) is enrolled exclusively in a program for which students do not congregate on campus for classes or to participate in institutional-sponsored events, such as students enrolled in distance learning programs for individualized home study or programs conducted entirely through electronic media in a setting without other students present, or (5) graduated from a public or nonpublic high school in this state in 1999 or later and was not exempt from the measles, rubella and on and after August 1, 2010, the mumps vaccination requirement pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a shall be exempt from the appropriate provisions of this section.

Sec. 24. Section 10a-155a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

When a public health official has reason to believe that the continued presence in an institution of higher education of a student who has not been immunized against measles or rubella presents a clear danger to the health of others, the public health official shall notify the chief administrative officer of such institution. Such chief administrative officer shall cause the student to be excluded from the institution, or confined in an infirmary or other medical facility at the institution, until the student presents to such chief administrative officer a certificate from a physician or an advanced practice registered nurse stating that, in the opinion of such physician or advanced practice registered nurse, the presence in the institution of the student does not present a clear danger to the health of others.

Sec. 25. Subsection (a) of section 10a-155b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

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(a) For the 2002-2003 school year, and each school year thereafter, each public or private college or university in this state shall require that each student who resides in on-campus housing be vaccinated against meningitis as a condition of such residence. The provisions of this subsection shall not apply to any such student who (1) presents a certificate from a physician or an advanced practice registered nurse stating that, in the opinion of such physician or advanced practice registered nurse, such vaccination is medically contraindicated because of the physical condition of such student, or (2) presents a statement that such vaccination would be contrary to the religious beliefs of such student.

Sec. 26. Section 12-94 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

The exemptions granted in sections 12-81 and 12-82 to soldiers, sailors, marines and members of the Coast Guard and Air Force, and their spouses, widows, widowers, fathers and mothers, and to blind or totally disabled persons and their spouses shall first be made in the town in which the person entitled thereto resides, and any person asking such exemption in any other town shall annually make oath before, or forward his or her affidavit to, the assessors of such town, deposing that such exemptions, except the exemption provided in subdivision (55) of section 12-81, if allowed, will not, together with any other exemptions granted under [said] sections 12-81 and 12-82, exceed the amount of exemption thereby allowed to such person. Such affidavit shall be filed with the assessors within the period the assessors have to complete their duties in the town where the exemption is claimed. The assessors of each town shall annually make a certified list of all persons who are found to be entitled to exemption under the provisions of said sections, which list shall be filed in the town clerk's office, and shall be prima facie evidence that the persons whose names appear thereon and who are not required by law to give

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annual proof are entitled to such exemption as long as they continue to reside in such town; but such assessors may, at any time, require any such person to appear before them for the purpose of furnishing additional evidence, provided, any person who by reason of such person's disability is unable to so appear may furnish such assessors a statement from such person's attending physician or an advanced practice registered nurse certifying that such person is totally disabled and is unable to make a personal appearance and such other evidence of total disability as such assessors may deem appropriate.

Sec. 27. Subsection (a) of section 12-129c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) No claim shall be accepted under section 12-129b unless the taxpayer or authorized agent of such taxpayer files an application with the assessor of the municipality in which the property is located, in affidavit form as provided by the Secretary of the Office of Policy and Management, during the period from February first to and including May fifteenth of any year in which benefits are first claimed, including such information as is necessary to substantiate said claim in accordance with requirements in such application. A taxpayer may make application to the secretary prior to August fifteenth of the claim year for an extension of the application period. The secretary may grant such extension in the case of extenuating circumstance due to illness or incapacitation as evidenced by a [physician's] certificate signed by a physician or an advanced practice registered nurse to that extent, or if the secretary determines there is good cause for doing so. The taxpayer shall present to the assessor a copy of such taxpayer's federal income tax return and the federal income tax return of such taxpayer's spouse, if filed separately, for such taxpayer's taxable year ending immediately prior to the submission of the taxpayer's application, or if not required to file a federal income tax return, such

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other evidence of qualifying income in respect to such taxable year as the assessor may require. Each such application, together with the federal income tax return and any other information submitted in relation thereto, shall be examined by the assessor and if the application is approved by the assessor, it shall be forwarded to the secretary on or before July first of the year in which such application is approved, except that in the case of a taxpayer who received a filing date extension from the secretary, such application shall be forwarded to the secretary not later than ten business days after the date it is filed with the assessor. After a taxpayer's claim for the first year has been filed and approved such taxpayer shall be required to file such an application biennially. In respect to such application required after the filing and approval for the first year the tax assessor in each municipality shall notify each such taxpayer concerning application requirements by regular mail not later than February first of the assessment year in which such taxpayer is required to reapply, enclosing a copy of the required application form. Such taxpayer may submit such application to the assessor by mail, provided it is received by the assessor not later than March fifteenth in the assessment year with respect to which such tax relief is claimed. Not later than April first of such year the assessor shall notify, by certified mail, any such taxpayer for whom such application was not received by said March fifteenth concerning application requirements and such taxpayer shall be required not later than May fifteenth to submit such application personally or for reasonable cause, by a person acting on behalf of such taxpayer as approved by the assessor.

Sec. 28. Subsection (a) of section 12-170f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) Any renter, believing himself or herself to be entitled to a grant under section 12-170d for any calendar year, shall make application for

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such grant to the assessor of the municipality in which the renter resides or to the duly authorized agent of such assessor or municipality on or after May fifteenth and not later than September fifteenth of each year with respect to such grant for the calendar year preceding each such year, on a form prescribed and furnished by the Secretary of the Office of Policy and Management to the assessor. A renter may make application to the secretary prior to December fifteenth of the claim year for an extension of the application period. The secretary may grant such extension in the case of extenuating circumstance due to illness or incapacitation as evidenced by a [physician's] certificate signed by a physician or an advanced practice registered nurse to that extent, or if the secretary determines there is good cause for doing so. A renter making such application shall present to such assessor or agent, in substantiation of the renter's application, a copy of the renter's federal income tax return, and if not required to file a federal income tax return, such other evidence of qualifying income, receipts for money received, or cancelled checks, or copies thereof, and any other evidence the assessor or such agent may require. When the assessor or agent is satisfied that the applying renter is entitled to a grant, such assessor or agent shall issue a certificate of grant, in triplicate, in such form as the secretary may prescribe and supply showing the amount of the grant due. The assessor or agent shall forward the original copy and attached application to the secretary not later than the last day of the month following the month in which the renter has made application. On or after December 1, 1989, any municipality which neglects to transmit to the secretary the claim and supporting applications as required by this section shall forfeit two hundred fifty dollars to the state, provided said secretary may waive such forfeiture in accordance with procedures and standards adopted by regulation in accordance with chapter 54. A duplicate of such certificate with a copy of the application attached shall be delivered to the renter and the assessor or agent shall keep the third copy of such certificate and a copy of the application. After the

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secretary's review of each claim, pursuant to section 12-120b, and verification of the amount of the grant the secretary shall, not later than September thirtieth of each year prepare a list of certificates approved for payment, and shall thereafter supplement such list monthly. Such list and any supplements thereto shall be approved for payment by the secretary and shall be forwarded by the secretary to the Comptroller, not later than ninety days after receipt of such applications and certificates of grant from the assessor or agent, and the Comptroller shall draw an order on the Treasurer, not later than fifteen days following, in favor of each person on such list and on supplements to such list in the amount of such person's claim and the Treasurer shall pay such amount to such person, not later than fifteen days following. Any claimant aggrieved by the results of the secretary's review shall have the rights of appeal as set forth in section 12-120b. Applications filed under this section shall not be open for public inspection. Any person who, for the purpose of obtaining a grant under section 12-170d, wilfully fails to disclose all matters related thereto or with intent to defraud makes false statement shall be fined not more than five hundred dollars.

