



General Assembly

Amendment

February Session, 2012

LCO No. 5017

HB0551405017HDO

Offered by:

REP. RITTER E., 38th Dist.

SEN. GERRATANA, 6th Dist.

To: Subst. House Bill No. 5514

File No. 451

Cal. No. 348

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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4 repealed and the following is substituted in lieu thereof (*Effective*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

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

15 Medical Examiner, Deputy Chief Medical Examiner, an associate
16 medical examiner or an authorized assistant medical examiner.

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 Section 46b-25 of the general statutes is repealed and the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

19 No license may be issued by the registrar until both persons have
20 appeared before the registrar and made application for a license. The
21 registrar shall issue a license to any two persons eligible to marry
22 under this chapter. The license shall be completed in its entirety, dated,
23 signed and sworn to by each applicant and shall state each applicant's
24 name, age, race, birthplace, residence, whether single, widowed or
25 divorced and whether under the supervision or control of a
26 conservator or guardian. The Social Security numbers of both persons
27 shall be recorded in the "administrative purposes" section of the
28 license. If the license is signed and sworn to by the applicants on
29 different dates, the [earlier] later date shall be deemed the date of
30 application.

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32 repealed and the following is substituted in lieu thereof (*Effective*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

34 (b) The Department of Public Health shall maintain and operate the
35 Connecticut Tumor Registry. Said registry shall include a report of
36 every occurrence of a reportable tumor that is diagnosed or treated in
37 the state. Such reports shall be made to the department by any
38 hospital, clinical laboratory and health care provider in the state. Such
39 reports shall include, but not be limited to, pathology reports and
40 information obtained from records of any person licensed as a health
41 care provider and may include a collection of actual tissue samples
42 and such information as the department may prescribe. Follow-up
43 data, demographic, diagnostic, treatment and other medical
44 information shall also be included in the report in a form and manner
45 as the department may prescribe. The Commissioner of Public Health
46 shall promulgate a list of required data items, which may be amended

47 from time to time. Such reports shall include every occurrence of a
48 reportable tumor that is diagnosed or treated during a calendar year.
49 [On or before July 1, 2010, and annually thereafter, such] Such reports
50 shall be submitted to the department on or before July first, annually,
51 in such manner as the department may prescribe.

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

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

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

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

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

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

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

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

74 (4) "Rape crisis center" means any office, institution or center
75 offering assistance to victims of sexual assault and their families

76 through crisis intervention, medical and legal advocacy and follow-up
77 counseling. [and which meets the Department of Public Health criteria
78 of service provision for such centers.]

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

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

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

94 As used in this chapter:

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

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

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

105 Sec. 9. Section 20-341l of the general statutes is repealed and the

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

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

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

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

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

128 (a) There is established a Long-Term Care Advisory Council which
129 shall consist of the following: (1) The executive director of the
130 Commission on Aging, or the executive director's designee; (2) the
131 State Nursing Home Ombudsman, or the ombudsman's designee; (3)
132 the president of the Coalition of Presidents of Resident Councils, or the
133 president's designee; (4) the executive director of the Legal Assistance
134 Resource Center of Connecticut, or the executive director's designee;
135 (5) the state president of AARP, or the president's designee; (6) one
136 representative of a bargaining unit for health care employees,
137 appointed by the president of the bargaining unit; (7) the president of

138 [the Connecticut Association of Not-For-Profit Providers for the
139 Aging] LeadingAge Connecticut, Inc., or the president's designee; (8)
140 the president of the Connecticut Association of Health Care Facilities,
141 or the president's designee; (9) the president of the Connecticut
142 Association of Residential Care Homes, or the president's designee;
143 (10) the president of the Connecticut Hospital Association or the
144 president's designee; (11) the executive director of the Connecticut
145 Assisted Living Association or the executive director's designee; (12)
146 the executive director of the Connecticut Association for Homecare or
147 the executive director's designee; (13) the president of Connecticut
148 Community Care, Inc. or the president's designee; (14) one member of
149 the Connecticut Association of Area Agencies on Aging appointed by
150 the agency; (15) the president of the Connecticut chapter of the
151 Connecticut Alzheimer's Association; (16) one member of the
152 Connecticut Association of Adult Day Centers appointed by the
153 association; (17) the president of the Connecticut Chapter of the
154 American College of Health Care Administrators, or the president's
155 designee; (18) the president of the Connecticut Council for Persons
156 with Disabilities, or the president's designee; (19) the president of the
157 Connecticut Association of Community Action Agencies, or the
158 president's designee; (20) a personal care attendant appointed by the
159 speaker of the House of Representatives; (21) the president of the
160 Family Support Council, or the president's designee; (22) a person
161 who, in a home setting, cares for a person with a disability and is
162 appointed by the president pro tempore of the Senate; (23) three
163 persons with a disability appointed one each by the majority leader of
164 the House of Representatives, the majority leader of the Senate and the
165 minority leader of the House of Representatives; (24) a legislator who
166 is a member of the Long-Term Care Planning Committee; and (25) one
167 member who is a nonunion home health aide appointed by the
168 minority leader of the Senate.

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

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

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

193 (d) The advisory committee shall consist of (1) four members who
194 represent and shall be appointed by the Connecticut Hospital
195 Association, including three members who represent three separate
196 hospitals that are not affiliated of which one such hospital is an
197 academic medical center; (2) one member who represents and shall be
198 appointed by the Connecticut Nursing Association; (3) two members
199 who represent and shall be appointed by the Connecticut Medical
200 Society, including one member who is an active medical care provider;
201 (4) two members who represent and shall be appointed by the
202 Connecticut Business and Industry Association, including one member
203 who represents a large business and one member who represents a
204 small business; (5) one member who represents and shall be appointed
205 by the Home Health Care Association; (6) one member who represents

206 and shall be appointed by the Connecticut Association of Health Care
207 Facilities; (7) one member who represents and shall be appointed by
208 [the Connecticut Association of Not-For-Profit Providers for the
209 Aging] LeadingAge Connecticut, Inc.; (8) two members who represent
210 and shall be appointed by the AFL-CIO; (9) one member who
211 represents consumers of health care services and who shall be
212 appointed by the Commissioner of Public Health; (10) one member
213 who represents a school of public health and who shall be appointed
214 by the Commissioner of Public Health; (11) the Commissioner of
215 Public Health or said commissioner's designee; (12) the Commissioner
216 of Social Services or said commissioner's designee; (13) the Secretary of
217 the Office of Policy and Management or said secretary's designee; (14)
218 two members who represent licensed health plans and shall be
219 appointed by the Connecticut Association of Health Care Plans; (15)
220 one member who represents and shall be appointed by the federally
221 designated state peer review organization; and (16) one member who
222 represents and shall be appointed by the Connecticut Pharmaceutical
223 Association. The chairperson of the advisory committee shall be the
224 Commissioner of Public Health or said commissioner's designee. The
225 chairperson of the committee, with a vote of the majority of the
226 members present, may appoint ex-officio nonvoting members in
227 specialties not represented among voting members. Vacancies shall be
228 filled by the person who makes the appointment under this subsection.

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

232 (b) Each licensee shall complete a minimum of forty hours of
233 continuing education every two years. Such two-year period shall
234 commence on the first date of renewal of the licensee's license after
235 January 1, 2004. The continuing education shall be in areas related to
236 the licensee's practice. Qualifying continuing education activities are
237 courses offered or approved by the Connecticut Association of
238 Healthcare Facilities, [the Connecticut Association of Not-For-Profit
239 Providers for the Aging] LeadingAge Connecticut, Inc., the

240 Connecticut Assisted Living Association, the Connecticut Alliance for
241 Subacute Care, Inc., the Connecticut Chapter of the American College
242 of Health Care Administrators, the Association For Long Term Care
243 Financial Managers or any accredited college or university, or
244 programs presented or approved by the National Continuing
245 Education Review Service of the National Association of Boards of
246 Examiners of Long Term Care Administrators, or by federal or state
247 departments or agencies.

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

251 (a) No person shall engage in the practice of massage therapy unless
252 the person has obtained a license from the department pursuant to this
253 section. Each person seeking licensure as a massage therapist shall
254 make application on forms prescribed by the department, pay an
255 application fee of three hundred seventy-five dollars and present to the
256 department satisfactory evidence that the applicant: (1) Has graduated
257 from a school of massage therapy offering a course of study of not less
258 than five hundred classroom hours, with the instructor present, [and]
259 that, at the time of the applicant's graduation, had a current school
260 code assigned by the National Certification Board for Therapeutic
261 Massage and Bodywork and was either (A) accredited by an agency
262 recognized by the United States Department of Education or by a state
263 board of postsecondary technical trade and business schools, or (B)
264 accredited by the Commission on Massage Therapy Accreditation, and
265 (2) has passed the National Certification Examination for Therapeutic
266 Massage and Bodywork. Passing scores on the examination shall be
267 prescribed by the department. The National Certification Board for
268 Therapeutic Massage and Bodywork's national examination for state
269 licensing option shall not satisfy the examination requirements for a
270 person seeking licensure pursuant to this section.

271 Sec. 16. (NEW) (*Effective October 1, 2012*) (a) Not later than January 1,
272 2013, the athletic department of each institution of higher education

273 shall develop and implement a policy consistent with this section
274 concerning the availability and use of an automatic external
275 defibrillator during intercollegiate sport practice, training and
276 competition.

