



General Assembly

Amendment

February Session, 2012

LCO No. 4528

HB0551404528HDO

Offered by:

REP. RITTER E., 38th Dist.
SEN. GERRATANA, 6th Dist.
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To: Subst. House Bill No. 5514

File No. 451

Cal. No. 348

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

1 Strike lines 489 to 518, inclusive, in their entirety and insert the
2 following in lieu thereof:

3 "Sec. 20. (NEW) (*Effective October 1, 2012*) (a) Not later than January
4 1, 2013, the athletic department of each institution of higher education
5 shall develop and implement a policy consistent with this section
6 concerning the availability and use of an automatic external
7 defibrillator.

8 (b) Each athletic department of an institution of higher education
9 shall (1) (A) provide and maintain in a central location recommended
10 by the institution of higher education's athletic director at least one
11 automatic external defibrillator, as defined in section 19a-175 of the
12 general statutes, and (B) make such central location known and

13 accessible to employees and student-athletes of such institution of
14 higher education, (2) ensure that at least one licensed athletic trainer or
15 other person who is trained in cardiopulmonary resuscitation and the
16 use of an automatic external defibrillator in accordance with the
17 standards set forth by the American Red Cross or American Heart
18 Association is on the premises where the automatic external
19 defibrillator is located during all hours of intercollegiate sport practice,
20 training and competition, (3) maintain and test the automatic external
21 defibrillator in accordance with the manufacturer's guidelines, and (4)
22 promptly notify a local emergency medical services provider after each
23 use of such automatic external defibrillator. As used in this section,
24 "intercollegiate sport" means a sport played at the collegiate level for
25 which eligibility requirements for participation by a student-athlete are
26 established by a national association for the promotion or regulation of
27 collegiate athletics."

28 After the last section, add the following and renumber sections and
29 internal references accordingly:

30 "Sec. 501. Section 52-146o of the general statutes is repealed and the
31 following is substituted in lieu thereof (*Effective October 1, 2012*):

32 (a) Except as provided in sections 52-146c to 52-146j, inclusive,
33 sections 52-146p, 52-146q, 52-146s and subsection (b) of this section, in
34 any civil action or any proceeding preliminary thereto or in any
35 probate, legislative or administrative proceeding, a [physician or
36 surgeon] provider, as defined in subsection (b) of section 20-7b, shall
37 not disclose (1) any communication made to [him] the provider by, or
38 any information obtained by [him] the provider from, a patient or the
39 conservator or guardian of a patient with respect to any actual or
40 supposed physical or mental disease or disorder, or (2) any
41 information obtained by personal examination of a patient, unless the
42 patient or [his] the patient's authorized representative explicitly
43 consents to such disclosure.

44 (b) Consent of the patient or [his] the patient's authorized

45 representative shall not be required for the disclosure of such
46 communication or information (1) pursuant to any statute or
47 regulation of any state agency or the rules of court, (2) by a [physician,
48 surgeon or other licensed health care] provider, as defined in
49 subsection (b) of section 20-7b, against whom a claim has been made,
50 or there is a reasonable belief will be made, in such action or
51 proceeding, to [his] the provider's attorney or professional liability
52 insurer or such insurer's agent for use in the defense of such action or
53 proceeding, (3) to the Commissioner of Public Health for [records of a
54 patient of a physician, surgeon or health care provider] a provider's
55 records in connection with an investigation of a complaint, if such
56 records are related to the complaint, or (4) if child abuse, abuse of an
57 elderly individual, abuse of an individual who is physically disabled
58 or incompetent or abuse of an individual with intellectual disability is
59 known or in good faith suspected.

60 Sec. 502. Subsection (d) of section 19a-6k of the 2012 supplement to
61 the general statutes is repealed and the following is substituted in lieu
62 thereof (*Effective October 1, 2012*):

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

69 Sec. 503. Subsection (b) of section 20-126c of the general statutes is
70 repealed and the following is substituted in lieu thereof (*Effective*
71 *October 1, 2012*):

72 (b) Except as otherwise provided in this section, [for registration
73 periods beginning on and after October 1, 2007,] a licensee applying
74 for license renewal shall earn a minimum of twenty-five contact hours
75 of continuing education within the preceding twenty-four-month
76 period. Such continuing education shall (1) be in an area of the

77 licensee's practice; (2) reflect the professional needs of the licensee in
78 order to meet the health care needs of the public; and (3) include [the
79 topics required pursuant to this subdivision. For registration periods
80 ending on or before September 30, 2011, such topics shall include at
81 least one contact hour of training or education in each of the following
82 topics: (A) Infectious diseases, including, but not limited to, acquired
83 immune deficiency syndrome and human immunodeficiency virus, (B)
84 access to care, (C) risk management, (D) care of special needs patients,
85 and (E) domestic violence, including sexual abuse] not less than one
86 contact hour of training or education in any five of the ten mandatory
87 topics for continuing education activities prescribed by the
88 commissioner pursuant to this subdivision. For registration periods
89 beginning on and after October 1, 2011, the Commissioner of Public
90 Health, in consultation with the Dental Commission, shall on or before
91 October 1, 2010, and biennially thereafter, issue a list that includes [not
92 more than five] ten mandatory topics for continuing education
93 activities that will be required for the following two-year registration
94 period. Qualifying continuing education activities include, but are not
95 limited to, courses, including on-line courses, offered or approved by
96 the American Dental Association or state, district or local dental
97 associations and societies affiliated with the American Dental
98 Association; national, state, district or local dental specialty
99 organizations or the American Academy of General Dentistry; a
100 hospital or other health care institution; dental schools and other
101 schools of higher education accredited or recognized by the Council on
102 Dental Accreditation or a regional accrediting organization; agencies
103 or businesses whose programs are accredited or recognized by the
104 Council on Dental Accreditation; local, state or national medical
105 associations; a state or local health department; or the Accreditation
106 Council for Graduate Medical Education. Eight hours of volunteer
107 dental practice at a public health facility, as defined in section 20-126l,
108 may be substituted for one contact hour of continuing education, up to
109 a maximum of ten contact hours in one twenty-four-month period.

110 Sec. 504. Subsection (d) of section 20-74s of the general statutes is

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

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

126 Sec. 505. Subsection (c) of section 38a-492i of the 2012 supplement to
127 the general statutes is repealed and the following is substituted in lieu
128 thereof (*Effective from passage*):

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

136 Sec. 506. Subsection (c) of section 38a-518i of the 2012 supplement to
137 the general statutes is repealed and the following is substituted in lieu
138 thereof (*Effective from passage*):

139 (c) As used in this section, "pain" means a sensation in which a
140 person experiences severe discomfort, distress or suffering due to
141 provocation of sensory nerves, and "pain management specialist"
142 means a physician who is credentialed by the American Academy of

143 Pain Management or who is a board-certified anesthesiologist,
144 physiatrist, neurologist, oncologist or radiation oncologist with
145 additional training in pain management.