Sec. 29. Subsection (a) of section 12-170w of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) No claim shall be accepted under section 12-170v unless the taxpayer or authorized agent of such taxpayer files an application with the assessor of the municipality in which the property is located, in such form and manner as the assessor may prescribe, during the period from February first to and including May fifteenth of any year in which benefits are first claimed, including such information as is necessary to substantiate such claim in accordance with requirements in such application. A taxpayer may make application to the assessor prior to August fifteenth of the claim year for an extension of the

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application period. The assessor may grant such extension in the case of extenuating circumstance due to illness or incapacitation as evidenced by a [physician's] certificate signed by a physician or an advanced practice registered nurse to that extent, or if the assessor determines there is good cause for doing so. The taxpayer shall present to the assessor a copy of such taxpayer's federal income tax return and the federal income tax return of such taxpayer's spouse, if filed separately, for such taxpayer's taxable year ending immediately prior to the submission of the taxpayer's application, or if not required to file a federal income tax return, such other evidence of qualifying income in respect to such taxable year as the assessor may require. Each such application, together with the federal income tax return and any other information submitted in relation thereto, shall be examined by the assessor and a determination shall be made as to whether the application is approved. Upon determination by the assessor that the applying homeowner is entitled to tax relief in accordance with the provisions of section 12-170v and this section, the assessor shall notify the homeowner and the municipal tax collector of the approval of such application. The municipal tax collector shall determine the maximum amount of the tax due with respect to such homeowner's residence and thereafter the property tax with respect to such homeowner's residence shall not exceed such amount. After a taxpayer's claim for the first year has been filed and approved such taxpayer shall file such an application biennially. In respect to such application required after the filing and approval for the first year the assessor in each municipality shall notify each such taxpayer concerning application requirements by regular mail not later than February first of the assessment year in which such taxpayer is required to reapply, enclosing a copy of the required application form. Such taxpayer may submit such application to the assessor by mail provided it is received by the assessor not later than March fifteenth in the assessment year with respect to which such tax relief is claimed. Not later than April first of such year the assessor shall notify, by certified mail, any such taxpayer for whom such

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application was not received by said March fifteenth concerning application requirements and such taxpayer shall submit not later than May fifteenth such application personally or for reasonable cause, by a person acting on behalf of such taxpayer as approved by the assessor.

Sec. 30. Subsection (f) of section 12-170aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(f) Any homeowner, believing such homeowner is entitled to tax reduction benefits under this section for any assessment year, shall make application as required in subsection (e) of this section, to the assessor of the municipality in which the homeowner resides, for such tax reduction at any time from February first to and including May fifteenth of the year in which tax reduction is claimed. A homeowner may make application to the secretary prior to August fifteenth of the claim year for an extension of the application period. The secretary may grant such extension in the case of extenuating circumstance due to illness or incapacitation as evidenced by a [physician's] certificate signed by a physician or an advanced practice registered nurse to that extent, or if the secretary determines there is good cause for doing so. Such application for tax reduction benefits shall be submitted on a form prescribed and furnished by the secretary to the assessor. In making application the homeowner shall present to such assessor, in substantiation of such homeowner's application, a copy of such homeowner's federal income tax return, including a copy of the Social Security statement of earnings for such homeowner, and that of such homeowner's spouse, if filed separately, for such homeowner's taxable year ending immediately prior to the submission of such application, or if not required to file a return, such other evidence of qualifying income in respect to such taxable year as may be required by the assessor. When the assessor is satisfied that the applying homeowner is entitled to tax reduction in accordance with this section, such

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assessor shall issue a certificate of credit, in such form as the secretary may prescribe and supply showing the amount of tax reduction allowed. A duplicate of such certificate shall be delivered to the applicant and the tax collector of the municipality and the assessor shall keep the fourth copy of such certificate and a copy of the application. Any homeowner who, for the purpose of obtaining a tax reduction under this section, wilfully fails to disclose all matters related thereto or with intent to defraud makes false statement shall refund all property tax credits improperly taken and shall be fined not more than five hundred dollars. Applications filed under this section shall not be open for public inspection.

Sec. 31. Subdivision (1) of subsection (b) of section 16-262c of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) (1) From November first to May first, inclusive, no electric or electric distribution company, as defined in section 16-1, no electric supplier and no municipal utility furnishing electricity shall terminate, deny or refuse to reinstate residential electric service in hardship cases where the customer lacks the financial resources to pay his or her entire account. From November first to May first, inclusive, no gas company and no municipal utility furnishing gas shall terminate, deny or refuse to reinstate residential gas service in hardship cases where the customer uses such gas for heat and lacks the financial resources to pay his or her entire account, except a gas company that, between May second and October thirty-first, terminated gas service to a residential customer who uses gas for heat and who, during the previous period of November first to May first, had gas service maintained because of hardship status, may refuse to reinstate the gas service from November first to May first, inclusive, only if the customer has failed to pay, since the preceding November first, the lesser of: (A) Twenty per cent of the outstanding principal balance owed the gas company as of the date of

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termination, (B) one hundred dollars, or (C) the minimum payments due under the customer's amortization agreement. Notwithstanding any other provision of the general statutes to the contrary, no electric, electric distribution or gas company, no electric supplier and no municipal utility furnishing electricity or gas shall terminate, deny or refuse to reinstate residential electric or gas service where the customer lacks the financial resources to pay his or her entire account and for which customer or a member of the customer's household the termination, denial of or failure to reinstate such service would create a life-threatening situation. No electric, electric distribution or gas company, no electric supplier and no municipal utility furnishing electricity or gas shall terminate, deny or refuse to reinstate residential electric or gas service where the customer is a hardship case and lacks the financial resources to pay his or her entire account and a child not more than twenty-four months old resides in the customer's household and such child has been admitted to the hospital and received discharge papers on which the attending physician or an advanced practice registered nurse has indicated such service is a necessity for the health and well being of such child.

Sec. 32. Subsection (b) of section 16-262d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) No such company, electric supplier or municipal utility shall effect termination of service for nonpayment during such time as any resident of a dwelling to which such service is furnished is seriously ill, if the fact of such serious illness is certified to such company, electric supplier or municipal utility by a registered physician or an advanced practice registered nurse within such period of time after the mailing of a termination notice pursuant to subsection (a) of this section as the Public Utilities Regulatory Authority may by regulation establish, provided the customer agrees to amortize the unpaid balance of his

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account over a reasonable period of time and keeps current his account for utility service as charges accrue in each subsequent billing period.