277 (b) Each athletic department of an institution of higher education
278 shall (1) (A) provide and maintain in a central location that is not more
279 than one-quarter mile from the premises used by the athletic
280 department at least one automatic external defibrillator, as defined in
281 section 19a-175 of the general statutes, and (B) make such central
282 location known and accessible to employees and student-athletes of
283 such institution of higher education during all hours of intercollegiate
284 sport practice, training and competition, (2) ensure that at least one
285 licensed athletic trainer or other person who is trained in
286 cardiopulmonary resuscitation and the use of an automatic external
287 defibrillator in accordance with the standards set forth by the
288 American Red Cross or American Heart Association is on the premises
289 used by the athletic department during all hours of intercollegiate
290 sport practice, training and competition, (3) maintain and test the
291 automatic external defibrillator in accordance with the manufacturer's
292 guidelines, and (4) promptly notify a local emergency medical services
293 provider after each use of such automatic external defibrillator. As
294 used in this section, "the premises used by the athletic department"
295 means those premises that are used for intercollegiate sport practice,
296 training or competition and may include, but need not be limited to, an
297 athletic building or room, gymnasium, athletic field or stadium; and
298 "intercollegiate sport" means a sport played at the collegiate level for
299 which eligibility requirements for participation by a student-athlete are
300 established by a national association for the promotion or regulation of
301 collegiate athletics.

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

305 (d) The advisory panel shall present the initial plan to the

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

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

314 (b) Except as otherwise provided in this section, [for registration
315 periods beginning on and after October 1, 2007,] a licensee applying
316 for license renewal shall earn a minimum of twenty-five contact hours
317 of continuing education within the preceding twenty-four-month
318 period. Such continuing education shall (1) be in an area of the
319 licensee's practice; (2) reflect the professional needs of the licensee in
320 order to meet the health care needs of the public; and (3) include [the
321 topics required pursuant to this subdivision. For registration periods
322 ending on or before September 30, 2011, such topics shall include at
323 least one contact hour of training or education in each of the following
324 topics: (A) Infectious diseases, including, but not limited to, acquired
325 immune deficiency syndrome and human immunodeficiency virus, (B)
326 access to care, (C) risk management, (D) care of special needs patients,
327 and (E) domestic violence, including sexual abuse] not less than one
328 contact hour of training or education in any five of the ten mandatory
329 topics for continuing education activities prescribed by the
330 commissioner pursuant to this subdivision. For registration periods
331 beginning on and after October 1, 2011, the Commissioner of Public
332 Health, in consultation with the Dental Commission, shall on or before
333 October 1, 2010, and biennially thereafter, issue a list that includes [not
334 more than five] ten mandatory topics for continuing education
335 activities that will be required for the following two-year registration
336 period. Qualifying continuing education activities include, but are not
337 limited to, courses, including on-line courses, offered or approved by
338 the American Dental Association or state, district or local dental
339 associations and societies affiliated with the American Dental

340 Association; national, state, district or local dental specialty
341 organizations or the American Academy of General Dentistry; a
342 hospital or other health care institution; dental schools and other
343 schools of higher education accredited or recognized by the Council on
344 Dental Accreditation or a regional accrediting organization; agencies
345 or businesses whose programs are accredited or recognized by the
346 Council on Dental Accreditation; local, state or national medical
347 associations; a state or local health department; or the Accreditation
348 Council for Graduate Medical Education. Eight hours of volunteer
349 dental practice at a public health facility, as defined in section 20-126l,
350 may be substituted for one contact hour of continuing education, up to
351 a maximum of ten contact hours in one twenty-four-month period.

352 Sec. 19. Subsection (d) of section 20-74s of the general statutes is
353 repealed and the following is substituted in lieu thereof (*Effective from*
354 *passage*):

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

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

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

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

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

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

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

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

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

401 (a) Each institution of higher education shall require each full-time
402 or matriculating student born after December 31, 1956, to provide

403 proof of adequate immunization against measles, rubella and on and
404 after August 1, 2010, to provide proof of adequate immunization
405 against mumps and varicella as recommended by the national
406 Advisory Committee for Immunization Practices before permitting
407 such student to enroll in such institution. Any such student who (1)
408 presents a certificate from a physician or an advanced practice
409 registered nurse stating that in the opinion of such physician or
410 advanced practice registered nurse such immunization is medically
411 contraindicated, (2) provides a statement that such immunization
412 would be contrary to his religious beliefs, (3) presents a certificate from
413 a physician, an advanced practice registered nurse or [from] the
414 director of health in the student's present or previous town of
415 residence, stating that the student has had a confirmed case of such
416 disease, (4) is enrolled exclusively in a program for which students do
417 not congregate on campus for classes or to participate in institutional-
418 sponsored events, such as students enrolled in distance learning
419 programs for individualized home study or programs conducted
420 entirely through electronic media in a setting without other students
421 present, or (5) graduated from a public or nonpublic high school in this
422 state in 1999 or later and was not exempt from the measles, rubella and
423 on and after August 1, 2010, the mumps vaccination requirement
424 pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a
425 shall be exempt from the appropriate provisions of this section.

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

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

437 nurse stating that, in the opinion of such physician or advanced
438 practice registered nurse, the presence in the institution of the student
439 does not present a clear danger to the health of others.

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

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

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

456 The exemptions granted in sections 12-81 and 12-82 to soldiers,
457 sailors, marines and members of the Coast Guard and Air Force, and
458 their spouses, widows, widowers, fathers and mothers, and to blind or
459 totally disabled persons and their spouses shall first be made in the
460 town in which the person entitled thereto resides, and any person
461 asking such exemption in any other town shall annually make oath
462 before, or forward his or her affidavit to, the assessors of such town,
463 deposing that such exemptions, except the exemption provided in
464 subdivision (55) of section 12-81, if allowed, will not, together with any
465 other exemptions granted under [said] sections 12-81 and 12-82, exceed
466 the amount of exemption thereby allowed to such person. Such
467 affidavit shall be filed with the assessors within the period the
468 assessors have to complete their duties in the town where the

469 exemption is claimed. The assessors of each town shall annually make
470 a certified list of all persons who are found to be entitled to exemption
471 under the provisions of said sections, which list shall be filed in the
472 town clerk's office, and shall be prima facie evidence that the persons
473 whose names appear thereon and who are not required by law to give
474 annual proof are entitled to such exemption as long as they continue to
475 reside in such town; but such assessors may, at any time, require any
476 such person to appear before them for the purpose of furnishing
477 additional evidence, provided, any person who by reason of such
478 person's disability is unable to so appear may furnish such assessors a
479 statement from such person's attending physician or an advanced
480 practice registered nurse certifying that such person is totally disabled
481 and is unable to make a personal appearance and such other evidence
482 of total disability as such assessors may deem appropriate.

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

486 (a) No claim shall be accepted under section 12-129b unless the
487 taxpayer or authorized agent of such taxpayer files an application with
488 the assessor of the municipality in which the property is located, in
489 affidavit form as provided by the Secretary of the Office of Policy and
490 Management, during the period from February first to and including
491 May fifteenth of any year in which benefits are first claimed, including
492 such information as is necessary to substantiate said claim in
493 accordance with requirements in such application. A taxpayer may
494 make application to the secretary prior to August fifteenth of the claim
495 year for an extension of the application period. The secretary may
496 grant such extension in the case of extenuating circumstance due to
497 illness or incapacitation as evidenced by a [physician's] certificate
498 signed by a physician or an advanced practice registered nurse to that
499 extent, or if the secretary determines there is good cause for doing so.
500 The taxpayer shall present to the assessor a copy of such taxpayer's
501 federal income tax return and the federal income tax return of such
502 taxpayer's spouse, if filed separately, for such taxpayer's taxable year

503 ending immediately prior to the submission of the taxpayer's
504 application, or if not required to file a federal income tax return, such
505 other evidence of qualifying income in respect to such taxable year as
506 the assessor may require. Each such application, together with the
507 federal income tax return and any other information submitted in
508 relation thereto, shall be examined by the assessor and if the
509 application is approved by the assessor, it shall be forwarded to the
510 secretary on or before July first of the year in which such application is
511 approved, except that in the case of a taxpayer who received a filing
512 date extension from the secretary, such application shall be forwarded
513 to the secretary not later than ten business days after the date it is filed
514 with the assessor. After a taxpayer's claim for the first year has been
515 filed and approved such taxpayer shall be required to file such an
516 application biennially. In respect to such application required after the
517 filing and approval for the first year the tax assessor in each
518 municipality shall notify each such taxpayer concerning application
519 requirements by regular mail not later than February first of the
520 assessment year in which such taxpayer is required to reapply,
521 enclosing a copy of the required application form. Such taxpayer may
522 submit such application to the assessor by mail, provided it is received
523 by the assessor not later than March fifteenth in the assessment year
524 with respect to which such tax relief is claimed. Not later than April
525 first of such year the assessor shall notify, by certified mail, any such
526 taxpayer for whom such application was not received by said March
527 fifteenth concerning application requirements and such taxpayer shall
528 be required not later than May fifteenth to submit such application
529 personally or for reasonable cause, by a person acting on behalf of such
530 taxpayer as approved by the assessor.