146 Sec. 507. Subsection (e) of section 10-221a of the 2012 supplement to
147 the general statutes is repealed and the following is substituted in lieu
148 thereof (*Effective October 1, 2012*):

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

156 Sec. 508. Subsection (a) of section 10a-155 of the general statutes is
157 repealed and the following is substituted in lieu thereof (*Effective*
158 *October 1, 2012*):

159 (a) Each institution of higher education shall require each full-time
160 or matriculating student born after December 31, 1956, to provide
161 proof of adequate immunization against measles, rubella and on and
162 after August 1, 2010, to provide proof of adequate immunization
163 against mumps and varicella as recommended by the national
164 Advisory Committee for Immunization Practices before permitting
165 such student to enroll in such institution. Any such student who (1)
166 presents a certificate from a physician or an advanced practice
167 registered nurse stating that in the opinion of such physician or
168 advanced practice registered nurse such immunization is medically
169 contraindicated, (2) provides a statement that such immunization
170 would be contrary to his religious beliefs, (3) presents a certificate from
171 a physician, an advanced practice registered nurse or [from] the
172 director of health in the student's present or previous town of
173 residence, stating that the student has had a confirmed case of such
174 disease, (4) is enrolled exclusively in a program for which students do

175 not congregate on campus for classes or to participate in institutional-
176 sponsored events, such as students enrolled in distance learning
177 programs for individualized home study or programs conducted
178 entirely through electronic media in a setting without other students
179 present, or (5) graduated from a public or nonpublic high school in this
180 state in 1999 or later and was not exempt from the measles, rubella and
181 on and after August 1, 2010, the mumps vaccination requirement
182 pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a
183 shall be exempt from the appropriate provisions of this section.

184 Sec. 509. Section 10a-155a of the general statutes is repealed and the
185 following is substituted in lieu thereof (*Effective October 1, 2012*):

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

198 Sec. 510. Subsection (a) of section 10a-155b of the general statutes is
199 repealed and the following is substituted in lieu thereof (*Effective*
200 *October 1, 2012*):

201 (a) For the 2002-2003 school year, and each school year thereafter,
202 each public or private college or university in this state shall require
203 that each student who resides in on-campus housing be vaccinated
204 against meningitis as a condition of such residence. The provisions of
205 this subsection shall not apply to any such student who (1) presents a
206 certificate from a physician or an advanced practice registered nurse

207 stating that, in the opinion of such physician or advanced practice
208 registered nurse, such vaccination is medically contraindicated
209 because of the physical condition of such student, or (2) presents a
210 statement that such vaccination would be contrary to the religious
211 beliefs of such student.

212 Sec. 511. Section 12-94 of the general statutes is repealed and the
213 following is substituted in lieu thereof (*Effective October 1, 2012*):

214 The exemptions granted in sections 12-81 and 12-82 to soldiers,
215 sailors, marines and members of the Coast Guard and Air Force, and
216 their spouses, widows, widowers, fathers and mothers, and to blind or
217 totally disabled persons and their spouses shall first be made in the
218 town in which the person entitled thereto resides, and any person
219 asking such exemption in any other town shall annually make oath
220 before, or forward his or her affidavit to, the assessors of such town,
221 deposing that such exemptions, except the exemption provided in
222 subdivision (55) of section 12-81, if allowed, will not, together with any
223 other exemptions granted under [said] sections 12-81 and 12-82, exceed
224 the amount of exemption thereby allowed to such person. Such
225 affidavit shall be filed with the assessors within the period the
226 assessors have to complete their duties in the town where the
227 exemption is claimed. The assessors of each town shall annually make
228 a certified list of all persons who are found to be entitled to exemption
229 under the provisions of said sections, which list shall be filed in the
230 town clerk's office, and shall be prima facie evidence that the persons
231 whose names appear thereon and who are not required by law to give
232 annual proof are entitled to such exemption as long as they continue to
233 reside in such town; but such assessors may, at any time, require any
234 such person to appear before them for the purpose of furnishing
235 additional evidence, provided, any person who by reason of such
236 person's disability is unable to so appear may furnish such assessors a
237 statement from such person's attending physician or an advanced
238 practice registered nurse certifying that such person is totally disabled
239 and is unable to make a personal appearance and such other evidence
240 of total disability as such assessors may deem appropriate.

241 Sec. 512. Subsection (a) of section 12-129c of the general statutes is
242 repealed and the following is substituted in lieu thereof (*Effective*
243 *October 1, 2012*):

244 (a) No claim shall be accepted under section 12-129b unless the
245 taxpayer or authorized agent of such taxpayer files an application with
246 the assessor of the municipality in which the property is located, in
247 affidavit form as provided by the Secretary of the Office of Policy and
248 Management, during the period from February first to and including
249 May fifteenth of any year in which benefits are first claimed, including
250 such information as is necessary to substantiate said claim in
251 accordance with requirements in such application. A taxpayer may
252 make application to the secretary prior to August fifteenth of the claim
253 year for an extension of the application period. The secretary may
254 grant such extension in the case of extenuating circumstance due to
255 illness or incapacitation as evidenced by a [physician's] certificate
256 signed by a physician or an advanced practice registered nurse to that
257 extent, or if the secretary determines there is good cause for doing so.
258 The taxpayer shall present to the assessor a copy of such taxpayer's
259 federal income tax return and the federal income tax return of such
260 taxpayer's spouse, if filed separately, for such taxpayer's taxable year
261 ending immediately prior to the submission of the taxpayer's
262 application, or if not required to file a federal income tax return, such
263 other evidence of qualifying income in respect to such taxable year as
264 the assessor may require. Each such application, together with the
265 federal income tax return and any other information submitted in
266 relation thereto, shall be examined by the assessor and if the
267 application is approved by the assessor, it shall be forwarded to the
268 secretary on or before July first of the year in which such application is
269 approved, except that in the case of a taxpayer who received a filing
270 date extension from the secretary, such application shall be forwarded
271 to the secretary not later than ten business days after the date it is filed
272 with the assessor. After a taxpayer's claim for the first year has been
273 filed and approved such taxpayer shall be required to file such an
274 application biennially. In respect to such application required after the

275 filing and approval for the first year the tax assessor in each
276 municipality shall notify each such taxpayer concerning application
277 requirements by regular mail not later than February first of the
278 assessment year in which such taxpayer is required to reapply,
279 enclosing a copy of the required application form. Such taxpayer may
280 submit such application to the assessor by mail, provided it is received
281 by the assessor not later than March fifteenth in the assessment year
282 with respect to which such tax relief is claimed. Not later than April
283 first of such year the assessor shall notify, by certified mail, any such
284 taxpayer for whom such application was not received by said March
285 fifteenth concerning application requirements and such taxpayer shall
286 be required not later than May fifteenth to submit such application
287 personally or for reasonable cause, by a person acting on behalf of such
288 taxpayer as approved by the assessor.