Sec. 33. Subsection (a) of section 31-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) None of the following persons under the conditions hereinafter described shall be employed in any manufacturing or mechanical establishment more than nine hours in any day or forty-eight hours in any calendar week: (1) Persons under the age of eighteen years who are not enrolled in and have not graduated from a secondary educational institution; (2) persons sixty-six years of age or older, except with their consent; (3) handicapped persons, so designated by medical or governmental authority, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be injurious to their health; (4) disabled veterans, as defined under state or federal law, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be injurious to their health.

Sec. 34. Subsection (a) of section 31-13 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) None of the following persons under the conditions hereinafter described shall be employed in any mercantile establishment more than eight hours in any one day, or more than six days in any one calendar week or more than forty-eight hours in any one calendar week: (1) Persons under the age of eighteen years who are not enrolled in and have not graduated from a secondary educational institution; (2) persons sixty-six years of age or older, except with their consent; (3) handicapped persons, so designated by medical or governmental

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authority, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be injurious to their health; (4) disabled veterans, as defined under state or federal law, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be injurious to their health; but any such person may be permitted to work in any such establishment one day in any calendar week for not more than ten hours, for the purpose of making one shorter day during such week, and any employer who, during any year, gives not fewer than seven holidays with pay shall be exempt from the foregoing provisions hereof during the period from the eighteenth to the twenty-fifth day of December of such year.

Sec. 35. Subsection (a) of section 31-18 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) No public restaurant, cafe, dining room, barber shop, hairdressing or manicuring establishment, amusement or recreational establishment, bowling alley, shoe-shining establishment, billiard or pool room or photograph gallery shall employ or permit to work any person under eighteen years of age (1) between the hours of ten o'clock in the evening and six o'clock in the morning, or any of the persons described below under conditions herein set forth more than nine hours in any day: (A) Persons sixty-six years of age or older, except with their consent; (B) handicapped persons, so designated by medical or governmental authority, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be injurious to their health; (C) disabled veterans, as defined under state or federal law, except with their consent and after certification by a physician or an advanced practice registered nurse that the extended hours of work will not be

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injurious to their health; provided any such person may be permitted to work in any such establishment one day in a week for not more than ten hours on such day, but not more than six days or forty-eight hours in any one week, and provided further, persons between sixteen and eighteen years of age may be employed in any amusement or recreational establishment, restaurant, cafe or dining room, or employed in any theater until twelve o'clock midnight unless such persons are regularly attending school in which case such minors may be employed until eleven o'clock in the evening on days which precede a regularly scheduled school day and until twelve o'clock midnight during any regular school vacation season and on days which do not precede a regularly scheduled school day, and (2) more than (A) six hours in any regularly scheduled school day unless the regularly scheduled school day immediately precedes a nonschool day or eight hours in any other day, and (B) thirty-two hours in any calendar week during which the school in which such person is enrolled is in session or forty-eight hours in any other calendar week during which the school in which such person is enrolled is not in session. Notwithstanding any provision of this section, the number of hours such person participates in a work experience that is part of an approved educational plan, cooperative program or school-to-work program shall not be counted against the daily or weekly limits set forth in this section.

Sec. 36. Subdivision (1) of subsection (c) of section 31-235 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(c) (1) Notwithstanding the provisions of subsection (a) or (b) of this section, an unemployed individual may limit such individual's availability for work to part-time employment, provided the individual (A) provides documentation from a licensed physician or an advanced practice registered nurse that (i) the individual has a

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physical or mental impairment that is chronic or is expected to be long-term or permanent in nature, and (ii) the individual is unable to work full-time because of such impairment, and (B) establishes, to the satisfaction of the administrator, that such limitation does not effectively remove such individual from the labor force.

Sec. 37. Subsection (a) of section 31-308 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) If any injury for which compensation is provided under the provisions of this chapter results in partial incapacity, the injured employee shall be paid a weekly compensation equal to seventy-five per cent of the difference between the wages currently earned by an employee in a position comparable to the position held by the injured employee before his injury, after such wages have been reduced by any deduction for federal or state taxes, or both, and for the federal Insurance Contributions Act in accordance with section 31-310, and the amount he is able to earn after the injury, after such amount has been reduced by any deduction for federal or state taxes, or both, and for the federal Insurance Contributions Act in accordance with section 31-310, except that when (1) the physician or the advanced practice registered nurse attending an injured employee certifies that the employee is unable to perform his usual work but is able to perform other work, (2) the employee is ready and willing to perform other work in the same locality and (3) no other work is available, the employee shall be paid his full weekly compensation subject to the provisions of this section. Compensation paid under this subsection shall not be more than one hundred per cent, raised to the next even dollar, of the average weekly earnings of production and related workers in manufacturing in the state, as determined in accordance with the provisions of section 31-309, and shall continue during the period of partial incapacity, but no longer than five hundred twenty

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weeks. If the employer procures employment for an injured employee that is suitable to his capacity, the wages offered in such employment shall be taken as the earning capacity of the injured employee during the period of the employment.

Sec. 38. Subsection (b) of section 31-51rr of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) Any employee of a political subdivision of the state who has worked at least twelve months and one thousand two hundred fifty hours for such employer during the previous twelve-month period may request leave in order to serve as an organ or bone marrow donor, provided such employee may be required, prior to the inception of such leave, to provide sufficient written certification from the physician of such employee or an advanced practice registered nurse of the proposed organ or bone marrow donation and the probable duration of the employee's recovery from such donation.

Sec. 39. Subdivision (1) of subsection (a) of section 38a-457 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(1) "Accelerated benefits" means benefits payable under a life insurance policy sold in this state: (A) During the lifetime of the insured, in a lump sum or in periodic payments, as specified in the policy, (B) upon the occurrence of a qualifying event, as defined in the policy, and certified by a physician or an advanced practice registered nurse who is licensed under the laws of a state or territory of the United States, or such other foreign or domestic jurisdiction as the Insurance Commissioner may approve, and (C) which reduce the death benefits otherwise payable under the life insurance policy.

Sec. 40. Section 38a-465g of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) Before entering into a life settlement contract with any owner of a policy wherein the insured is terminally ill or chronically ill, a provider shall obtain:

(1) If the owner is the insured, a written statement from a licensed attending physician or an advanced practice registered nurse that the owner is of sound mind and under no constraint or undue influence to enter into the settlement contract; and

(2) A document in which the insured consents to the release of the insured's medical records to a provider, broker or insurance producer, and, if the policy was issued less than two years from the date of application for a settlement contract, to the insurance company that issued the policy.

(b) The insurer shall respond to a request for verification of coverage submitted by a provider, broker or life insurance producer on a form approved by the commissioner not later than thirty calendar days after the date the request was received. The insurer shall complete and issue the verification of coverage or indicate in which respects it is unable to respond. In its response, the insurer shall indicate whether, based on the medical evidence and documents provided, the insurer intends to pursue an investigation regarding the validity of the policy.

(c) Prior to or at the time of execution of the settlement contract, the provider shall obtain a witnessed document in which the owner consents to the settlement contract, represents that the owner has a full and complete understanding of the settlement contract, that the owner has a full and complete understanding of the benefits of the policy, acknowledges that the owner is entering into the settlement contract freely and voluntarily and, for persons with a terminal or chronic

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illness or condition, acknowledges that the insured has a terminal or chronic illness or condition and that the terminal or chronic illness or condition was diagnosed after the life insurance policy was issued.