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

534 (a) Any renter, believing himself or herself to be entitled to a grant
535 under section 12-170d for any calendar year, shall make application for
536 such grant to the assessor of the municipality in which the renter

537 resides or to the duly authorized agent of such assessor or
538 municipality on or after May fifteenth and not later than September
539 fifteenth of each year with respect to such grant for the calendar year
540 preceding each such year, on a form prescribed and furnished by the
541 Secretary of the Office of Policy and Management to the assessor. A
542 renter may make application to the secretary prior to December
543 fifteenth of the claim year for an extension of the application period.
544 The secretary may grant such extension in the case of extenuating
545 circumstance due to illness or incapacitation as evidenced by a
546 [physician's] certificate signed by a physician or an advanced practice
547 registered nurse to that extent, or if the secretary determines there is
548 good cause for doing so. A renter making such application shall
549 present to such assessor or agent, in substantiation of the renter's
550 application, a copy of the renter's federal income tax return, and if not
551 required to file a federal income tax return, such other evidence of
552 qualifying income, receipts for money received, or cancelled checks, or
553 copies thereof, and any other evidence the assessor or such agent may
554 require. When the assessor or agent is satisfied that the applying renter
555 is entitled to a grant, such assessor or agent shall issue a certificate of
556 grant, in triplicate, in such form as the secretary may prescribe and
557 supply showing the amount of the grant due. The assessor or agent
558 shall forward the original copy and attached application to the
559 secretary not later than the last day of the month following the month
560 in which the renter has made application. On or after December 1,
561 1989, any municipality which neglects to transmit to the secretary the
562 claim and supporting applications as required by this section shall
563 forfeit two hundred fifty dollars to the state, provided said secretary
564 may waive such forfeiture in accordance with procedures and
565 standards adopted by regulation in accordance with chapter 54. A
566 duplicate of such certificate with a copy of the application attached
567 shall be delivered to the renter and the assessor or agent shall keep the
568 third copy of such certificate and a copy of the application. After the
569 secretary's review of each claim, pursuant to section 12-120b, and
570 verification of the amount of the grant the secretary shall, not later
571 than September thirtieth of each year prepare a list of certificates

572 approved for payment, and shall thereafter supplement such list
573 monthly. Such list and any supplements thereto shall be approved for
574 payment by the secretary and shall be forwarded by the secretary to
575 the Comptroller, not later than ninety days after receipt of such
576 applications and certificates of grant from the assessor or agent, and
577 the Comptroller shall draw an order on the Treasurer, not later than
578 fifteen days following, in favor of each person on such list and on
579 supplements to such list in the amount of such person's claim and the
580 Treasurer shall pay such amount to such person, not later than fifteen
581 days following. Any claimant aggrieved by the results of the
582 secretary's review shall have the rights of appeal as set forth in section
583 12-120b. Applications filed under this section shall not be open for
584 public inspection. Any person who, for the purpose of obtaining a
585 grant under section 12-170d, wilfully fails to disclose all matters
586 related thereto or with intent to defraud makes false statement shall be
587 fined not more than five hundred dollars.

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

591 (a) No claim shall be accepted under section 12-170v unless the
592 taxpayer or authorized agent of such taxpayer files an application with
593 the assessor of the municipality in which the property is located, in
594 such form and manner as the assessor may prescribe, during the
595 period from February first to and including May fifteenth of any year
596 in which benefits are first claimed, including such information as is
597 necessary to substantiate such claim in accordance with requirements
598 in such application. A taxpayer may make application to the assessor
599 prior to August fifteenth of the claim year for an extension of the
600 application period. The assessor may grant such extension in the case
601 of extenuating circumstance due to illness or incapacitation as
602 evidenced by a [physician's] certificate signed by a physician or an
603 advanced practice registered nurse to that extent, or if the assessor
604 determines there is good cause for doing so. The taxpayer shall present
605 to the assessor a copy of such taxpayer's federal income tax return and

606 the federal income tax return of such taxpayer's spouse, if filed
607 separately, for such taxpayer's taxable year ending immediately prior
608 to the submission of the taxpayer's application, or if not required to file
609 a federal income tax return, such other evidence of qualifying income
610 in respect to such taxable year as the assessor may require. Each such
611 application, together with the federal income tax return and any other
612 information submitted in relation thereto, shall be examined by the
613 assessor and a determination shall be made as to whether the
614 application is approved. Upon determination by the assessor that the
615 applying homeowner is entitled to tax relief in accordance with the
616 provisions of section 12-170v and this section, the assessor shall notify
617 the homeowner and the municipal tax collector of the approval of such
618 application. The municipal tax collector shall determine the maximum
619 amount of the tax due with respect to such homeowner's residence and
620 thereafter the property tax with respect to such homeowner's residence
621 shall not exceed such amount. After a taxpayer's claim for the first year
622 has been filed and approved such taxpayer shall file such an
623 application biennially. In respect to such application required after the
624 filing and approval for the first year the assessor in each municipality
625 shall notify each such taxpayer concerning application requirements
626 by regular mail not later than February first of the assessment year in
627 which such taxpayer is required to reapply, enclosing a copy of the
628 required application form. Such taxpayer may submit such application
629 to the assessor by mail provided it is received by the assessor not later
630 than March fifteenth in the assessment year with respect to which such
631 tax relief is claimed. Not later than April first of such year the assessor
632 shall notify, by certified mail, any such taxpayer for whom such
633 application was not received by said March fifteenth concerning
634 application requirements and such taxpayer shall submit not later than
635 May fifteenth such application personally or for reasonable cause, by a
636 person acting on behalf of such taxpayer as approved by the assessor.

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

640 (f) Any homeowner, believing such homeowner is entitled to tax
641 reduction benefits under this section for any assessment year, shall
642 make application as required in subsection (e) of this section, to the
643 assessor of the municipality in which the homeowner resides, for such
644 tax reduction at any time from February first to and including May
645 fifteenth of the year in which tax reduction is claimed. A homeowner
646 may make application to the secretary prior to August fifteenth of the
647 claim year for an extension of the application period. The secretary
648 may grant such extension in the case of extenuating circumstance due
649 to illness or incapacitation as evidenced by a [physician's] certificate
650 signed by a physician or an advanced practice registered nurse to that
651 extent, or if the secretary determines there is good cause for doing so.
652 Such application for tax reduction benefits shall be submitted on a
653 form prescribed and furnished by the secretary to the assessor. In
654 making application the homeowner shall present to such assessor, in
655 substantiation of such homeowner's application, a copy of such
656 homeowner's federal income tax return, including a copy of the Social
657 Security statement of earnings for such homeowner, and that of such
658 homeowner's spouse, if filed separately, for such homeowner's taxable
659 year ending immediately prior to the submission of such application,
660 or if not required to file a return, such other evidence of qualifying
661 income in respect to such taxable year as may be required by the
662 assessor. When the assessor is satisfied that the applying homeowner
663 is entitled to tax reduction in accordance with this section, such
664 assessor shall issue a certificate of credit, in such form as the secretary
665 may prescribe and supply showing the amount of tax reduction
666 allowed. A duplicate of such certificate shall be delivered to the
667 applicant and the tax collector of the municipality and the assessor
668 shall keep the fourth copy of such certificate and a copy of the
669 application. Any homeowner who, for the purpose of obtaining a tax
670 reduction under this section, wilfully fails to disclose all matters
671 related thereto or with intent to defraud makes false statement shall
672 refund all property tax credits improperly taken and shall be fined not
673 more than five hundred dollars. Applications filed under this section
674 shall not be open for public inspection.

675 Sec. 31. Subdivision (1) of subsection (b) of section 16-262c of the
676 2012 supplement to the general statutes is repealed and the following
677 is substituted in lieu thereof (*Effective October 1, 2012*):

678 (b) (1) From November first to May first, inclusive, no electric or
679 electric distribution company, as defined in section 16-1, no electric
680 supplier and no municipal utility furnishing electricity shall terminate,
681 deny or refuse to reinstate residential electric service in hardship cases
682 where the customer lacks the financial resources to pay his or her
683 entire account. From November first to May first, inclusive, no gas
684 company and no municipal utility furnishing gas shall terminate, deny
685 or refuse to reinstate residential gas service in hardship cases where
686 the customer uses such gas for heat and lacks the financial resources to
687 pay his or her entire account, except a gas company that, between May
688 second and October thirty-first, terminated gas service to a residential
689 customer who uses gas for heat and who, during the previous period
690 of November first to May first, had gas service maintained because of
691 hardship status, may refuse to reinstate the gas service from November
692 first to May first, inclusive, only if the customer has failed to pay, since
693 the preceding November first, the lesser of: (A) Twenty per cent of the
694 outstanding principal balance owed the gas company as of the date of
695 termination, (B) one hundred dollars, or (C) the minimum payments
696 due under the customer's amortization agreement. Notwithstanding
697 any other provision of the general statutes to the contrary, no electric,
698 electric distribution or gas company, no electric supplier and no
699 municipal utility furnishing electricity or gas shall terminate, deny or
700 refuse to reinstate residential electric or gas service where the customer
701 lacks the financial resources to pay his or her entire account and for
702 which customer or a member of the customer's household the
703 termination, denial of or failure to reinstate such service would create a
704 life-threatening situation. No electric, electric distribution or gas
705 company, no electric supplier and no municipal utility furnishing
706 electricity or gas shall terminate, deny or refuse to reinstate residential
707 electric or gas service where the customer is a hardship case and lacks
708 the financial resources to pay his or her entire account and a child not

709 more than twenty-four months old resides in the customer's household
710 and such child has been admitted to the hospital and received
711 discharge papers on which the attending physician or an advanced
712 practice registered nurse has indicated such service is a necessity for
713 the health and well being of such child.

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

717 (b) No such company, electric supplier or municipal utility shall
718 effect termination of service for nonpayment during such time as any
719 resident of a dwelling to which such service is furnished is seriously ill,
720 if the fact of such serious illness is certified to such company, electric
721 supplier or municipal utility by a registered physician or an advanced
722 practice registered nurse within such period of time after the mailing
723 of a termination notice pursuant to subsection (a) of this section as the
724 Public Utilities Regulatory Authority may by regulation establish,
725 provided the customer agrees to amortize the unpaid balance of his
726 account over a reasonable period of time and keeps current his account
727 for utility service as charges accrue in each subsequent billing period.

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

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

741 disabled veterans, as defined under state or federal law, except with
742 their consent and after certification by a physician or an advanced
743 practice registered nurse that the extended hours of work will not be
744 injurious to their health.

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

748 (a) None of the following persons under the conditions hereinafter
749 described shall be employed in any mercantile establishment more
750 than eight hours in any one day, or more than six days in any one
751 calendar week or more than forty-eight hours in any one calendar
752 week: (1) Persons under the age of eighteen years who are not enrolled
753 in and have not graduated from a secondary educational institution;
754 (2) persons sixty-six years of age or older, except with their consent; (3)
755 handicapped persons, so designated by medical or governmental
756 authority, except with their consent and after certification by a
757 physician or an advanced practice registered nurse that the extended
758 hours of work will not be injurious to their health; (4) disabled
759 veterans, as defined under state or federal law, except with their
760 consent and after certification by a physician or an advanced practice
761 registered nurse that the extended hours of work will not be injurious
762 to their health; but any such person may be permitted to work in any
763 such establishment one day in any calendar week for not more than
764 ten hours, for the purpose of making one shorter day during such
765 week, and any employer who, during any year, gives not fewer than
766 seven holidays with pay shall be exempt from the foregoing provisions
767 hereof during the period from the eighteenth to the twenty-fifth day of
768 December of such year.