289 Sec. 513. Subsection (a) of section 12-170f of the general statutes is
290 repealed and the following is substituted in lieu thereof (*Effective*
291 *October 1, 2012*):

292 (a) Any renter, believing himself or herself to be entitled to a grant
293 under section 12-170d for any calendar year, shall make application for
294 such grant to the assessor of the municipality in which the renter
295 resides or to the duly authorized agent of such assessor or
296 municipality on or after May fifteenth and not later than September
297 fifteenth of each year with respect to such grant for the calendar year
298 preceding each such year, on a form prescribed and furnished by the
299 Secretary of the Office of Policy and Management to the assessor. A
300 renter may make application to the secretary prior to December
301 fifteenth of the claim year for an extension of the application period.
302 The secretary may grant such extension in the case of extenuating
303 circumstance due to illness or incapacitation as evidenced by a
304 [physician's] certificate signed by a physician or an advanced practice
305 registered nurse to that extent, or if the secretary determines there is
306 good cause for doing so. A renter making such application shall
307 present to such assessor or agent, in substantiation of the renter's
308 application, a copy of the renter's federal income tax return, and if not

309 required to file a federal income tax return, such other evidence of
310 qualifying income, receipts for money received, or cancelled checks, or
311 copies thereof, and any other evidence the assessor or such agent may
312 require. When the assessor or agent is satisfied that the applying renter
313 is entitled to a grant, such assessor or agent shall issue a certificate of
314 grant, in triplicate, in such form as the secretary may prescribe and
315 supply showing the amount of the grant due. The assessor or agent
316 shall forward the original copy and attached application to the
317 secretary not later than the last day of the month following the month
318 in which the renter has made application. On or after December 1,
319 1989, any municipality which neglects to transmit to the secretary the
320 claim and supporting applications as required by this section shall
321 forfeit two hundred fifty dollars to the state, provided said secretary
322 may waive such forfeiture in accordance with procedures and
323 standards adopted by regulation in accordance with chapter 54. A
324 duplicate of such certificate with a copy of the application attached
325 shall be delivered to the renter and the assessor or agent shall keep the
326 third copy of such certificate and a copy of the application. After the
327 secretary's review of each claim, pursuant to section 12-120b, and
328 verification of the amount of the grant the secretary shall, not later
329 than September thirtieth of each year prepare a list of certificates
330 approved for payment, and shall thereafter supplement such list
331 monthly. Such list and any supplements thereto shall be approved for
332 payment by the secretary and shall be forwarded by the secretary to
333 the Comptroller, not later than ninety days after receipt of such
334 applications and certificates of grant from the assessor or agent, and
335 the Comptroller shall draw an order on the Treasurer, not later than
336 fifteen days following, in favor of each person on such list and on
337 supplements to such list in the amount of such person's claim and the
338 Treasurer shall pay such amount to such person, not later than fifteen
339 days following. Any claimant aggrieved by the results of the
340 secretary's review shall have the rights of appeal as set forth in section
341 12-120b. Applications filed under this section shall not be open for
342 public inspection. Any person who, for the purpose of obtaining a
343 grant under section 12-170d, wilfully fails to disclose all matters

344 related thereto or with intent to defraud makes false statement shall be
345 fined not more than five hundred dollars.

346 Sec. 514. Subsection (a) of section 12-170w of the general statutes is
347 repealed and the following is substituted in lieu thereof (*Effective*
348 *October 1, 2012*):

349 (a) No claim shall be accepted under section 12-170v unless the
350 taxpayer or authorized agent of such taxpayer files an application with
351 the assessor of the municipality in which the property is located, in
352 such form and manner as the assessor may prescribe, during the
353 period from February first to and including May fifteenth of any year
354 in which benefits are first claimed, including such information as is
355 necessary to substantiate such claim in accordance with requirements
356 in such application. A taxpayer may make application to the assessor
357 prior to August fifteenth of the claim year for an extension of the
358 application period. The assessor may grant such extension in the case
359 of extenuating circumstance due to illness or incapacitation as
360 evidenced by a [physician's] certificate signed by a physician or an
361 advanced practice registered nurse to that extent, or if the assessor
362 determines there is good cause for doing so. The taxpayer shall present
363 to the assessor a copy of such taxpayer's federal income tax return and
364 the federal income tax return of such taxpayer's spouse, if filed
365 separately, for such taxpayer's taxable year ending immediately prior
366 to the submission of the taxpayer's application, or if not required to file
367 a federal income tax return, such other evidence of qualifying income
368 in respect to such taxable year as the assessor may require. Each such
369 application, together with the federal income tax return and any other
370 information submitted in relation thereto, shall be examined by the
371 assessor and a determination shall be made as to whether the
372 application is approved. Upon determination by the assessor that the
373 applying homeowner is entitled to tax relief in accordance with the
374 provisions of section 12-170v and this section, the assessor shall notify
375 the homeowner and the municipal tax collector of the approval of such
376 application. The municipal tax collector shall determine the maximum
377 amount of the tax due with respect to such homeowner's residence and

378 thereafter the property tax with respect to such homeowner's residence
379 shall not exceed such amount. After a taxpayer's claim for the first year
380 has been filed and approved such taxpayer shall file such an
381 application biennially. In respect to such application required after the
382 filing and approval for the first year the assessor in each municipality
383 shall notify each such taxpayer concerning application requirements
384 by regular mail not later than February first of the assessment year in
385 which such taxpayer is required to reapply, enclosing a copy of the
386 required application form. Such taxpayer may submit such application
387 to the assessor by mail provided it is received by the assessor not later
388 than March fifteenth in the assessment year with respect to which such
389 tax relief is claimed. Not later than April first of such year the assessor
390 shall notify, by certified mail, any such taxpayer for whom such
391 application was not received by said March fifteenth concerning
392 application requirements and such taxpayer shall submit not later than
393 May fifteenth such application personally or for reasonable cause, by a
394 person acting on behalf of such taxpayer as approved by the assessor.