(d) If a broker or life insurance producer performs any of the activities required of the provider under this section, the provider shall be deemed to have fulfilled the requirements of this section.

(e) The insurer shall not unreasonably delay effecting change of ownership or beneficiary with any life settlement contract lawfully entered into in this state or with a resident of this state.

(f) Not later than twenty days after an owner executes the life settlement contract, the provider shall give written notice to the insurer that issued the policy that the policy has become subject to a life settlement contract. The notice shall be accompanied by a copy of the medical records release required under subdivision (2) of subsection (a) of this section and a copy of the insured's application for the life settlement contract.

(g) All medical information solicited or obtained by any person licensed pursuant to this part shall be subject to applicable provisions of law relating to the confidentiality of medical information.

(h) Each life settlement contract entered into in this state shall provide that the owner may rescind the contract not later than fifteen days from the date it is executed by all parties thereto. Such rescission exercised by the owner shall be effective only if both notice of rescission is given to the provider and the owner repays all proceeds and any premiums, loans and loan interest paid by the provider within the rescission period. A failure to provide written notice of the right of rescission shall toll the period of such right until thirty days after the written notice of the right of rescission has been given. If the insured dies during the rescission period, the contract shall be deemed to have

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been rescinded, subject to repayment by the owner or the owner's estate of all proceeds and any premiums, loans and loan interest to the provider.

(i) Not later than three business days after the date the provider receives the documents from the owner to effect the transfer of the insurance policy, the provider shall pay or transfer the proceeds of the settlement into an escrow or trust account managed by a trustee or escrow agent in a state or federally-chartered financial institution whose deposits are insured by the Federal Deposit Insurance Corporation. Not later than three business days after receiving acknowledgment of the transfer of the insurance policy from the issuer of the policy, said trustee or escrow agent shall pay the settlement proceeds to the owner.

(j) Failure to tender the life settlement contract proceeds to the owner within the time set forth in section 38a-465f shall render the viatical settlement contract voidable by the owner for lack of consideration until the time such consideration is tendered to, and accepted by, the owner.

(k) Any fee paid by a provider, party, individual or an owner to a broker in exchange for services provided to the owner pertaining to a life settlement contract shall be computed as a percentage of the offer obtained and not as a percentage of the face value of the policy. Nothing in this section shall be construed to prohibit a broker from reducing such broker's fee below such percentage.

(l) Each broker shall disclose to the owner anything of value paid or given to such broker in connection with a life settlement contract concerning the owner.

(m) No person at any time prior to, or at the time of, the application for or issuance of a policy, or during a two-year period commencing

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with the date of issuance of the policy, shall enter into a life settlement contract regardless of the date the compensation is to be provided and regardless of the date the assignment, transfer, sale, devise, bequest or surrender of the policy is to occur. This prohibition shall not apply if the owner certifies to the provider that:

(1) The policy was issued upon the owner's exercise of conversion rights arising out of a group or individual policy, provided the total of the time covered under the conversion policy plus the time covered under the prior policy is not less than twenty-four months. The time covered under a group policy must be calculated without regard to a change in insurance carriers, provided the coverage has been continuous and under the same group sponsorship; or

(2) The owner submits independent evidence to the provider that one or more of the following conditions have been met within said two-year period: (A) The owner or insured is terminally ill or chronically ill; (B) the owner or insured disposes of the owner or insured's ownership interests in a closely held corporation, pursuant to the terms of a buyout or other similar agreement in effect at the time the insurance policy was initially issued; (C) the owner's spouse dies; (D) the owner divorces his or her spouse; (E) the owner retires from full-time employment; (F) the owner becomes physically or mentally disabled and a physician or an advanced practice registered nurse determines that the disability prevents the owner from maintaining full-time employment; or (G) a final order, judgment or decree is entered by a court of competent jurisdiction on the application of a creditor of the owner, adjudicating the owner bankrupt or insolvent, or approving a petition seeking reorganization of the owner or appointing a receiver, trustee or liquidator to all or a substantial part of the owner's assets.

(n) Copies of the independent evidence required by subdivision (2) of subsection (m) of this section shall be submitted to the insurer when

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the provider submits a request to the insurer for verification of coverage. The copies shall be accompanied by a letter of attestation from the provider that the copies are true and correct copies of the documents received by the provider. Nothing in this section shall prohibit an insurer from exercising its right to contest the validity of any policy.

(o) If, at the time the provider submits a request to the insurer to effect the transfer of the policy to the provider, the provider submits a copy of independent evidence of subparagraph (A) of subdivision (2) of subsection (m) of this section, such copy shall be deemed to establish that the settlement contract satisfies the requirements of this section.

Sec. 41. Subsections (b) and (c) of section 38a-477 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(b) For any claim submitted to an insurer on the current standard Health Care Financing Administration Fifteen Hundred health insurance claim form or its successor, if the following information is completed and received by the insurer, the claim may not be deemed to be deficient in the information needed for filing a claim for processing pursuant to subparagraph (B) of subdivision (15) of section 38a-816.

Item Number	Item Description
1a	Insured's identification number
2	Patient's name
3	Patient's birth date and sex
4	Insured's name
10a	Patient's condition - employment
10b	Patient's condition - auto accident
10c	Patient's condition - other accident

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11	Insured's policy group number (if provided on identification card)
11d	Is there another health benefit plan?
17a	Identification number of referring physician <u>or</u> <u>advanced practice registered nurse</u> (if required by insurer)
21	Diagnosis
24A	Dates of service
24B	Place of service
24D	Procedures, services or supplies
24E	Diagnosis code
24F	Charges
25	Federal tax identification number
28	Total charge
31	Signature of physician, <u>advanced practice</u> <u>registered nurse</u> or supplier with date
33	Physician's, <u>advanced practice registered nurse's</u> <u>or</u> supplier's billing name, address, zip code & telephone number

(c) For any claim submitted to an insurer on the current standard Health Care Financing Administration UB-92 health insurance claim form or its successor, if the following information is completed and received by the insurer, the claim may not be deemed to be deficient in the information needed for filing a claim for processing pursuant to subparagraph (B) of subdivision (15) of section 38a-816.

Item Number	Item Description
1	Provider name and address
5	Federal tax identification number
6	Statement covers period
12	Patient name
14	Patient's birth date

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15	Patient's sex
17	Admission date
18	Admission hour
19	Type of admission
21	Discharge hour
42	Revenue codes
43	Revenue description
44	HCPCS/CPT4 codes
45	Service date
46	Service units
47	Total charges by revenue code
50	Payer identification
51	Provider number
58	Insured's name
60	Patient's identification number (policy number and/or Social Security number)
62	Insurance group number (if on identification card)
67	Principal diagnosis code
76	Admitting diagnosis code
80	Principle procedure code and date
81	Other procedures code and date
82	[Attending physician's] <u>The identification number of the attending physician or advanced practice registered nurse</u>

Sec. 42. Subsection (n) of section 25-32 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(n) (1) On and after the effective date of regulations adopted under this subsection, no person may operate any water treatment plant,

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water distribution system or small water system that treats or supplies water used or intended for use by the public, test any backflow prevention device, or perform a cross connection survey without a certificate issued by the commissioner under this subsection. The commissioner shall adopt regulations, in accordance with chapter 54, to provide: (A) Standards for the operation of such water treatment plants, water distribution systems and small water systems; (B) standards and procedures for the issuance of certificates to operators of such water treatment plants, water distribution systems and small water systems; (C) procedures for the renewal of such certificates every three years; (D) standards for training required for the issuance or renewal of a certificate; and (E) standards and procedures for the issuance and renewal of certificates to persons who test backflow prevention devices or perform cross connection surveys. Such regulations shall be consistent with applicable federal law and guidelines for operator certification programs promulgated by the United States Environmental Protection Agency. For purposes of this subsection, "small water system" means a public water system, as defined in section 25-33d, that serves less than one thousand persons and has no treatment or has only treatment that does not require any chemical treatment, process adjustment, backwashing or media regeneration by an operator.