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

772 (a) No public restaurant, cafe, dining room, barber shop,

773 hairdressing or manicuring establishment, amusement or recreational
774 establishment, bowling alley, shoe-shining establishment, billiard or
775 pool room or photograph gallery shall employ or permit to work any
776 person under eighteen years of age (1) between the hours of ten o'clock
777 in the evening and six o'clock in the morning, or any of the persons
778 described below under conditions herein set forth more than nine
779 hours in any day: (A) Persons sixty-six years of age or older, except
780 with their consent; (B) handicapped persons, so designated by medical
781 or governmental authority, except with their consent and after
782 certification by a physician or an advanced practice registered nurse
783 that the extended hours of work will not be injurious to their health;
784 (C) disabled veterans, as defined under state or federal law, except
785 with their consent and after certification by a physician or an advanced
786 practice registered nurse that the extended hours of work will not be
787 injurious to their health; provided any such person may be permitted
788 to work in any such establishment one day in a week for not more than
789 ten hours on such day, but not more than six days or forty-eight hours
790 in any one week, and provided further, persons between sixteen and
791 eighteen years of age may be employed in any amusement or
792 recreational establishment, restaurant, cafe or dining room, or
793 employed in any theater until twelve o'clock midnight unless such
794 persons are regularly attending school in which case such minors may
795 be employed until eleven o'clock in the evening on days which precede
796 a regularly scheduled school day and until twelve o'clock midnight
797 during any regular school vacation season and on days which do not
798 precede a regularly scheduled school day, and (2) more than (A) six
799 hours in any regularly scheduled school day unless the regularly
800 scheduled school day immediately precedes a nonschool day or eight
801 hours in any other day, and (B) thirty-two hours in any calendar week
802 during which the school in which such person is enrolled is in session
803 or forty-eight hours in any other calendar week during which the
804 school in which such person is enrolled is not in session.
805 Notwithstanding any provision of this section, the number of hours
806 such person participates in a work experience that is part of an
807 approved educational plan, cooperative program or school-to-work

808 program shall not be counted against the daily or weekly limits set
809 forth in this section.

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

813 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
814 section, an unemployed individual may limit such individual's
815 availability for work to part-time employment, provided the
816 individual (A) provides documentation from a licensed physician or
817 an advanced practice registered nurse that (i) the individual has a
818 physical or mental impairment that is chronic or is expected to be long-
819 term or permanent in nature, and (ii) the individual is unable to work
820 full-time because of such impairment, and (B) establishes, to the
821 satisfaction of the administrator, that such limitation does not
822 effectively remove such individual from the labor force.

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

826 (a) If any injury for which compensation is provided under the
827 provisions of this chapter results in partial incapacity, the injured
828 employee shall be paid a weekly compensation equal to seventy-five
829 per cent of the difference between the wages currently earned by an
830 employee in a position comparable to the position held by the injured
831 employee before his injury, after such wages have been reduced by
832 any deduction for federal or state taxes, or both, and for the federal
833 Insurance Contributions Act in accordance with section 31-310, and the
834 amount he is able to earn after the injury, after such amount has been
835 reduced by any deduction for federal or state taxes, or both, and for
836 the federal Insurance Contributions Act in accordance with section 31-
837 310, except that when (1) the physician or the advanced practice
838 registered nurse attending an injured employee certifies that the
839 employee is unable to perform his usual work but is able to perform

840 other work, (2) the employee is ready and willing to perform other
841 work in the same locality and (3) no other work is available, the
842 employee shall be paid his full weekly compensation subject to the
843 provisions of this section. Compensation paid under this subsection
844 shall not be more than one hundred per cent, raised to the next even
845 dollar, of the average weekly earnings of production and related
846 workers in manufacturing in the state, as determined in accordance
847 with the provisions of section 31-309, and shall continue during the
848 period of partial incapacity, but no longer than five hundred twenty
849 weeks. If the employer procures employment for an injured employee
850 that is suitable to his capacity, the wages offered in such employment
851 shall be taken as the earning capacity of the injured employee during
852 the period of the employment.

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

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

865 Sec. 39. Subdivision (1) of subsection (a) of section 38a-457 of the
866 2012 supplement to the general statutes is repealed and the following
867 is substituted in lieu thereof (*Effective October 1, 2012*):

868 (1) "Accelerated benefits" means benefits payable under a life
869 insurance policy sold in this state: (A) During the lifetime of the
870 insured, in a lump sum or in periodic payments, as specified in the
871 policy, (B) upon the occurrence of a qualifying event, as defined in the

872 policy, and certified by a physician or an advanced practice registered
873 nurse who is licensed under the laws of a state or territory of the
874 United States, or such other foreign or domestic jurisdiction as the
875 Insurance Commissioner may approve, and (C) which reduce the
876 death benefits otherwise payable under the life insurance policy.

877 Sec. 40. Section 38a-465g of the general statutes is repealed and the
878 following is substituted in lieu thereof (*Effective October 1, 2012*):

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

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

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

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

900 (c) Prior to or at the time of execution of the settlement contract, the
901 provider shall obtain a witnessed document in which the owner
902 consents to the settlement contract, represents that the owner has a full

903 and complete understanding of the settlement contract, that the owner
904 has a full and complete understanding of the benefits of the policy,
905 acknowledges that the owner is entering into the settlement contract
906 freely and voluntarily and, for persons with a terminal or chronic
907 illness or condition, acknowledges that the insured has a terminal or
908 chronic illness or condition and that the terminal or chronic illness or
909 condition was diagnosed after the life insurance policy was issued.

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

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

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

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

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

935 dies during the rescission period, the contract shall be deemed to have
936 been rescinded, subject to repayment by the owner or the owner's
937 estate of all proceeds and any premiums, loans and loan interest to the
938 provider.

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

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

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

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

963 (m) No person at any time prior to, or at the time of, the application
964 for or issuance of a policy, or during a two-year period commencing
965 with the date of issuance of the policy, shall enter into a life settlement
966 contract regardless of the date the compensation is to be provided and

967 regardless of the date the assignment, transfer, sale, devise, bequest or
968 surrender of the policy is to occur. This prohibition shall not apply if
969 the owner certifies to the provider that:

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

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

994 (n) Copies of the independent evidence required by subdivision (2)
995 of subsection (m) of this section shall be submitted to the insurer when
996 the provider submits a request to the insurer for verification of
997 coverage. The copies shall be accompanied by a letter of attestation
998 from the provider that the copies are true and correct copies of the
999 documents received by the provider. Nothing in this section shall

1000 prohibit an insurer from exercising its right to contest the validity of
1001 any policy.

1002 (o) If, at the time the provider submits a request to the insurer to
1003 effect the transfer of the policy to the provider, the provider submits a
1004 copy of independent evidence of subparagraph (A) of subdivision (2)
1005 of subsection (m) of this section, such copy shall be deemed to
1006 establish that the settlement contract satisfies the requirements of this
1007 section.

1008 Sec. 41. Subsections (b) and (c) of section 38a-477 of the general
1009 statutes are repealed and the following is substituted in lieu thereof
1010 (*Effective October 1, 2012*):

1011 (b) For any claim submitted to an insurer on the current standard
1012 Health Care Financing Administration Fifteen Hundred health
1013 insurance claim form or its successor, if the following information is
1014 completed and received by the insurer, the claim may not be deemed
1015 to be deficient in the information needed for filing a claim for
1016 processing pursuant to subparagraph (B) of subdivision (15) of section
1017 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician <u>or</u>
T13		<u>advanced practice registered nurse</u>
T14		(if required by insurer)

T15	21	Diagnosis
T16	24A	Dates of service
T17	24B	Place of service
T18	24D	Procedures, services or supplies
T19	24E	Diagnosis code
T20	24F	Charges
T21	25	Federal tax identification number
T22	28	Total charge
T23	31	Signature of physician, <u>advanced practice</u>
T24		<u>registered nurse</u> or supplier with date
T25	33	Physician's, <u>advanced practice registered nurse's</u>
T26		<u>or supplier's</u> billing name,
T27		address, zip code & telephone number

1018 (c) For any claim submitted to an insurer on the current standard
 1019 Health Care Financing Administration UB-92 health insurance claim
 1020 form or its successor, if the following information is completed and
 1021 received by the insurer, the claim may not be deemed to be deficient in
 1022 the information needed for filing a claim for processing pursuant to
 1023 subparagraph (B) of subdivision (15) of section 38a-816.