395 Sec. 515. Subsection (f) of section 12-170aa of the general statutes is
396 repealed and the following is substituted in lieu thereof (*Effective*
397 *October 1, 2012*):

398 (f) Any homeowner, believing such homeowner is entitled to tax
399 reduction benefits under this section for any assessment year, shall
400 make application as required in subsection (e) of this section, to the
401 assessor of the municipality in which the homeowner resides, for such
402 tax reduction at any time from February first to and including May
403 fifteenth of the year in which tax reduction is claimed. A homeowner
404 may make application to the secretary prior to August fifteenth of the
405 claim year for an extension of the application period. The secretary
406 may grant such extension in the case of extenuating circumstance due
407 to illness or incapacitation as evidenced by a [physician's] certificate
408 signed by a physician or an advanced practice registered nurse to that
409 extent, or if the secretary determines there is good cause for doing so.
410 Such application for tax reduction benefits shall be submitted on a
411 form prescribed and furnished by the secretary to the assessor. In

412 making application the homeowner shall present to such assessor, in
413 substantiation of such homeowner's application, a copy of such
414 homeowner's federal income tax return, including a copy of the Social
415 Security statement of earnings for such homeowner, and that of such
416 homeowner's spouse, if filed separately, for such homeowner's taxable
417 year ending immediately prior to the submission of such application,
418 or if not required to file a return, such other evidence of qualifying
419 income in respect to such taxable year as may be required by the
420 assessor. When the assessor is satisfied that the applying homeowner
421 is entitled to tax reduction in accordance with this section, such
422 assessor shall issue a certificate of credit, in such form as the secretary
423 may prescribe and supply showing the amount of tax reduction
424 allowed. A duplicate of such certificate shall be delivered to the
425 applicant and the tax collector of the municipality and the assessor
426 shall keep the fourth copy of such certificate and a copy of the
427 application. Any homeowner who, for the purpose of obtaining a tax
428 reduction under this section, wilfully fails to disclose all matters
429 related thereto or with intent to defraud makes false statement shall
430 refund all property tax credits improperly taken and shall be fined not
431 more than five hundred dollars. Applications filed under this section
432 shall not be open for public inspection.

433 Sec. 516. Subdivision (1) of subsection (b) of section 16-262c of the
434 2012 supplement to the general statutes is repealed and the following
435 is substituted in lieu thereof (*Effective October 1, 2012*):

436 (b) (1) From November first to May first, inclusive, no electric or
437 electric distribution company, as defined in section 16-1, no electric
438 supplier and no municipal utility furnishing electricity shall terminate,
439 deny or refuse to reinstate residential electric service in hardship cases
440 where the customer lacks the financial resources to pay his or her
441 entire account. From November first to May first, inclusive, no gas
442 company and no municipal utility furnishing gas shall terminate, deny
443 or refuse to reinstate residential gas service in hardship cases where
444 the customer uses such gas for heat and lacks the financial resources to
445 pay his or her entire account, except a gas company that, between May

446 second and October thirty-first, terminated gas service to a residential
447 customer who uses gas for heat and who, during the previous period
448 of November first to May first, had gas service maintained because of
449 hardship status, may refuse to reinstate the gas service from November
450 first to May first, inclusive, only if the customer has failed to pay, since
451 the preceding November first, the lesser of: (A) Twenty per cent of the
452 outstanding principal balance owed the gas company as of the date of
453 termination, (B) one hundred dollars, or (C) the minimum payments
454 due under the customer's amortization agreement. Notwithstanding
455 any other provision of the general statutes to the contrary, no electric,
456 electric distribution or gas company, no electric supplier and no
457 municipal utility furnishing electricity or gas shall terminate, deny or
458 refuse to reinstate residential electric or gas service where the customer
459 lacks the financial resources to pay his or her entire account and for
460 which customer or a member of the customer's household the
461 termination, denial of or failure to reinstate such service would create a
462 life-threatening situation. No electric, electric distribution or gas
463 company, no electric supplier and no municipal utility furnishing
464 electricity or gas shall terminate, deny or refuse to reinstate residential
465 electric or gas service where the customer is a hardship case and lacks
466 the financial resources to pay his or her entire account and a child not
467 more than twenty-four months old resides in the customer's household
468 and such child has been admitted to the hospital and received
469 discharge papers on which the attending physician or an advanced
470 practice registered nurse has indicated such service is a necessity for
471 the health and well being of such child.

472 Sec. 517. Subsection (b) of section 16-262d of the general statutes is
473 repealed and the following is substituted in lieu thereof (*Effective*
474 *October 1, 2012*):

475 (b) No such company, electric supplier or municipal utility shall
476 effect termination of service for nonpayment during such time as any
477 resident of a dwelling to which such service is furnished is seriously ill,
478 if the fact of such serious illness is certified to such company, electric
479 supplier or municipal utility by a registered physician or an advanced

480 practice registered nurse within such period of time after the mailing
481 of a termination notice pursuant to subsection (a) of this section as the
482 Public Utilities Regulatory Authority may by regulation establish,
483 provided the customer agrees to amortize the unpaid balance of his
484 account over a reasonable period of time and keeps current his account
485 for utility service as charges accrue in each subsequent billing period.

486 Sec. 518. Subsection (a) of section 31-12 of the general statutes is
487 repealed and the following is substituted in lieu thereof (*Effective*
488 *October 1, 2012*):

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

503 Sec. 519. Subsection (a) of section 31-13 of the general statutes is
504 repealed and the following is substituted in lieu thereof (*Effective*
505 *October 1, 2012*):

506 (a) None of the following persons under the conditions hereinafter
507 described shall be employed in any mercantile establishment more
508 than eight hours in any one day, or more than six days in any one
509 calendar week or more than forty-eight hours in any one calendar
510 week: (1) Persons under the age of eighteen years who are not enrolled
511 in and have not graduated from a secondary educational institution;

512 (2) persons sixty-six years of age or older, except with their consent; (3)
513 handicapped persons, so designated by medical or governmental
514 authority, except with their consent and after certification by a
515 physician or an advanced practice registered nurse that the extended
516 hours of work will not be injurious to their health; (4) disabled
517 veterans, as defined under state or federal law, except with their
518 consent and after certification by a physician or an advanced practice
519 registered nurse that the extended hours of work will not be injurious
520 to their health; but any such person may be permitted to work in any
521 such establishment one day in any calendar week for not more than
522 ten hours, for the purpose of making one shorter day during such
523 week, and any employer who, during any year, gives not fewer than
524 seven holidays with pay shall be exempt from the foregoing provisions
525 hereof during the period from the eighteenth to the twenty-fifth day of
526 December of such year.