(2) The commissioner may take any disciplinary action set forth in section 19a-17, except for the assessment of a civil penalty under subdivision (6) of subsection (a) of section 19a-17, against an operator, a person who tests backflow prevention devices or a person who performs cross connection surveys holding a certificate issued under this subsection for any of the following reasons: (A) Fraud or material deception in procuring a certificate, the renewal of a certificate or the reinstatement of a certificate; (B) fraud or material deception in the performance of the certified operator's professional activities; (C) incompetent, negligent or illegal performance of the certified

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operator's professional activities; (D) conviction of the certified operator for a felony; or (E) failure of the certified operator to complete the training required under subdivision (1) of this subsection.

(3) The commissioner may issue an initial certificate to perform a function set forth in subdivision (1) of this subsection upon receipt of a completed application, in a form prescribed by the commissioner, together with an application fee as follows: (A) For a water treatment plant, water distribution system or small water system operator certificate, two hundred twenty-four dollars, except there shall be no such application fee required for a student enrolled in an accredited high school small water system operator certification course; (B) for a backflow prevention device tester certificate, one hundred fifty-four dollars; and (C) for a cross-connection survey inspector certificate, one hundred fifty-four dollars. A certificate issued pursuant to this subdivision shall expire three years from the date of issuance unless renewed by the certificate holder prior to such expiration date. The commissioner may renew a certificate for an additional three years upon receipt of a completed renewal application, in a form prescribed by the commissioner, together with a renewal application fee as follows: (i) For a water treatment plant, water distribution system or small water system operator certificate, ninety-eight dollars; (ii) for a backflow prevention device tester certificate, sixty-nine dollars; and (iii) for a cross-connection survey inspector certificate, sixty-nine dollars.

Sec. 43. Section 20-206bb of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) No person shall engage in the practice of acupuncture without a license as an acupuncturist issued pursuant to this section.

(b) Each person seeking licensure as an acupuncturist shall make

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application on forms prescribed by the department, pay an application fee of two hundred dollars and present to the department satisfactory evidence that the applicant (1) has completed sixty semester hours, or its equivalent, of postsecondary study in an institution of postsecondary education that, if in the United States or its territories, was accredited by a recognized regional accrediting body or, if outside the United States or its territories, was legally chartered to grant postsecondary degrees in the country in which located, (2) has successfully completed a course of study in acupuncture in a program that, at the time of graduation, was in candidate status with or accredited by an accrediting agency recognized by the United States Department of Education and included (A) for a person who completed such course of study before October 1, 2012, a minimum of one thousand three hundred fifty hours of didactic and clinical training, five hundred of which were clinical, or (B) for a person who completed such course of study on or after October 1, 2012, a minimum of one thousand nine hundred five hours of didactic and clinical training, six hundred sixty of which were clinical, (3) has passed all portions of the National Certification Commission for Acupuncture and Oriental Medicine examination required for acupuncture certification or an examination prescribed by the department, and (4) has successfully completed a course in clean needle technique prescribed by the department. Any person successfully completing the education, examination or training requirements of this section in a language other than English shall be deemed to have satisfied the requirement completed in that language.

(c) An applicant for licensure as an acupuncturist by endorsement shall present evidence satisfactory to the commissioner of licensure or certification as an acupuncturist, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are equivalent to or higher than those of this state and that there are no

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disciplinary actions or unresolved complaints pending. Any person completing the requirements of this section in a language other than English shall be deemed to have satisfied the requirements of this section.

(d) Notwithstanding the provisions of subsection (b) of this section, the department shall, prior to September 1, 2005, issue a license to any applicant who presents to the department satisfactory evidence that the applicant has (1) earned, or successfully completed requirements for, a master's degree in acupuncture from a program that includes a minimum of one thousand three hundred fifty hours of didactic and clinical training, five hundred of which are clinical, from an institution of higher education accredited by the Board of Regents for Higher Education at the time of the applicant's graduation, (2) passed all portions of the National Certification Commission for Acupuncture and Oriental Medicine acupuncture examination, including the acupuncture portion of the comprehensive written examination in acupuncture, the clean needle technique portion of the comprehensive written examination in acupuncture and the practical examination of point location skills, and (3) successfully completed a course in clean needle technique offered by the Council of Colleges of Acupuncture and Oriental Medicine.

(e) Licenses shall be renewed once every two years in accordance with the provisions of subsection (e) of section 19a-88. The fee for renewal shall be two hundred fifty dollars.

(1) Except as provided in subdivision (2) of this subsection, for registration periods beginning on and after October 1, 2014, a licensee applying for license renewal shall (A) maintain a certification by the National Certification Commission for Acupuncture and Oriental Medicine, or (B) earn not less than thirty contact hours of continuing education approved by the National Certification Commission for Acupuncture and Oriental Medicine within the preceding twenty-four

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month period.

(2) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the certification or continuing education requirements described in subdivision (1) of this subsection on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education or certification requirements described in subdivision (1) of this subsection for not less than five years following the date on which the continuing education was completed or the certification was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records.

(3) In individual cases involving medical disability or illness, the commissioner may grant a waiver of the continuing education or certification requirements or an extension of time within which to fulfill such requirements of this subsection to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the department. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(4) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license, shall submit evidence documenting valid acupuncture

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certification by the National Certification Commission for Acupuncture and Oriental Medicine or successful completion of fifteen contact hours of continuing education within the one-year period immediately preceding application for reinstatement.

(f) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or territory of the United States.

(g) Nothing in section [19a-89c,] 20-206aa or 20-206cc or this section shall be construed to prevent licensed practitioners of the healing arts, as defined in [sections 20-1 and 20-196] section 20-1, physical therapists or dentists from providing care or performing services consistent with accepted standards within their respective professions.

(h) Notwithstanding the provisions of subsection (a) of this section, any person certified by an organization approved by the Commissioner of Public Health may practice auricular acupuncture for the treatment of alcohol and drug abuse, provided the treatment is performed under the supervision of a physician licensed under chapter 370 and is performed in either (1) a private free-standing facility licensed by the Department of Public Health for the care or treatment of substance abusive or dependent persons, or (2) a setting operated by the Department of Mental Health and Addiction Services. The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to ensure the safe provision of auricular acupuncture within private free-standing facilities licensed by the Department of Public Health for the care or treatment of substance abusive or dependent persons.