T28	Item Number	Item Description
T29	1	Provider name and address
T30	5	Federal tax identification number
T31	6	Statement covers period
T32	12	Patient name
T33	14	Patient's birth date
T34	15	Patient's sex
T35	17	Admission date
T36	18	Admission hour
T37	19	Type of admission
T38	21	Discharge hour
T39	42	Revenue codes
T40	43	Revenue description
T41	44	HCPCS/CPT4 codes

T42	45	Service date
T43	46	Service units
T44	47	Total charges by revenue code
T45	50	Payer identification
T46	51	Provider number
T47	58	Insured's name
T48	60	Patient's identification number
T49		(policy number and/or
T50		Social Security number)
T51	62	Insurance group number
T52		(if on identification card)
T53	67	Principal diagnosis code
T54	76	Admitting diagnosis code
T55	80	Principle procedure code and date
T56	81	Other procedures code and date
T57	82	[Attending physician's] <u>The</u> identification
T58		number <u>of the attending physician or advanced</u>
T59		<u>practice registered nurse</u>

1024 Sec. 42. Subsection (n) of section 25-32 of the 2012 supplement to the
 1025 general statutes is repealed and the following is substituted in lieu
 1026 thereof (*Effective October 1, 2012*):

1027 (n) (1) On and after the effective date of regulations adopted under
 1028 this subsection, no person may operate any water treatment plant,
 1029 water distribution system or small water system that treats or supplies
 1030 water used or intended for use by the public, test any backflow
 1031 prevention device, or perform a cross connection survey without a
 1032 certificate issued by the commissioner under this subsection. The
 1033 commissioner shall adopt regulations, in accordance with chapter 54,
 1034 to provide: (A) Standards for the operation of such water treatment
 1035 plants, water distribution systems and small water systems; (B)
 1036 standards and procedures for the issuance of certificates to operators
 1037 of such water treatment plants, water distribution systems and small
 1038 water systems; (C) procedures for the renewal of such certificates

1039 every three years; (D) standards for training required for the issuance
1040 or renewal of a certificate; and (E) standards and procedures for the
1041 issuance and renewal of certificates to persons who test backflow
1042 prevention devices or perform cross connection surveys. Such
1043 regulations shall be consistent with applicable federal law and
1044 guidelines for operator certification programs promulgated by the
1045 United States Environmental Protection Agency. For purposes of this
1046 subsection, "small water system" means a public water system, as
1047 defined in section 25-33d, that serves less than one thousand persons
1048 and has no treatment or has only treatment that does not require any
1049 chemical treatment, process adjustment, backwashing or media
1050 regeneration by an operator.

1051 (2) The commissioner may take any disciplinary action set forth in
1052 section 19a-17, except for the assessment of a civil penalty under
1053 subdivision (6) of subsection (a) of section 19a-17, against an operator,
1054 a person who tests backflow prevention devices or a person who
1055 performs cross connection surveys holding a certificate issued under
1056 this subsection for any of the following reasons: (A) Fraud or material
1057 deception in procuring a certificate, the renewal of a certificate or the
1058 reinstatement of a certificate; (B) fraud or material deception in the
1059 performance of the certified operator's professional activities; (C)
1060 incompetent, negligent or illegal performance of the certified
1061 operator's professional activities; (D) conviction of the certified
1062 operator for a felony; or (E) failure of the certified operator to complete
1063 the training required under subdivision (1) of this subsection.

1064 (3) The commissioner may issue an initial certificate to perform a
1065 function set forth in subdivision (1) of this subsection upon receipt of a
1066 completed application, in a form prescribed by the commissioner,
1067 together with an application fee as follows: (A) For a water treatment
1068 plant, water distribution system or small water system operator
1069 certificate, two hundred twenty-four dollars, except there shall be no
1070 such application fee required for a student enrolled in an accredited
1071 high school small water system operator certification course; (B) for a
1072 backflow prevention device tester certificate, one hundred fifty-four

1073 dollars; and (C) for a cross-connection survey inspector certificate, one
1074 hundred fifty-four dollars. A certificate issued pursuant to this
1075 subdivision shall expire three years from the date of issuance unless
1076 renewed by the certificate holder prior to such expiration date. The
1077 commissioner may renew a certificate for an additional three years
1078 upon receipt of a completed renewal application, in a form prescribed
1079 by the commissioner, together with a renewal application fee as
1080 follows: (i) For a water treatment plant, water distribution system or
1081 small water system operator certificate, ninety-eight dollars; (ii) for a
1082 backflow prevention device tester certificate, sixty-nine dollars; and
1083 (iii) for a cross-connection survey inspector certificate, sixty-nine
1084 dollars.

1085 Sec. 43. Section 20-206bb of the 2012 supplement to the general
1086 statutes is repealed and the following is substituted in lieu thereof
1087 (*Effective October 1, 2012*):

1088 (a) No person shall engage in the practice of acupuncture without a
1089 license as an acupuncturist issued pursuant to this section.

1090 (b) Each person seeking licensure as an acupuncturist shall make
1091 application on forms prescribed by the department, pay an application
1092 fee of two hundred dollars and present to the department satisfactory
1093 evidence that the applicant (1) has completed sixty semester hours, or
1094 its equivalent, of postsecondary study in an institution of
1095 postsecondary education that, if in the United States or its territories,
1096 was accredited by a recognized regional accrediting body or, if outside
1097 the United States or its territories, was legally chartered to grant
1098 postsecondary degrees in the country in which located, (2) has
1099 successfully completed a course of study in acupuncture in a program
1100 that, at the time of graduation, was in candidate status with or
1101 accredited by an accrediting agency recognized by the United States
1102 Department of Education and included (A) for a person who
1103 completed such course of study before October 1, 2012, a minimum of
1104 one thousand three hundred fifty hours of didactic and clinical
1105 training, five hundred of which were clinical, or (B) for a person who

1106 completed such course of study on or after October 1, 2012, a
1107 minimum of one thousand nine hundred five hours of didactic and
1108 clinical training, six hundred sixty of which were clinical, (3) has
1109 passed all portions of the National Certification Commission for
1110 Acupuncture and Oriental Medicine examination required for
1111 acupuncture certification or an examination prescribed by the
1112 department, and (4) has successfully completed a course in clean
1113 needle technique prescribed by the department. Any person
1114 successfully completing the education, examination or training
1115 requirements of this section in a language other than English shall be
1116 deemed to have satisfied the requirement completed in that language.

1117 (c) An applicant for licensure as an acupuncturist by endorsement
1118 shall present evidence satisfactory to the commissioner of licensure or
1119 certification as an acupuncturist, or as a person entitled to perform
1120 similar services under a different designation, in another state or
1121 jurisdiction whose requirements for practicing in such capacity are
1122 equivalent to or higher than those of this state and that there are no
1123 disciplinary actions or unresolved complaints pending. Any person
1124 completing the requirements of this section in a language other than
1125 English shall be deemed to have satisfied the requirements of this
1126 section.

1127 (d) Notwithstanding the provisions of subsection (b) of this section,
1128 the department shall, prior to September 1, 2005, issue a license to any
1129 applicant who presents to the department satisfactory evidence that
1130 the applicant has (1) earned, or successfully completed requirements
1131 for, a master's degree in acupuncture from a program that includes a
1132 minimum of one thousand three hundred fifty hours of didactic and
1133 clinical training, five hundred of which are clinical, from an institution
1134 of higher education accredited by the Board of Regents for Higher
1135 Education at the time of the applicant's graduation, (2) passed all
1136 portions of the National Certification Commission for Acupuncture
1137 and Oriental Medicine acupuncture examination, including the
1138 acupuncture portion of the comprehensive written examination in
1139 acupuncture, the clean needle technique portion of the comprehensive

1140 written examination in acupuncture and the practical examination of
1141 point location skills, and (3) successfully completed a course in clean
1142 needle technique offered by the Council of Colleges of Acupuncture
1143 and Oriental Medicine.

1144 (e) Licenses shall be renewed once every two years in accordance
1145 with the provisions of subsection (e) of section 19a-88. The fee for
1146 renewal shall be two hundred fifty dollars.

1147 (1) Except as provided in subdivision (2) of this subsection, for
1148 registration periods beginning on and after October 1, 2014, a licensee
1149 applying for license renewal shall (A) maintain a certification by the
1150 National Certification Commission for Acupuncture and Oriental
1151 Medicine, or (B) earn not less than thirty contact hours of continuing
1152 education approved by the National Certification Commission for
1153 Acupuncture and Oriental Medicine within the preceding twenty-four
1154 month period.

1155 (2) Each licensee applying for license renewal pursuant to section
1156 19a-88, except a licensee applying for a license renewal for the first
1157 time, shall sign a statement attesting that he or she has satisfied the
1158 certification or continuing education requirements described in
1159 subdivision (1) of this subsection on a form prescribed by the
1160 department. Each licensee shall retain records of attendance or
1161 certificates of completion that demonstrate compliance with the
1162 continuing education or certification requirements described in
1163 subdivision (1) of this subsection for not less than five years following
1164 the date on which the continuing education was completed or the
1165 certification was renewed. Each licensee shall submit such records to
1166 the department for inspection not later than forty-five days after a
1167 request by the department for such records.

1168 (3) In individual cases involving medical disability or illness, the
1169 commissioner may grant a waiver of the continuing education or
1170 certification requirements or an extension of time within which to
1171 fulfill such requirements of this subsection to any licensee, provided

1172 the licensee submits to the department an application for waiver or
1173 extension of time on a form prescribed by the commissioner, along
1174 with a certification by a licensed physician of the disability or illness
1175 and such other documentation as may be required by the department.
1176 The commissioner may grant a waiver or extension for a period not to
1177 exceed one registration period, except that the commissioner may
1178 grant additional waivers or extensions if the medical disability or
1179 illness upon which a waiver or extension is granted continues beyond
1180 the period of the waiver or extension and the licensee applies for an
1181 additional waiver or extension.

1182 (4) A licensee whose license has become void pursuant to section
1183 19a-88 and who applies to the department for reinstatement of such
1184 license, shall submit evidence documenting valid acupuncture
1185 certification by the National Certification Commission for
1186 Acupuncture and Oriental Medicine or successful completion of fifteen
1187 contact hours of continuing education within the one-year period
1188 immediately preceding application for reinstatement.

1189 (f) No license shall be issued under this section to any applicant
1190 against whom professional disciplinary action is pending or who is the
1191 subject of an unresolved complaint in this or any other state or
1192 territory of the United States.

1193 (g) Nothing in section [19a-89c,] 20-206aa or 20-206cc or this section
1194 shall be construed to prevent licensed practitioners of the healing arts,
1195 as defined in [sections 20-1 and 20-196] section 20-1, physical therapists
1196 or dentists from providing care or performing services consistent with
1197 accepted standards within their respective professions.