527 Sec. 520. Subsection (a) of section 31-18 of the general statutes is
528 repealed and the following is substituted in lieu thereof (*Effective*
529 *October 1, 2012*):

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

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

568 Sec. 521. Subdivision (1) of subsection (c) of section 31-235 of the
569 general statutes is repealed and the following is substituted in lieu
570 thereof (*Effective October 1, 2012*):

571 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
572 section, an unemployed individual may limit such individual's
573 availability for work to part-time employment, provided the
574 individual (A) provides documentation from a licensed physician or
575 an advanced practice registered nurse that (i) the individual has a
576 physical or mental impairment that is chronic or is expected to be long-
577 term or permanent in nature, and (ii) the individual is unable to work
578 full-time because of such impairment, and (B) establishes, to the
579 satisfaction of the administrator, that such limitation does not

580 effectively remove such individual from the labor force.

581 Sec. 522. Subsection (a) of section 31-308 of the general statutes is
582 repealed and the following is substituted in lieu thereof (*Effective*
583 *October 1, 2012*):

584 (a) If any injury for which compensation is provided under the
585 provisions of this chapter results in partial incapacity, the injured
586 employee shall be paid a weekly compensation equal to seventy-five
587 per cent of the difference between the wages currently earned by an
588 employee in a position comparable to the position held by the injured
589 employee before his injury, after such wages have been reduced by
590 any deduction for federal or state taxes, or both, and for the federal
591 Insurance Contributions Act in accordance with section 31-310, and the
592 amount he is able to earn after the injury, after such amount has been
593 reduced by any deduction for federal or state taxes, or both, and for
594 the federal Insurance Contributions Act in accordance with section 31-
595 310, except that when (1) the physician or the advanced practice
596 registered nurse attending an injured employee certifies that the
597 employee is unable to perform his usual work but is able to perform
598 other work, (2) the employee is ready and willing to perform other
599 work in the same locality and (3) no other work is available, the
600 employee shall be paid his full weekly compensation subject to the
601 provisions of this section. Compensation paid under this subsection
602 shall not be more than one hundred per cent, raised to the next even
603 dollar, of the average weekly earnings of production and related
604 workers in manufacturing in the state, as determined in accordance
605 with the provisions of section 31-309, and shall continue during the
606 period of partial incapacity, but no longer than five hundred twenty
607 weeks. If the employer procures employment for an injured employee
608 that is suitable to his capacity, the wages offered in such employment
609 shall be taken as the earning capacity of the injured employee during
610 the period of the employment.

611 Sec. 523. Subsection (b) of section 31-51rr of the general statutes is
612 repealed and the following is substituted in lieu thereof (*Effective*

613 *October 1, 2012*):

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

623 Sec. 524. Subdivision (1) of subsection (a) of section 38a-457 of the
624 2012 supplement to the general statutes is repealed and the following
625 is substituted in lieu thereof (*Effective October 1, 2012*):

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

635 Sec. 525. Section 38a-465g of the general statutes is repealed and the
636 following is substituted in lieu thereof (*Effective October 1, 2012*):

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

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

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

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

658 (c) Prior to or at the time of execution of the settlement contract, the
659 provider shall obtain a witnessed document in which the owner
660 consents to the settlement contract, represents that the owner has a full
661 and complete understanding of the settlement contract, that the owner
662 has a full and complete understanding of the benefits of the policy,
663 acknowledges that the owner is entering into the settlement contract
664 freely and voluntarily and, for persons with a terminal or chronic
665 illness or condition, acknowledges that the insured has a terminal or
666 chronic illness or condition and that the terminal or chronic illness or
667 condition was diagnosed after the life insurance policy was issued.

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

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

674 (f) Not later than twenty days after an owner executes the life
675 settlement contract, the provider shall give written notice to the insurer

676 that issued the policy that the policy has become subject to a life
677 settlement contract. The notice shall be accompanied by a copy of the
678 medical records release required under subdivision (2) of subsection
679 (a) of this section and a copy of the insured's application for the life
680 settlement contract.

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

684 (h) Each life settlement contract entered into in this state shall
685 provide that the owner may rescind the contract not later than fifteen
686 days from the date it is executed by all parties thereto. Such rescission
687 exercised by the owner shall be effective only if both notice of
688 rescission is given to the provider and the owner repays all proceeds
689 and any premiums, loans and loan interest paid by the provider within
690 the rescission period. A failure to provide written notice of the right of
691 rescission shall toll the period of such right until thirty days after the
692 written notice of the right of rescission has been given. If the insured
693 dies during the rescission period, the contract shall be deemed to have
694 been rescinded, subject to repayment by the owner or the owner's
695 estate of all proceeds and any premiums, loans and loan interest to the
696 provider.

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

707 (j) Failure to tender the life settlement contract proceeds to the

708 owner within the time set forth in section 38a-465f shall render the
709 viatical settlement contract voidable by the owner for lack of
710 consideration until the time such consideration is tendered to, and
711 accepted by, the owner.

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

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

721 (m) No person at any time prior to, or at the time of, the application
722 for or issuance of a policy, or during a two-year period commencing
723 with the date of issuance of the policy, shall enter into a life settlement
724 contract regardless of the date the compensation is to be provided and
725 regardless of the date the assignment, transfer, sale, devise, bequest or
726 surrender of the policy is to occur. This prohibition shall not apply if
727 the owner certifies to the provider that:

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

735 (2) The owner submits independent evidence to the provider that
736 one or more of the following conditions have been met within said
737 two-year period: (A) The owner or insured is terminally ill or
738 chronically ill; (B) the owner or insured disposes of the owner or
739 insured's ownership interests in a closely held corporation, pursuant to

740 the terms of a buyout or other similar agreement in effect at the time
741 the insurance policy was initially issued; (C) the owner's spouse dies;
742 (D) the owner divorces his or her spouse; (E) the owner retires from
743 full-time employment; (F) the owner becomes physically or mentally
744 disabled and a physician or an advanced practice registered nurse
745 determines that the disability prevents the owner from maintaining
746 full-time employment; or (G) a final order, judgment or decree is
747 entered by a court of competent jurisdiction on the application of a
748 creditor of the owner, adjudicating the owner bankrupt or insolvent, or
749 approving a petition seeking reorganization of the owner or
750 appointing a receiver, trustee or liquidator to all or a substantial part of
751 the owner's assets.