(i) Notwithstanding the provisions of subsection (a) of this section, no license to engage in the practice of acupuncture is required of: (1) Students enrolled in a college or program of acupuncture if (A) the

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college or program is recognized by the Accreditation Commission for Acupuncture and Oriental Medicine or licensed or accredited by the Board of Regents for Higher Education, and (B) the practice that would otherwise require a license is pursuant to a course of instruction or assignments from a licensed instructor and under the supervision of the instructor; or (2) faculty members providing the didactic and clinical training necessary to meet the accreditation standards of the Accreditation Commission for Acupuncture and Oriental Medicine at a college or program recognized by the commission or licensed or accredited by the Board of Regents for Higher Education. For purposes of this subsection, "licensed instructor" means a faculty member or instructor licensed under this section or otherwise authorized to engage in the practice of acupuncture in this state.

(j) No person shall use the title "acupuncturist", or use in connection with his or her name, any letters, words or insignia indicating or implying that such person is a licensed acupuncturist or advertise services as an acupuncturist, unless such person holds a license as an acupuncturist issued pursuant to this section. No person shall represent himself or herself as being certified to practice auricular acupuncture for the treatment of alcohol and drug abuse, or use in connection with his or her name the term "acupuncture detoxification specialist", or the letters "A.D.S." or any letters, words or insignia indicating or implying that such person is certified to practice auricular acupuncture for the treatment of alcohol and drug abuse unless such person is certified in accordance with subsection (h) of this section. Nothing in this subsection shall be construed to prevent a person from providing care, or performing or advertising services within the scope of such person's license or as otherwise authorized in this section.

Sec. 44. (NEW) (*Effective October 1, 2012*) (a) There is established an advisory council on organ and tissue donation education and

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awareness. The advisory council shall consist of the following members: The Commissioner of Motor Vehicles, or the commissioner's designee; the Commissioner of Public Health, or the commissioner's designee; the executive director of Donate Life Connecticut, or the executive director's designee; a representative of each of the organizations in the state that are members of the Association of Organ Procurement Organizations; a health care professional representing each transplant center located in the state that is a member of the federal Organ Procurement and Transplantation Network; the chief executive officer of the Connecticut Hospital Association, or the chief executive officer's designee; five persons experienced in issues involving organ and tissue donation or transplants, one of whom shall be a recipient of a donated organ or donated tissue, one of whom shall be a living donor, and one of whom shall be a family member of a deceased donor. One each of such persons experienced in issues involving organ and tissue donation or transplants shall be appointed by the Governor, the president pro tempore of the Senate, the speaker of the House of Representatives, jointly by the majority leader of the House of Representatives and the majority leader of the Senate, and jointly by the minority leader of the House of Representatives and the minority leader of the Senate.

(b) Appointed council members shall serve for a term of three years and no such member shall serve more than two consecutive terms. Any vacancy of an appointed council member shall be filled by the appointing authority. The Governor shall appoint the chairperson from among the members of the council. The council shall have its first meeting not later than December 1, 2012, and shall meet not less than four times per year and as requested by the chairperson or upon the request of a majority of the members of the council. Council members shall serve without compensation.

(c) The council shall: (1) Analyze education on organ tissue donation

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in the state; (2) determine the rate of organ and tissue donation registration in the state and establish periodic goals for increasing such rate; and (3) advise the Commissioners of Public Health and Motor Vehicles on methods to increase organ and tissue donation rates in the state. The Commissioner of Motor Vehicles shall, on a quarterly basis, provide the council with data concerning registered organ donors.

(d) Not later than July 1, 2013, and annually thereafter, the council shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and transportation concerning organ and tissue donation awareness in the state. Such report shall include, but not be limited to, actions taken by the council to increase organ and tissue donations and recommendations to increase organ and tissue donation rates in the state.

Sec. 45. Section 17b-274d of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) Pursuant to 42 USC 1396r-8, there is established a Pharmaceutical and Therapeutics Committee within the Department of Social Services.

(b) The Pharmaceutical and Therapeutics Committee shall be comprised as specified in 42 USC 1396r-8 and shall consist of [fourteen] sixteen members appointed by the Governor. [Five] Seven members shall be physicians licensed pursuant to chapter 370, including one general practitioner, one pediatrician, one geriatrician, one psychiatrist, [and] one child psychiatrist, one specialist in family planning, and one oncologist, four members shall be pharmacists licensed pursuant to chapter 400j, two members shall be visiting nurses, one specializing in adult care and one specializing in

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psychiatric care, one member shall be a clinician designated by the Commissioner of Mental Health and Addiction Services, one member shall be a representative of pharmaceutical manufacturers and one member shall be a consumer representative. The committee may, on an ad hoc basis, seek the participation of other state agencies or other interested parties in its deliberations. The members shall serve for terms of two years from the date of their appointment. Members may be appointed to more than one term. The Commissioner of Social Services, or the commissioner's designee, shall convene the committee following the Governor's designation of appointments. The administrative staff of the Department of Social Services shall serve as staff for said committee and assist with all ministerial duties. The Governor shall ensure that the committee membership includes Medicaid participating physicians and pharmacists, with experience serving recipients of medical assistance.

(c) Committee members shall select a chairperson and vice-chairperson from the committee membership on an annual basis.

(d) The committee shall meet at least [quarterly] biannually, and may meet at other times at the discretion of the chairperson and committee membership. The committee shall ensure that each meeting includes an opportunity for public comment. The committee shall comply with all regulations adopted by the department, including notice of any meeting of the committee, pursuant to the requirements of chapter 54.

(e) The Department of Social Services, in consultation with the Pharmaceutical and Therapeutics Committee, may adopt preferred drug lists for use in the Medicaid and ConnPACE programs. To the extent feasible, the department shall review all drugs included on the preferred drug lists at least every twelve months, and may recommend additions to, and deletions from, the preferred drug lists, to ensure that the preferred drug lists provide for medically appropriate drug

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therapies for Medicaid and ConnPACE patients. For the fiscal year ending June 30, 2004, such drug lists shall be limited to use in the Medicaid and ConnPACE programs and cover three classes of drugs, including proton pump inhibitors and two other classes of drugs determined by the Commissioner of Social Services. Not later than June 30, 2005, the Department of Social Services, in consultation with the Pharmaceutical and Therapeutic Committee, shall expand such drug lists to include other classes of drugs, except as provided in subsection (f) of this section, in order to achieve savings reflected in the amounts appropriated to the department, for the various components of the program, in the state budget act.

(f) Nonpreferred drugs in the classes of drugs included on the preferred drug lists shall be subject to prior authorization. Prior authorization is not required for any mental-health-related drug that has been filled or refilled, in any dosage, at least one time in the one-year period prior to the date the individual presents a prescription for the drug at a pharmacy. If prior authorization is granted for a drug not included on a preferred drug list, the authorization shall be valid for one year from the date the prescription is first filled. Antiretroviral classes of drugs shall not be included on the preferred drug lists.

(g) The Department of Social Services shall publish and disseminate the preferred drug lists to all Medicaid providers in the state.