1198 (h) Notwithstanding the provisions of subsection (a) of this section,
1199 any person certified by an organization approved by the
1200 Commissioner of Public Health may practice auricular acupuncture for
1201 the treatment of alcohol and drug abuse, provided the treatment is
1202 performed under the supervision of a physician licensed under chapter
1203 370 and is performed in either (1) a private free-standing facility

1204 licensed by the Department of Public Health for the care or treatment
1205 of substance abusive or dependent persons, or (2) a setting operated by
1206 the Department of Mental Health and Addiction Services. The
1207 Commissioner of Public Health shall adopt regulations, in accordance
1208 with the provisions of chapter 54, to ensure the safe provision of
1209 auricular acupuncture within private free-standing facilities licensed
1210 by the Department of Public Health for the care or treatment of
1211 substance abusive or dependent persons.

1212 (i) Notwithstanding the provisions of subsection (a) of this section,
1213 no license to engage in the practice of acupuncture is required of: (1)
1214 Students enrolled in a college or program of acupuncture if (A) the
1215 college or program is recognized by the Accreditation Commission for
1216 Acupuncture and Oriental Medicine or licensed or accredited by the
1217 Board of Regents for Higher Education, and (B) the practice that would
1218 otherwise require a license is pursuant to a course of instruction or
1219 assignments from a licensed instructor and under the supervision of
1220 the instructor; or (2) faculty members providing the didactic and
1221 clinical training necessary to meet the accreditation standards of the
1222 Accreditation Commission for Acupuncture and Oriental Medicine at
1223 a college or program recognized by the commission or licensed or
1224 accredited by the Board of Regents for Higher Education. For purposes
1225 of this subsection, "licensed instructor" means a faculty member or
1226 instructor licensed under this section or otherwise authorized to
1227 engage in the practice of acupuncture in this state.

1228 (j) No person shall use the title "acupuncturist", or use in connection
1229 with his or her name, any letters, words or insignia indicating or
1230 implying that such person is a licensed acupuncturist or advertise
1231 services as an acupuncturist, unless such person holds a license as an
1232 acupuncturist issued pursuant to this section. No person shall
1233 represent himself or herself as being certified to practice auricular
1234 acupuncture for the treatment of alcohol and drug abuse, or use in
1235 connection with his or her name the term "acupuncture detoxification
1236 specialist", or the letters "A.D.S." or any letters, words or insignia
1237 indicating or implying that such person is certified to practice

1238 auricular acupuncture for the treatment of alcohol and drug abuse
1239 unless such person is certified in accordance with subsection (h) of this
1240 section. Nothing in this subsection shall be construed to prevent a
1241 person from providing care, or performing or advertising services
1242 within the scope of such person's license or as otherwise authorized in
1243 this section.

1244 Sec. 44. (NEW) (*Effective October 1, 2012*) (a) There is established an
1245 advisory council on organ and tissue donation education and
1246 awareness. The advisory council shall consist of the following
1247 members: The Commissioner of Motor Vehicles, or the commissioner's
1248 designee; the Commissioner of Public Health, or the commissioner's
1249 designee; the executive director of Donate Life Connecticut, or the
1250 executive director's designee; a representative of each of the
1251 organizations in the state that are members of the Association of Organ
1252 Procurement Organizations; a health care professional representing
1253 each transplant center located in the state that is a member of the
1254 federal Organ Procurement and Transplantation Network; the chief
1255 executive officer of the Connecticut Hospital Association, or the chief
1256 executive officer's designee; five persons experienced in issues
1257 involving organ and tissue donation or transplants, one of whom shall
1258 be a recipient of a donated organ or donated tissue, one of whom shall
1259 be a living donor, and one of whom shall be a family member of a
1260 deceased donor. One each of such persons experienced in issues
1261 involving organ and tissue donation or transplants shall be appointed
1262 by the Governor, the president pro tempore of the Senate, the speaker
1263 of the House of Representatives, jointly by the majority leader of the
1264 House of Representatives and the majority leader of the Senate, and
1265 jointly by the minority leader of the House of Representatives and the
1266 minority leader of the Senate.

1267 (b) Appointed council members shall serve for a term of three years
1268 and no such member shall serve more than two consecutive terms.
1269 Any vacancy of an appointed council member shall be filled by the
1270 appointing authority. The Governor shall appoint the chairperson
1271 from among the members of the council. The council shall have its first

1272 meeting not later than December 1, 2012, and shall meet not less than
1273 four times per year and as requested by the chairperson or upon the
1274 request of a majority of the members of the council. Council members
1275 shall serve without compensation.

1276 (c) The council shall: (1) Analyze education on organ tissue donation
1277 in the state; (2) determine the rate of organ and tissue donation
1278 registration in the state and establish periodic goals for increasing such
1279 rate; and (3) advise the Commissioners of Public Health and Motor
1280 Vehicles on methods to increase organ and tissue donation rates in the
1281 state. The Commissioner of Motor Vehicles shall, on a quarterly basis,
1282 provide the council with data concerning registered organ donors.

1283 (d) Not later than July 1, 2013, and annually thereafter, the council
1284 shall report, in accordance with the provisions of section 11-4a of the
1285 general statutes, to the joint standing committees of the General
1286 Assembly having cognizance of matters relating to public health and
1287 transportation concerning organ and tissue donation awareness in the
1288 state. Such report shall include, but not be limited to, actions taken by
1289 the council to increase organ and tissue donations and
1290 recommendations to increase organ and tissue donation rates in the
1291 state.

1292 Sec. 45. Section 17b-274d of the 2012 supplement to the general
1293 statutes is repealed and the following is substituted in lieu thereof
1294 (*Effective October 1, 2012*):

1295 (a) Pursuant to 42 USC 1396r-8, there is established a
1296 Pharmaceutical and Therapeutics Committee within the Department of
1297 Social Services.

1298 (b) The Pharmaceutical and Therapeutics Committee shall be
1299 comprised as specified in 42 USC 1396r-8 and shall consist of
1300 [~~fourteen~~] sixteen members appointed by the Governor. [~~Five~~] Seven
1301 members shall be physicians licensed pursuant to chapter 370,
1302 including one general practitioner, one pediatrician, one geriatrician,
1303 one psychiatrist, [and] one child psychiatrist, one specialist in family

1304 planning, and one oncologist, four members shall be pharmacists
1305 licensed pursuant to chapter 400j, two members shall be visiting
1306 nurses, one specializing in adult care and one specializing in
1307 psychiatric care, one member shall be a clinician designated by the
1308 Commissioner of Mental Health and Addiction Services, one member
1309 shall be a representative of pharmaceutical manufacturers and one
1310 member shall be a consumer representative. The committee may, on an
1311 ad hoc basis, seek the participation of other state agencies or other
1312 interested parties in its deliberations. The members shall serve for
1313 terms of two years from the date of their appointment. Members may
1314 be appointed to more than one term. The Commissioner of Social
1315 Services, or the commissioner's designee, shall convene the committee
1316 following the Governor's designation of appointments. The
1317 administrative staff of the Department of Social Services shall serve as
1318 staff for said committee and assist with all ministerial duties. The
1319 Governor shall ensure that the committee membership includes
1320 Medicaid participating physicians and pharmacists, with experience
1321 serving recipients of medical assistance.

1322 (c) Committee members shall select a chairperson and vice-
1323 chairperson from the committee membership on an annual basis.

1324 (d) The committee shall meet at least [quarterly] biannually, and
1325 may meet at other times at the discretion of the chairperson and
1326 committee membership. The committee shall ensure that each meeting
1327 includes an opportunity for public comment. The committee shall
1328 comply with all regulations adopted by the department, including
1329 notice of any meeting of the committee, pursuant to the requirements
1330 of chapter 54.

1331 (e) The Department of Social Services, in consultation with the
1332 Pharmaceutical and Therapeutics Committee, may adopt preferred
1333 drug lists for use in the Medicaid and ConnPACE programs. To the
1334 extent feasible, the department shall review all drugs included on the
1335 preferred drug lists at least every twelve months, and may recommend
1336 additions to, and deletions from, the preferred drug lists, to ensure that

1337 the preferred drug lists provide for medically appropriate drug
1338 therapies for Medicaid and ConnPACE patients. For the fiscal year
1339 ending June 30, 2004, such drug lists shall be limited to use in the
1340 Medicaid and ConnPACE programs and cover three classes of drugs,
1341 including proton pump inhibitors and two other classes of drugs
1342 determined by the Commissioner of Social Services. Not later than
1343 June 30, 2005, the Department of Social Services, in consultation with
1344 the Pharmaceutical and Therapeutic Committee, shall expand such
1345 drug lists to include other classes of drugs, except as provided in
1346 subsection (f) of this section, in order to achieve savings reflected in the
1347 amounts appropriated to the department, for the various components
1348 of the program, in the state budget act.

1349 (f) Nonpreferred drugs in the classes of drugs included on the
1350 preferred drug lists shall be subject to prior authorization. Prior
1351 authorization is not required for any mental-health-related drug that
1352 has been filled or refilled, in any dosage, at least one time in the one-
1353 year period prior to the date the individual presents a prescription for
1354 the drug at a pharmacy. If prior authorization is granted for a drug not
1355 included on a preferred drug list, the authorization shall be valid for
1356 one year from the date the prescription is first filled. Antiretroviral
1357 classes of drugs shall not be included on the preferred drug lists.

1358 (g) The Department of Social Services shall publish and disseminate
1359 the preferred drug lists to all Medicaid providers in the state.