752 (n) Copies of the independent evidence required by subdivision (2)
753 of subsection (m) of this section shall be submitted to the insurer when
754 the provider submits a request to the insurer for verification of
755 coverage. The copies shall be accompanied by a letter of attestation
756 from the provider that the copies are true and correct copies of the
757 documents received by the provider. Nothing in this section shall
758 prohibit an insurer from exercising its right to contest the validity of
759 any policy.

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

766 Sec. 526. Subsections (b) and (c) of section 38a-477 of the general
767 statutes are repealed and the following is substituted in lieu thereof
768 (*Effective October 1, 2012*):

769 (b) For any claim submitted to an insurer on the current standard
770 Health Care Financing Administration Fifteen Hundred health
771 insurance claim form or its successor, if the following information is

772 completed and received by the insurer, the claim may not be deemed
 773 to be deficient in the information needed for filing a claim for
 774 processing pursuant to subparagraph (B) of subdivision (15) of section
 775 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

776 (c) For any claim submitted to an insurer on the current standard
 777 Health Care Financing Administration UB-92 health insurance claim

778 form or its successor, if the following information is completed and
 779 received by the insurer, the claim may not be deemed to be deficient in
 780 the information needed for filing a claim for processing pursuant to
 781 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

812 a person who tests backflow prevention devices or a person who
813 performs cross connection surveys holding a certificate issued under
814 this subsection for any of the following reasons: (A) Fraud or material
815 deception in procuring a certificate, the renewal of a certificate or the
816 reinstatement of a certificate; (B) fraud or material deception in the
817 performance of the certified operator's professional activities; (C)
818 incompetent, negligent or illegal performance of the certified
819 operator's professional activities; (D) conviction of the certified
820 operator for a felony; or (E) failure of the certified operator to complete
821 the training required under subdivision (1) of this subsection.

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

843 Sec. 528. Section 20-206bb of the 2012 supplement to the general
844 statutes is repealed and the following is substituted in lieu thereof
845 (*Effective October 1, 2012*):

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

848 (b) Each person seeking licensure as an acupuncturist shall make
849 application on forms prescribed by the department, pay an application
850 fee of two hundred dollars and present to the department satisfactory
851 evidence that the applicant (1) has completed sixty semester hours, or
852 its equivalent, of postsecondary study in an institution of
853 postsecondary education that, if in the United States or its territories,
854 was accredited by a recognized regional accrediting body or, if outside
855 the United States or its territories, was legally chartered to grant
856 postsecondary degrees in the country in which located, (2) has
857 successfully completed a course of study in acupuncture in a program
858 that, at the time of graduation, was in candidate status with or
859 accredited by an accrediting agency recognized by the United States
860 Department of Education and included (A) for a person who
861 completed such course of study before October 1, 2012, a minimum of
862 one thousand three hundred fifty hours of didactic and clinical
863 training, five hundred of which were clinical, or (B) for a person who
864 completed such course of study on or after October 1, 2012, a
865 minimum of one thousand nine hundred five hours of didactic and
866 clinical training, six hundred sixty of which were clinical, (3) has
867 passed all portions of the National Certification Commission for
868 Acupuncture and Oriental Medicine examination required for
869 acupuncture certification or an examination prescribed by the
870 department, and (4) has successfully completed a course in clean
871 needle technique prescribed by the department. Any person
872 successfully completing the education, examination or training
873 requirements of this section in a language other than English shall be
874 deemed to have satisfied the requirement completed in that language.

875 (c) An applicant for licensure as an acupuncturist by endorsement
876 shall present evidence satisfactory to the commissioner of licensure or
877 certification as an acupuncturist, or as a person entitled to perform
878 similar services under a different designation, in another state or
879 jurisdiction whose requirements for practicing in such capacity are

880 equivalent to or higher than those of this state and that there are no
881 disciplinary actions or unresolved complaints pending. Any person
882 completing the requirements of this section in a language other than
883 English shall be deemed to have satisfied the requirements of this
884 section.

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

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

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

913 (2) Each licensee applying for license renewal pursuant to section
914 19a-88, except a licensee applying for a license renewal for the first
915 time, shall sign a statement attesting that he or she has satisfied the
916 certification or continuing education requirements described in
917 subdivision (1) of this subsection on a form prescribed by the
918 department. Each licensee shall retain records of attendance or
919 certificates of completion that demonstrate compliance with the
920 continuing education or certification requirements described in
921 subdivision (1) of this subsection for not less than five years following
922 the date on which the continuing education was completed or the
923 certification was renewed. Each licensee shall submit such records to
924 the department for inspection not later than forty-five days after a
925 request by the department for such records.

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

940 (4) A licensee whose license has become void pursuant to section
941 19a-88 and who applies to the department for reinstatement of such
942 license, shall submit evidence documenting valid acupuncture
943 certification by the National Certification Commission for
944 Acupuncture and Oriental Medicine or successful completion of fifteen
945 contact hours of continuing education within the one-year period
946 immediately preceding application for reinstatement.

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

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

956 (h) Notwithstanding the provisions of subsection (a) of this section,
957 any person certified by an organization approved by the
958 Commissioner of Public Health may practice auricular acupuncture for
959 the treatment of alcohol and drug abuse, provided the treatment is
960 performed under the supervision of a physician licensed under chapter
961 370 and is performed in either (1) a private free-standing facility
962 licensed by the Department of Public Health for the care or treatment
963 of substance abusive or dependent persons, or (2) a setting operated by
964 the Department of Mental Health and Addiction Services. The
965 Commissioner of Public Health shall adopt regulations, in accordance
966 with the provisions of chapter 54, to ensure the safe provision of
967 auricular acupuncture within private free-standing facilities licensed
968 by the Department of Public Health for the care or treatment of
969 substance abusive or dependent persons.

970 (i) Notwithstanding the provisions of subsection (a) of this section,
971 no license to engage in the practice of acupuncture is required of: (1)
972 Students enrolled in a college or program of acupuncture if (A) the
973 college or program is recognized by the Accreditation Commission for
974 Acupuncture and Oriental Medicine or licensed or accredited by the
975 Board of Regents for Higher Education, and (B) the practice that would
976 otherwise require a license is pursuant to a course of instruction or
977 assignments from a licensed instructor and under the supervision of
978 the instructor; or (2) faculty members providing the didactic and
979 clinical training necessary to meet the accreditation standards of the

980 Accreditation Commission for Acupuncture and Oriental Medicine at
981 a college or program recognized by the commission or licensed or
982 accredited by the Board of Regents for Higher Education. For purposes
983 of this subsection, "licensed instructor" means a faculty member or
984 instructor licensed under this section or otherwise authorized to
985 engage in the practice of acupuncture in this state.