(h) The department may negotiate supplemental rebate agreements with manufacturers that are in addition to those required under Title XIX of the Social Security Act. The committee shall ensure that the pharmaceutical manufacturers agreeing to provide a supplemental rebate pursuant to 42 USC 1396r-8(c) have an opportunity to present evidence supporting inclusion of a product on the preferred drug lists unless a court of competent jurisdiction, in a final decision, determines that the Secretary of Health and Human Services does not have authority to allow such supplemental rebates, provided the inability to

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utilize supplemental rebates pursuant to this subsection shall not impair the committee's authority to maintain preferred drug lists. Upon timely notice, the department shall ensure that any drug that has been approved, or had any of its particular uses approved, by the United States Food and Drug Administration under a priority review classification, will be reviewed by the Pharmaceutical and Therapeutics Committee at the next regularly scheduled meeting. To the extent feasible, upon notice by a pharmaceutical manufacturer, the department shall also schedule a product review for any new product at the next regularly scheduled meeting of the Pharmaceutical and Therapeutics Committee.

(i) Factors considered by the department and the Pharmaceutical and Therapeutics Committee in developing the preferred drug lists shall include, but not be limited to, clinical efficacy, safety and cost effectiveness of a product.

(j) The Pharmaceutical and Therapeutics Committee may also make recommendations to the department regarding the prior authorization of any prescribed drug.

(k) A recipient who is denied a nonpreferred drug may request an administrative hearing in accordance with section 17b-60.

(l) The Commissioner of Social Services may contract with a pharmacy benefits organization or a single entity qualified to negotiate with pharmaceutical manufacturers for supplemental rebates, available pursuant to 42 USC 1396r-8(c), for the purchase of drugs listed on the preferred drug lists established pursuant to subsection (e) of this section.

Sec. 46. Section 19a-750 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) There is hereby created as a body politic and corporate, constituting a public instrumentality and political subdivision of the state created for the performance of an essential public and governmental function, the Health Information Technology Exchange of Connecticut, which is empowered to carry out the purposes of the authority, as defined in subsection (b) of this section, which are hereby determined to be public purposes for which public funds may be expended. The Health Information Technology Exchange of Connecticut shall not be construed to be a department, institution or agency of the state.

(b) For purposes of this section and sections 19a-751 to 19a-754, inclusive, "authority" means the Health Information Technology Exchange of Connecticut and "purposes of the authority" means the purposes of the authority expressed in and pursuant to this section, including the promoting, planning and designing, developing, assisting, acquiring, constructing, maintaining and equipping, reconstructing and improving of health care information technology. The powers enumerated in this section shall be interpreted broadly to effectuate the purposes of the authority and shall not be construed as a limitation of powers. The authority shall have the power to:

(1) Establish an office in the state;

(2) Employ such assistants, agents and other employees as may be necessary or desirable, which employees shall [be exempt from the classified service and shall not be employees, as defined in subsection (b) of section 5-270] not be considered state employees under the provisions of chapters 66, 67 and 68;

(3) Establish all necessary or appropriate personnel practices and policies, including those relating to hiring, promotion, compensation, retirement and collective bargaining, which need not be in accordance with the provisions of chapter 66, 67 or 68, and the authority shall not

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be considered an appointing authority, as defined in subdivision (3) of section 5-196, or an employer, as defined in subsection (a) of section 5-270;

(4) Engage consultants, attorneys and other experts as may be necessary or desirable to carry out the purposes of the authority;

(5) Acquire, lease, purchase, own, manage, hold and dispose of personal property, and lease, convey or deal in or enter into agreements with respect to such property on any terms necessary or incidental to the carrying out of these purposes;

(6) Procure insurance against loss in connection with its property and other assets in such amounts and from such insurers as it deems desirable;

(7) Make and enter into any contract or agreement necessary or incidental to the performance of its duties and execution of its powers. The contracts entered into by the authority shall not be subject to the approval of any other state department, office or agency. However, copies of all contracts of the authority shall be maintained by the authority as public records, subject to the proprietary rights of any party to the contract;

(8) To the extent permitted under its contract with other persons, consent to any termination, modification, forgiveness or other change of any term of any contractual right, payment, royalty, contract or agreement of any kind to which the authority is a party;

(9) Receive and accept, from any source, aid or contributions, including money, property, labor and other things of value;

(10) Invest any funds not needed for immediate use or disbursement in obligations issued or guaranteed by the United States of America or the state and in obligations that are legal investments for savings banks

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in this state;

(11) Account for and audit funds of the authority and funds of any recipients of funds from the authority;

(12) Sue and be sued, plead and be impleaded, adopt a seal and alter the same at pleasure;

(13) Adopt regular procedures for exercising the power of the authority not in conflict with other provisions of the general statutes; and

(14) Do all acts and things necessary and convenient to carry out the purposes of the authority.

(c) (1) The Health Information Technology Exchange of Connecticut shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor, or his or her designee; the Commissioners of Public Health, Social Services, Consumer Protection and Administrative Services, or their designees; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; three appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, one of whom shall have expertise in public health and one of whom shall be a physician licensed under chapter 370 who works in a practice of not more than ten physicians and who is not employed by a hospital, health network, health plan, health system, academic institution or university; three appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a

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hospital association, one of whom shall have expertise with federally qualified health centers and one of whom shall be a consumer or consumer advocate; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall be a pharmacist or a health care provider utilizing electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the board. The Commissioner of Public Health, or his or her designee, shall serve as the chairperson of the board.

(2) All initial appointments to the board shall be made on or before October 1, 2010. The initial term for the board members appointed by the Governor shall be for four years. The initial term for board members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for board members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the board members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth of each year in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a board member shall serve for a term of four years. No board member, including initial board members, may serve for more than two terms. Any member of the board may be removed by the appropriate appointing authority for misfeasance, malfeasance or

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wilful neglect of duty.

(3) The chairperson shall schedule the first meeting of the board, which shall be held not later than November 1, 2010.

(4) Any member appointed to the board who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the board.

(5) Notwithstanding any provision of the general statutes, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any person, firm or corporation to serve as a board member, provided such trustee, director, partner, officer, stockholder, proprietor, counsel or employee shall abstain from deliberation, action or vote by the board in specific respect to such person, firm or corporation. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10.

(6) Board members shall receive no compensation for their services, but shall receive actual and necessary expenses incurred in the performance of their official duties.

(d) The board shall select and appoint a chief executive officer who shall be responsible for administering the authority's programs and activities in accordance with policies and objectives established by the board. The chief executive officer shall serve at the pleasure of the board and shall receive such compensation as shall be determined by the board. The chief executive officer (1) may employ such other employees as shall be designated by the board of directors; and (2) shall attend all meetings of the board, keep a record of all proceedings and maintain and be custodian of all books, documents and papers filed with the authority and of the minute book of the authority.

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(e) The board shall direct the authority regarding: (1) Implementation and periodic revisions of the health information technology plan submitted in accordance with the provisions of section 74 of public act 09-232, including the implementation of an integrated state-wide electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors, state and federal agencies and patients; (2) appropriate protocols for health information exchange; and (3) electronic data standards to facilitate the development of a state-wide integrated electronic health information system, as defined in subsection (a) of section 19a-25d, for use by health care providers and institutions that receive state funding. Such electronic data standards shall: (A) Include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols; (B) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual; (C) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; (D) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (E) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d; (F) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d; and (G) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d.

(f) Applications for grants from the authority shall be made on a form prescribed by the board. The board shall review applications and

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decide whether to award a grant. The board may consider, as a condition for awarding a grant, the potential grantee's financial participation and any other factors it deems relevant.