1360 (h) The department may negotiate supplemental rebate agreements
1361 with manufacturers that are in addition to those required under Title
1362 XIX of the Social Security Act. The committee shall ensure that the
1363 pharmaceutical manufacturers agreeing to provide a supplemental
1364 rebate pursuant to 42 USC 1396r-8(c) have an opportunity to present
1365 evidence supporting inclusion of a product on the preferred drug lists
1366 unless a court of competent jurisdiction, in a final decision, determines
1367 that the Secretary of Health and Human Services does not have
1368 authority to allow such supplemental rebates, provided the inability to
1369 utilize supplemental rebates pursuant to this subsection shall not

1370 impair the committee's authority to maintain preferred drug lists.
1371 Upon timely notice, the department shall ensure that any drug that has
1372 been approved, or had any of its particular uses approved, by the
1373 United States Food and Drug Administration under a priority review
1374 classification, will be reviewed by the Pharmaceutical and
1375 Therapeutics Committee at the next regularly scheduled meeting. To
1376 the extent feasible, upon notice by a pharmaceutical manufacturer, the
1377 department shall also schedule a product review for any new product
1378 at the next regularly scheduled meeting of the Pharmaceutical and
1379 Therapeutics Committee.

1380 (i) Factors considered by the department and the Pharmaceutical
1381 and Therapeutics Committee in developing the preferred drug lists
1382 shall include, but not be limited to, clinical efficacy, safety and cost
1383 effectiveness of a product.

1384 (j) The Pharmaceutical and Therapeutics Committee may also make
1385 recommendations to the department regarding the prior authorization
1386 of any prescribed drug.

1387 (k) A recipient who is denied a nonpreferred drug may request an
1388 administrative hearing in accordance with section 17b-60.

1389 (l) The Commissioner of Social Services may contract with a
1390 pharmacy benefits organization or a single entity qualified to negotiate
1391 with pharmaceutical manufacturers for supplemental rebates,
1392 available pursuant to 42 USC 1396r-8(c), for the purchase of drugs
1393 listed on the preferred drug lists established pursuant to subsection (e)
1394 of this section.

1395 Sec. 46. Section 19a-750 of the 2012 supplement to the general
1396 statutes is repealed and the following is substituted in lieu thereof
1397 (*Effective from passage*):

1398 (a) There is hereby created as a body politic and corporate,
1399 constituting a public instrumentality and political subdivision of the
1400 state created for the performance of an essential public and

1401 governmental function, the Health Information Technology Exchange
1402 of Connecticut, which is empowered to carry out the purposes of the
1403 authority, as defined in subsection (b) of this section, which are hereby
1404 determined to be public purposes for which public funds may be
1405 expended. The Health Information Technology Exchange of
1406 Connecticut shall not be construed to be a department, institution or
1407 agency of the state.

1408 (b) For purposes of this section and sections 19a-751 to 19a-754,
1409 inclusive, "authority" means the Health Information Technology
1410 Exchange of Connecticut and "purposes of the authority" means the
1411 purposes of the authority expressed in and pursuant to this section,
1412 including the promoting, planning and designing, developing,
1413 assisting, acquiring, constructing, maintaining and equipping,
1414 reconstructing and improving of health care information technology.
1415 The powers enumerated in this section shall be interpreted broadly to
1416 effectuate the purposes of the authority and shall not be construed as a
1417 limitation of powers. The authority shall have the power to:

1418 (1) Establish an office in the state;

1419 (2) Employ such assistants, agents and other employees as may be
1420 necessary or desirable, which employees shall [be exempt from the
1421 classified service and shall not be employees, as defined in subsection
1422 (b) of section 5-270] not be considered state employees under the
1423 provisions of chapters 66, 67 and 68;

1424 (3) Establish all necessary or appropriate personnel practices and
1425 policies, including those relating to hiring, promotion, compensation,
1426 retirement and collective bargaining, which need not be in accordance
1427 with the provisions of chapter 66, 67 or 68, and the authority shall not
1428 be considered an appointing authority, as defined in subdivision (3) of
1429 section 5-196, or an employer, as defined in subsection (a) of section 5-
1430 270;

1431 (4) Engage consultants, attorneys and other experts as may be
1432 necessary or desirable to carry out the purposes of the authority;

1433 (5) Acquire, lease, purchase, own, manage, hold and dispose of
1434 personal property, and lease, convey or deal in or enter into
1435 agreements with respect to such property on any terms necessary or
1436 incidental to the carrying out of these purposes;

1437 (6) Procure insurance against loss in connection with its property
1438 and other assets in such amounts and from such insurers as it deems
1439 desirable;

1440 (7) Make and enter into any contract or agreement necessary or
1441 incidental to the performance of its duties and execution of its powers.
1442 The contracts entered into by the authority shall not be subject to the
1443 approval of any other state department, office or agency. However,
1444 copies of all contracts of the authority shall be maintained by the
1445 authority as public records, subject to the proprietary rights of any
1446 party to the contract;

1447 (8) To the extent permitted under its contract with other persons,
1448 consent to any termination, modification, forgiveness or other change
1449 of any term of any contractual right, payment, royalty, contract or
1450 agreement of any kind to which the authority is a party;

1451 (9) Receive and accept, from any source, aid or contributions,
1452 including money, property, labor and other things of value;

1453 (10) Invest any funds not needed for immediate use or disbursement
1454 in obligations issued or guaranteed by the United States of America or
1455 the state and in obligations that are legal investments for savings banks
1456 in this state;

1457 (11) Account for and audit funds of the authority and funds of any
1458 recipients of funds from the authority;

1459 (12) Sue and be sued, plead and be impleaded, adopt a seal and alter
1460 the same at pleasure;

1461 (13) Adopt regular procedures for exercising the power of the
1462 authority not in conflict with other provisions of the general statutes;

1463 and

1464 (14) Do all acts and things necessary and convenient to carry out the
1465 purposes of the authority.

1466 (c) (1) The Health Information Technology Exchange of Connecticut
1467 shall be managed by a board of directors. The board shall consist of the
1468 following members: The Lieutenant Governor, or his or her designee;
1469 the Commissioners of Public Health, Social Services, Consumer
1470 Protection and Administrative Services, or their designees; three
1471 appointed by the Governor, one of whom shall be a representative of a
1472 medical research organization, one of whom shall be an insurer or
1473 representative of a health plan and one of whom shall be an attorney
1474 with background and experience in the field of privacy, health data
1475 security or patient rights; three appointed by the president pro
1476 tempore of the Senate, one of whom shall have background and
1477 experience with a private sector health information exchange or health
1478 information technology entity, one of whom shall have expertise in
1479 public health and one of whom shall be a physician licensed under
1480 chapter 370 who works in a practice of not more than ten physicians
1481 and who is not employed by a hospital, health network, health plan,
1482 health system, academic institution or university; three appointed by
1483 the speaker of the House of Representatives, one of whom shall be a
1484 representative of hospitals, an integrated delivery network or a
1485 hospital association, one of whom shall have expertise with federally
1486 qualified health centers and one of whom shall be a consumer or
1487 consumer advocate; one appointed by the majority leader of the
1488 Senate, who shall be a primary care physician whose practice utilizes
1489 electronic health records; one appointed by the majority leader of the
1490 House of Representatives, who shall be a consumer or consumer
1491 advocate; one appointed by the minority leader of the Senate, who
1492 shall be a pharmacist or a health care provider utilizing electronic
1493 health information exchange; and one appointed by the minority
1494 leader of the House of Representatives, who shall be a large employer
1495 or a representative of a business group. The Secretary of the Office of
1496 Policy and Management and the Healthcare Advocate, or their

1497 designees, shall be ex-officio, nonvoting members of the board. The
1498 Commissioner of Public Health, or his or her designee, shall serve as
1499 the chairperson of the board.

1500 (2) All initial appointments to the board shall be made on or before
1501 October 1, 2010. The initial term for the board members appointed by
1502 the Governor shall be for four years. The initial term for board
1503 members appointed by the speaker of the House of Representatives
1504 and the majority leader of the House of Representatives shall be for
1505 three years. The initial term for board members appointed by the
1506 minority leader of the House of Representatives and the minority
1507 leader of the Senate shall be for two years. The initial term for the
1508 board members appointed by the president pro tempore of the Senate
1509 and the majority leader of the Senate shall be for one year. Terms shall
1510 expire on September thirtieth of each year in accordance with the
1511 provisions of this subsection. Any vacancy shall be filled by the
1512 appointing authority for the balance of the unexpired term. Other than
1513 an initial term, a board member shall serve for a term of four years. No
1514 board member, including initial board members, may serve for more
1515 than two terms. Any member of the board may be removed by the
1516 appropriate appointing authority for misfeasance, malfeasance or
1517 wilful neglect of duty.

1518 (3) The chairperson shall schedule the first meeting of the board,
1519 which shall be held not later than November 1, 2010.

1520 (4) Any member appointed to the board who fails to attend three
1521 consecutive meetings or who fails to attend fifty per cent of all
1522 meetings held during any calendar year shall be deemed to have
1523 resigned from the board.

1524 (5) Notwithstanding any provision of the general statutes, it shall
1525 not constitute a conflict of interest for a trustee, director, partner,
1526 officer, stockholder, proprietor, counsel or employee of any person,
1527 firm or corporation to serve as a board member, provided such trustee,
1528 director, partner, officer, stockholder, proprietor, counsel or employee

1529 shall abstain from deliberation, action or vote by the board in specific
1530 respect to such person, firm or corporation. All members shall be
1531 deemed public officials and shall adhere to the code of ethics for public
1532 officials set forth in chapter 10.

1533 (6) Board members shall receive no compensation for their services,
1534 but shall receive actual and necessary expenses incurred in the
1535 performance of their official duties.

1536 (d) The board shall select and appoint a chief executive officer who
1537 shall be responsible for administering the authority's programs and
1538 activities in accordance with policies and objectives established by the
1539 board. The chief executive officer shall serve at the pleasure of the
1540 board and shall receive such compensation as shall be determined by
1541 the board. The chief executive officer (1) may employ such other
1542 employees as shall be designated by the board of directors; and (2)
1543 shall attend all meetings of the board, keep a record of all proceedings
1544 and maintain and be custodian of all books, documents and papers
1545 filed with the authority and of the minute book of the authority.