986 (j) No person shall use the title "acupuncturist", or use in connection
987 with his or her name, any letters, words or insignia indicating or
988 implying that such person is a licensed acupuncturist or advertise
989 services as an acupuncturist, unless such person holds a license as an
990 acupuncturist issued pursuant to this section. No person shall
991 represent himself or herself as being certified to practice auricular
992 acupuncture for the treatment of alcohol and drug abuse, or use in
993 connection with his or her name the term "acupuncture detoxification
994 specialist", or the letters "A.D.S." or any letters, words or insignia
995 indicating or implying that such person is certified to practice
996 auricular acupuncture for the treatment of alcohol and drug abuse
997 unless such person is certified in accordance with subsection (h) of this
998 section. Nothing in this subsection shall be construed to prevent a
999 person from providing care, or performing or advertising services
1000 within the scope of such person's license or as otherwise authorized in
1001 this section.

1002 Sec. 529. (NEW) (*Effective October 1, 2012*) (a) There is established an
1003 advisory council on organ and tissue donation education and
1004 awareness. The advisory council shall consist of the following
1005 members: The Commissioner of Motor Vehicles, or the commissioner's
1006 designee; the Commissioner of Public Health, or the commissioner's
1007 designee; the executive director of Donate Life Connecticut, or the
1008 executive director's designee; a representative of each of the
1009 organizations in the state that are members of the Association of Organ
1010 Procurement Organizations; a health care professional representing
1011 each transplant center located in the state that is a member of the
1012 federal Organ Procurement and Transplantation Network; the chief
1013 executive officer of the Connecticut Hospital Association, or the chief

1014 executive officer's designee; five persons experienced in issues
1015 involving organ and tissue donation or transplants, one of whom shall
1016 be a recipient of a donated organ or donated tissue, one of whom shall
1017 be a living donor, and one of whom shall be a family member of a
1018 deceased donor. One each of such persons experienced in issues
1019 involving organ and tissue donation or transplants shall be appointed
1020 by the Governor, the president pro tempore of the Senate, the speaker
1021 of the House of Representatives, jointly by the majority leader of the
1022 House of Representatives and the majority leader of the Senate, and
1023 jointly by the minority leader of the House of Representatives and the
1024 minority leader of the Senate.

1025 (b) Appointed council members shall serve for a term of three years
1026 and no such member shall serve more than two consecutive terms.
1027 Any vacancy of an appointed council member shall be filled by the
1028 appointing authority. The Governor shall appoint the chairperson
1029 from among the members of the council. The council shall have its first
1030 meeting not later than December 1, 2012, and shall meet not less than
1031 four times per year and as requested by the chairperson or upon the
1032 request of a majority of the members of the council. Council members
1033 shall serve without compensation.

1034 (c) The council shall: (1) Analyze education on organ tissue donation
1035 in the state; (2) determine the rate of organ and tissue donation
1036 registration in the state and establish periodic goals for increasing such
1037 rate; and (3) advise the Commissioners of Public Health and Motor
1038 Vehicles on methods to increase organ and tissue donation rates in the
1039 state. The Commissioner of Motor Vehicles shall, on a quarterly basis,
1040 provide the council with data concerning registered organ donors.

1041 (d) Not later than July 1, 2013, and annually thereafter, the council
1042 shall report, in accordance with the provisions of section 11-4a of the
1043 general statutes, to the joint standing committees of the General
1044 Assembly having cognizance of matters relating to public health and
1045 transportation concerning organ and tissue donation awareness in the
1046 state. Such report shall include, but not be limited to, actions taken by

1047 the council to increase organ and tissue donations and
1048 recommendations to increase organ and tissue donation rates in the
1049 state.

1050 Sec. 530. Section 17b-274d of the 2012 supplement to the general
1051 statutes is repealed and the following is substituted in lieu thereof
1052 (*Effective October 1, 2012*):

1053 (a) Pursuant to 42 USC 1396r-8, there is established a
1054 Pharmaceutical and Therapeutics Committee within the Department of
1055 Social Services.

1056 (b) The Pharmaceutical and Therapeutics Committee shall be
1057 comprised as specified in 42 USC 1396r-8 and shall consist of
1058 [~~fourteen~~] sixteen members appointed by the Governor. [~~Five~~] Seven
1059 members shall be physicians licensed pursuant to chapter 370,
1060 including one general practitioner, one pediatrician, one geriatrician,
1061 one psychiatrist, [and] one child psychiatrist, one specialist in family
1062 planning, and one oncologist, four members shall be pharmacists
1063 licensed pursuant to chapter 400j, two members shall be visiting
1064 nurses, one specializing in adult care and one specializing in
1065 psychiatric care, one member shall be a clinician designated by the
1066 Commissioner of Mental Health and Addiction Services, one member
1067 shall be a representative of pharmaceutical manufacturers and one
1068 member shall be a consumer representative. The committee may, on an
1069 ad hoc basis, seek the participation of other state agencies or other
1070 interested parties in its deliberations. The members shall serve for
1071 terms of two years from the date of their appointment. Members may
1072 be appointed to more than one term. The Commissioner of Social
1073 Services, or the commissioner's designee, shall convene the committee
1074 following the Governor's designation of appointments. The
1075 administrative staff of the Department of Social Services shall serve as
1076 staff for said committee and assist with all ministerial duties. The
1077 Governor shall ensure that the committee membership includes
1078 Medicaid participating physicians and pharmacists, with experience
1079 serving recipients of medical assistance.

1080 (c) Committee members shall select a chairperson and vice-
1081 chairperson from the committee membership on an annual basis.

1082 (d) The committee shall meet at least [quarterly] biannually, and
1083 may meet at other times at the discretion of the chairperson and
1084 committee membership. The committee shall ensure that each meeting
1085 includes an opportunity for public comment. The committee shall
1086 comply with all regulations adopted by the department, including
1087 notice of any meeting of the committee, pursuant to the requirements
1088 of chapter 54.