(g) The board may consult with such parties, public or private, as it deems desirable in exercising its duties under this section.

(h) The board shall establish an advisory committee on patient privacy and security. All members of such advisory committee shall be appointed by the chairperson of the board, provided any such appointed member shall have expertise in the field of privacy, health data security or patient rights. Appointed members of the advisory committee shall include, but not be limited to, a representative from a nonprofit research and educational organization dedicated to improving access to health care, a representative from a patient advocacy group, an ethicist, an attorney with expertise in health information technology and the protections set forth in the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA), the chief information officer of a hospital, an insurer or representative of a health plan and a primary care physician, engaged in active practice, who utilizes electronic health records. The advisory committee shall monitor developments in federal law concerning patient privacy and security relating to health information technology and shall report to the board on national and regional trends and federal policies and guidance set forth in this area. The board shall include information supplied by the advisory committee in the report submitted by the board pursuant to subsection (i) of this section. The chairperson of the advisory committee shall be appointed by the Lieutenant Governor from among the membership.

(i) Not later than February 1, 2011, and annually thereafter until February 1, 2016, the chief executive officer of the authority shall report, in accordance with section 11-4a, to the Governor and the General Assembly on (1) any private or federal funds received during

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the preceding year and, if applicable, how such funds were expended, (2) the amount and recipients of grants awarded, [and] (3) the current status of health information exchange and health information technology in the state, and (4) the development of privacy practices and procedures to notify patients concerning the collection of patient health information and use of such information in the state-wide health information exchange, as described in section 19a-754.

Sec. 47. Subsection (b) of section 20-12i of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Notwithstanding the provisions of this section or sections 20-74bb and 20-74ee, nothing shall prohibit a physician assistant who is engaging in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures prior to October 1, 2011, from continuing to engage in such procedures, or require the physician assistant to complete the course or supervised clinical experience described in subsection (a) of this section, provided such physician assistant shall pass the examination prescribed by the commissioner on or before [July] September 1, 2012. If a physician assistant does not pass the required examination on or before [July] September 1, 2012, such physician assistant shall not engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or position and utilize a mini C-arm in conjunction with fluoroscopic procedures until such time as such physician assistant meets the requirements of subsection (a) of this section.

Sec. 48. Subsection (a) of section 20-94a of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(a) The Department of Public Health may issue an advanced

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practice registered nurse license to a person seeking to perform the activities described in subsection (b) of section 20-87a, upon receipt of a fee of two hundred dollars, to an applicant who: (1) Maintains a license as a registered nurse in this state, as provided by section 20-93 or 20-94; (2) holds and maintains current certification as a nurse practitioner, a clinical nurse specialist or a nurse anesthetist from one of the following national certifying bodies that certify nurses in advanced practice: The American Nurses' Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates or the American Association of Nurse Anesthetists, their successors or other appropriate national certifying bodies approved by the Board of Examiners for Nursing; (3) has completed thirty hours of education in pharmacology for advanced nursing practice; and (4) [if first certified by one of the foregoing certifying bodies after December 31, 1994,] (A) holds a graduate degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i) on or before December 31, 2004 completed an advanced nurse practitioner program that a national certifying body identified in subdivision (2) of subsection (a) of this section recognized for certification of a nurse practitioner, clinical nurse specialist, or nurse anesthetist, and (ii) at the time of application, holds a current license as an advanced practice registered nurse in another state that requires a master's degree in nursing or a related field for such licensure. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Sec. 49. Subsection (e) of section 5-259 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(e) Notwithstanding the provisions of subsection (a) of this section, (1) vending stand operators eligible for membership in the state employees' retirement system pursuant to section 5-175a shall be eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under this section, provided the cost for such operators' insurance coverage shall be paid by the Bureau of Rehabilitative Services from vending machine income pursuant to section 10-303, and (2) blind persons employed in workshops, established pursuant to section 10-298a, on December 31, 2002, shall be eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under this section, provided the cost for such persons' insurance coverage shall be paid by the Bureau of Rehabilitative Services. [General workers employed in positions by the Department of Developmental Services as self-advocates, not to exceed eleven employees, shall be eligible for sick leave, in accordance with section 5-247, vacation and personal leave, in accordance with section 5-250, and holidays, in accordance with section 5-254.]

Sec. 50. Subsection (a) of section 5-247 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each appointing authority shall grant, on account of illness or injury, to each full-time employee in a permanent position in the state service who has furnished satisfactory proof of such illness or injury, such sick leave with pay as has accrued to his credit at the rate of one and one-quarter working days for each completed calendar month of continuous full-time service which may be computed on an hourly basis. Hourly computation of sick leave shall not diminish benefit entitlement. On or before October 1, 1980, the Commissioner of Administrative Services shall adopt regulations, in accordance with chapter 54, concerning the accrual, prorating and granting of sick leave with pay to other employees in the state service and extending sick

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leave with pay or with part pay for longer periods to full-time permanent employees disabled through illness or injury. A general worker employed in a position by the Department of Developmental Services as a self-advocate, not to exceed eleven such general workers, shall be eligible for prorated sick leave, in accordance with regulations adopted pursuant to this section. Each such employee who retires under the provisions of chapter 66 shall be compensated, effective as of the date of his retirement, at the rate of one-fourth of such employee's salary for sick leave accrued to his credit as of his last day on the active payroll up to a maximum payment equivalent to sixty days' pay. Such payment for accumulated sick leave shall not be included in computing retirement income and shall be charged by the State Comptroller to the department, agency or institution in which the employee worked.

Sec. 51. Section 5-250 of the general statutes is amended by adding subsection (e) as follows (*Effective from passage*):

(NEW) (e) Notwithstanding the provisions of this section, a general worker employed in a position by the Department of Developmental Services as a self-advocate, not to exceed eleven such general workers, shall be eligible for prorated vacation and personal leave.

Sec. 52. Subsection (a) of section 5-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each full-time permanent employee in the state service shall be granted time off with pay for any legal holiday. A general worker employed in a position by the Department of Developmental Services as a self-advocate, not to exceed eleven such general workers, shall be granted time off with pay for any legal holiday that falls on a day that the general worker is regularly scheduled to work and provided the pay shall be for the number of hours the general worker would have

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been scheduled to work. If a legal holiday falls on a Saturday, employees shall be granted equivalent time off on the Friday immediately preceding such Saturday or given another day off in lieu thereof. The Commissioner of Administrative Services may issue regulations governing the granting of holiday time to other employees in the state service, which regulations shall be approved by the Secretary of the Office of Policy and Management.

Sec. 53. Subdivision (10) of section 7-36 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2012*):

(10) "Amendment" means to (A) change or enter new information on a certificate of birth, marriage, death or fetal death, more than one year after the date of the vital event recorded in such certificate, in order to accurately reflect the facts existing at the time of the recording of the event, (B) create a replacement certificate of birth for matters pertaining to parentage and gender change, or (C) [change a certificate of birth, marriage, death or fetal death to reflect facts that have changed since the time the certificate was prepared, including, but not limited to,] reflect a legal name change in accordance with section 19a-42 or make a modification to a cause of death;

Approved June 15, 2012