1546 (e) The board shall direct the authority regarding: (1)
1547 Implementation and periodic revisions of the health information
1548 technology plan submitted in accordance with the provisions of
1549 section 74 of public act 09-232, including the implementation of an
1550 integrated state-wide electronic health information infrastructure for
1551 the sharing of electronic health information among health care
1552 facilities, health care professionals, public and private payors, state and
1553 federal agencies and patients; (2) appropriate protocols for health
1554 information exchange; and (3) electronic data standards to facilitate the
1555 development of a state-wide integrated electronic health information
1556 system, as defined in subsection (a) of section 19a-25d, for use by
1557 health care providers and institutions that receive state funding. Such
1558 electronic data standards shall: (A) Include provisions relating to
1559 security, privacy, data content, structures and format, vocabulary and
1560 transmission protocols; (B) limit the use and dissemination of an
1561 individual's Social Security number and require the encryption of any

1562 Social Security number provided by an individual; (C) require privacy
1563 standards no less stringent than the "Standards for Privacy of
1564 Individually Identifiable Health Information" established under the
1565 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
1566 191, as amended from time to time, and contained in 45 CFR 160, 164;
1567 (D) require that individually identifiable health information be secure
1568 and that access to such information be traceable by an electronic audit
1569 trail; (E) be compatible with any national data standards in order to
1570 allow for interstate interoperability, as defined in subsection (a) of
1571 section 19a-25d; (F) permit the collection of health information in a
1572 standard electronic format, as defined in subsection (a) of section 19a-
1573 25d; and (G) be compatible with the requirements for an electronic
1574 health information system, as defined in subsection (a) of section 19a-
1575 25d.

1576 (f) Applications for grants from the authority shall be made on a
1577 form prescribed by the board. The board shall review applications and
1578 decide whether to award a grant. The board may consider, as a
1579 condition for awarding a grant, the potential grantee's financial
1580 participation and any other factors it deems relevant.

1581 (g) The board may consult with such parties, public or private, as it
1582 deems desirable in exercising its duties under this section.

1583 (h) The board shall establish an advisory committee on patient
1584 privacy and security. All members of such advisory committee shall be
1585 appointed by the chairperson of the board, provided any such
1586 appointed member shall have expertise in the field of privacy, health
1587 data security or patient rights. Appointed members of the advisory
1588 committee shall include, but not be limited to, a representative from a
1589 nonprofit research and educational organization dedicated to
1590 improving access to health care, a representative from a patient
1591 advocacy group, an ethicist, an attorney with expertise in health
1592 information technology and the protections set forth in the Health
1593 Insurance Portability and Accountability Act of 1996, P.L. 104-191
1594 (HIPAA), the chief information officer of a hospital, an insurer or

1595 representative of a health plan and a primary care physician, engaged
1596 in active practice, who utilizes electronic health records. The advisory
1597 committee shall monitor developments in federal law concerning
1598 patient privacy and security relating to health information technology
1599 and shall report to the board on national and regional trends and
1600 federal policies and guidance set forth in this area. The board shall
1601 include information supplied by the advisory committee in the report
1602 submitted by the board pursuant to subsection (i) of this section. The
1603 chairperson of the advisory committee shall be appointed by the
1604 Lieutenant Governor from among the membership.

1605 (i) Not later than February 1, 2011, and annually thereafter until
1606 February 1, 2016, the chief executive officer of the authority shall
1607 report, in accordance with section 11-4a, to the Governor and the
1608 General Assembly on (1) any private or federal funds received during
1609 the preceding year and, if applicable, how such funds were expended,
1610 (2) the amount and recipients of grants awarded, [and] (3) the current
1611 status of health information exchange and health information
1612 technology in the state, and (4) the development of privacy practices
1613 and procedures to notify patients concerning the collection of patient
1614 health information and use of such information in the state-wide
1615 health information exchange, as described in section 19a-754.

1616 Sec. 47. Subsection (b) of section 20-12i of the 2012 supplement to
1617 the general statutes is repealed and the following is substituted in lieu
1618 thereof (*Effective from passage*):

1619 (b) Notwithstanding the provisions of this section or sections 20-
1620 74bb and 20-74ee, nothing shall prohibit a physician assistant who is
1621 engaging in the use of fluoroscopy for guidance of diagnostic and
1622 therapeutic procedures or positioning and utilizing a mini C-arm in
1623 conjunction with fluoroscopic procedures prior to October 1, 2011,
1624 from continuing to engage in such procedures, or require the physician
1625 assistant to complete the course or supervised clinical experience
1626 described in subsection (a) of this section, provided such physician
1627 assistant shall pass the examination prescribed by the commissioner on

1628 or before [July] September 1, 2012. If a physician assistant does not
1629 pass the required examination on or before [July] September 1, 2012,
1630 such physician assistant shall not engage in the use of fluoroscopy for
1631 guidance of diagnostic and therapeutic procedures or position and
1632 utilize a mini C-arm in conjunction with fluoroscopic procedures until
1633 such time as such physician assistant meets the requirements of
1634 subsection (a) of this section.

1635 Sec. 48. Subsection (a) of section 20-94a of the 2012 supplement to
1636 the general statutes is repealed and the following is substituted in lieu
1637 thereof (*Effective October 1, 2012*):

1638 (a) The Department of Public Health may issue an advanced
1639 practice registered nurse license to a person seeking to perform the
1640 activities described in subsection (b) of section 20-87a, upon receipt of
1641 a fee of two hundred dollars, to an applicant who: (1) Maintains a
1642 license as a registered nurse in this state, as provided by section 20-93
1643 or 20-94; (2) holds and maintains current certification as a nurse
1644 practitioner, a clinical nurse specialist or a nurse anesthetist from one
1645 of the following national certifying bodies that certify nurses in
1646 advanced practice: The American Nurses' Association, the Nurses'
1647 Association of the American College of Obstetricians and
1648 Gynecologists Certification Corporation, the National Board of
1649 Pediatric Nurse Practitioners and Associates or the American
1650 Association of Nurse Anesthetists, their successors or other
1651 appropriate national certifying bodies approved by the Board of
1652 Examiners for Nursing; (3) has completed thirty hours of education in
1653 pharmacology for advanced nursing practice; and (4) [if first certified
1654 by one of the foregoing certifying bodies after December 31, 1994,] (A)
1655 holds a graduate degree in nursing or in a related field recognized for
1656 certification as either a nurse practitioner, a clinical nurse specialist, or
1657 a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i)
1658 on or before December 31, 2004 completed an advanced nurse
1659 practitioner program that a national certifying body identified in
1660 subdivision (2) of subsection (a) of this section recognized for
1661 certification of a nurse practitioner, clinical nurse specialist, or nurse

1662 anesthetist, and (ii) at the time of application, holds a current license as
 1663 an advanced practice registered nurse in another state that requires a
 1664 master's degree in nursing or a related field for such licensure. No
 1665 license shall be issued under this section to any applicant against
 1666 whom professional disciplinary action is pending or who is the subject
 1667 of an unresolved complaint."

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	7-60(a)
Sec. 2	October 1, 2012	46b-25
Sec. 3	October 1, 2012	19a-72(b)
Sec. 4	October 1, 2012	19a-255
Sec. 5	October 1, 2012	19a-4l
Sec. 6	October 1, 2012	52-146k(a)(4)
Sec. 7	October 1, 2012	19a-37(f)
Sec. 8	October 1, 2012	20-341a
Sec. 9	October 1, 2012	20-341l
Sec. 10	October 1, 2012	20-12(e)
Sec. 11	October 1, 2012	17b-338(a)
Sec. 12	October 1, 2012	17b-339(a)
Sec. 13	October 1, 2012	19a-127l(d)
Sec. 14	October 1, 2012	19a-515(b)
Sec. 15	October 1, 2012	20-206b(a)
Sec. 16	October 1, 2012	New section
Sec. 17	October 1, 2012	19a-6k(d)
Sec. 18	October 1, 2012	20-126c(b)
Sec. 19	from passage	20-74s(d)
Sec. 20	from passage	38a-492i(c)
Sec. 21	from passage	38a-518i(c)
Sec. 22	October 1, 2012	10-221a(e)
Sec. 23	October 1, 2012	10a-155(a)
Sec. 24	October 1, 2012	10a-155a
Sec. 25	October 1, 2012	10a-155b(a)
Sec. 26	October 1, 2012	12-94
Sec. 27	October 1, 2012	12-129c(a)
Sec. 28	October 1, 2012	12-170f(a)
Sec. 29	October 1, 2012	12-170w(a)
Sec. 30	October 1, 2012	12-170aa(f)

Sec. 31	<i>October 1, 2012</i>	16-262c(b)(1)
Sec. 32	<i>October 1, 2012</i>	16-262d(b)
Sec. 33	<i>October 1, 2012</i>	31-12(a)
Sec. 34	<i>October 1, 2012</i>	31-13(a)
Sec. 35	<i>October 1, 2012</i>	31-18(a)
Sec. 36	<i>October 1, 2012</i>	31-235(c)(1)
Sec. 37	<i>October 1, 2012</i>	31-308(a)
Sec. 38	<i>October 1, 2012</i>	31-51rr(b)
Sec. 39	<i>October 1, 2012</i>	38a-457(a)(1)
Sec. 40	<i>October 1, 2012</i>	38a-465g
Sec. 41	<i>October 1, 2012</i>	38a-477(b) and (c)
Sec. 42	<i>October 1, 2012</i>	25-32(n)
Sec. 43	<i>October 1, 2012</i>	20-206bb
Sec. 44	<i>October 1, 2012</i>	New section
Sec. 45	<i>October 1, 2012</i>	17b-274d
Sec. 46	<i>from passage</i>	19a-750
Sec. 47	<i>from passage</i>	20-12i(b)
Sec. 48	<i>October 1, 2012</i>	20-94a(a)