1089 (e) The Department of Social Services, in consultation with the
1090 Pharmaceutical and Therapeutics Committee, may adopt preferred
1091 drug lists for use in the Medicaid and ConnPACE programs. To the
1092 extent feasible, the department shall review all drugs included on the
1093 preferred drug lists at least every twelve months, and may recommend
1094 additions to, and deletions from, the preferred drug lists, to ensure that
1095 the preferred drug lists provide for medically appropriate drug
1096 therapies for Medicaid and ConnPACE patients. For the fiscal year
1097 ending June 30, 2004, such drug lists shall be limited to use in the
1098 Medicaid and ConnPACE programs and cover three classes of drugs,
1099 including proton pump inhibitors and two other classes of drugs
1100 determined by the Commissioner of Social Services. Not later than
1101 June 30, 2005, the Department of Social Services, in consultation with
1102 the Pharmaceutical and Therapeutic Committee, shall expand such
1103 drug lists to include other classes of drugs, except as provided in
1104 subsection (f) of this section, in order to achieve savings reflected in the
1105 amounts appropriated to the department, for the various components
1106 of the program, in the state budget act.

1107 (f) Nonpreferred drugs in the classes of drugs included on the
1108 preferred drug lists shall be subject to prior authorization. Prior
1109 authorization is not required for any mental-health-related drug that
1110 has been filled or refilled, in any dosage, at least one time in the one-
1111 year period prior to the date the individual presents a prescription for
1112 the drug at a pharmacy. If prior authorization is granted for a drug not

1113 included on a preferred drug list, the authorization shall be valid for
1114 one year from the date the prescription is first filled. Antiretroviral
1115 classes of drugs shall not be included on the preferred drug lists.

1116 (g) The Department of Social Services shall publish and disseminate
1117 the preferred drug lists to all Medicaid providers in the state.

1118 (h) The department may negotiate supplemental rebate agreements
1119 with manufacturers that are in addition to those required under Title
1120 XIX of the Social Security Act. The committee shall ensure that the
1121 pharmaceutical manufacturers agreeing to provide a supplemental
1122 rebate pursuant to 42 USC 1396r-8(c) have an opportunity to present
1123 evidence supporting inclusion of a product on the preferred drug lists
1124 unless a court of competent jurisdiction, in a final decision, determines
1125 that the Secretary of Health and Human Services does not have
1126 authority to allow such supplemental rebates, provided the inability to
1127 utilize supplemental rebates pursuant to this subsection shall not
1128 impair the committee's authority to maintain preferred drug lists.
1129 Upon timely notice, the department shall ensure that any drug that has
1130 been approved, or had any of its particular uses approved, by the
1131 United States Food and Drug Administration under a priority review
1132 classification, will be reviewed by the Pharmaceutical and
1133 Therapeutics Committee at the next regularly scheduled meeting. To
1134 the extent feasible, upon notice by a pharmaceutical manufacturer, the
1135 department shall also schedule a product review for any new product
1136 at the next regularly scheduled meeting of the Pharmaceutical and
1137 Therapeutics Committee.

1138 (i) Factors considered by the department and the Pharmaceutical
1139 and Therapeutics Committee in developing the preferred drug lists
1140 shall include, but not be limited to, clinical efficacy, safety and cost
1141 effectiveness of a product.

1142 (j) The Pharmaceutical and Therapeutics Committee may also make
1143 recommendations to the department regarding the prior authorization
1144 of any prescribed drug.

1145 (k) A recipient who is denied a nonpreferred drug may request an
1146 administrative hearing in accordance with section 17b-60.

1147 (l) The Commissioner of Social Services may contract with a
1148 pharmacy benefits organization or a single entity qualified to negotiate
1149 with pharmaceutical manufacturers for supplemental rebates,
1150 available pursuant to 42 USC 1396r-8(c), for the purchase of drugs
1151 listed on the preferred drug lists established pursuant to subsection (e)
1152 of this section.

1153 Sec. 531. Section 19a-750 of the 2012 supplement to the general
1154 statutes is repealed and the following is substituted in lieu thereof
1155 (*Effective from passage*):

1156 (a) There is hereby created as a body politic and corporate,
1157 constituting a public instrumentality and political subdivision of the
1158 state created for the performance of an essential public and
1159 governmental function, the Health Information Technology Exchange
1160 of Connecticut, which is empowered to carry out the purposes of the
1161 authority, as defined in subsection (b) of this section, which are hereby
1162 determined to be public purposes for which public funds may be
1163 expended. The Health Information Technology Exchange of
1164 Connecticut shall not be construed to be a department, institution or
1165 agency of the state.

1166 (b) For purposes of this section and sections 19a-751 to 19a-754,
1167 inclusive, "authority" means the Health Information Technology
1168 Exchange of Connecticut and "purposes of the authority" means the
1169 purposes of the authority expressed in and pursuant to this section,
1170 including the promoting, planning and designing, developing,
1171 assisting, acquiring, constructing, maintaining and equipping,
1172 reconstructing and improving of health care information technology.
1173 The powers enumerated in this section shall be interpreted broadly to
1174 effectuate the purposes of the authority and shall not be construed as a
1175 limitation of powers. The authority shall have the power to:

1176 (1) Establish an office in the state;

1177 (2) Employ such assistants, agents and other employees as may be
1178 necessary or desirable, which employees shall [be exempt from the
1179 classified service and shall not be employees, as defined in subsection
1180 (b) of section 5-270] not be considered state employees under the
1181 provisions of chapters 66, 67 and 68;

1182 (3) Establish all necessary or appropriate personnel practices and
1183 policies, including those relating to hiring, promotion, compensation,
1184 retirement and collective bargaining, which need not be in accordance
1185 with the provisions of chapter 66, 67 or 68, and the authority shall not
1186 be considered an appointing authority, as defined in subdivision (3) of
1187 section 5-196, or an employer, as defined in subsection (a) of section 5-
1188 270;

1189 (4) Engage consultants, attorneys and other experts as may be
1190 necessary or desirable to carry out the purposes of the authority;

1191 (5) Acquire, lease, purchase, own, manage, hold and dispose of
1192 personal property, and lease, convey or deal in or enter into
1193 agreements with respect to such property on any terms necessary or
1194 incidental to the carrying out of these purposes;

1195 (6) Procure insurance against loss in connection with its property
1196 and other assets in such amounts and from such insurers as it deems
1197 desirable;

1198 (7) Make and enter into any contract or agreement necessary or
1199 incidental to the performance of its duties and execution of its powers.
1200 The contracts entered into by the authority shall not be subject to the
1201 approval of any other state department, office or agency. However,
1202 copies of all contracts of the authority shall be maintained by the
1203 authority as public records, subject to the proprietary rights of any
1204 party to the contract;

1205 (8) To the extent permitted under its contract with other persons,
1206 consent to any termination, modification, forgiveness or other change
1207 of any term of any contractual right, payment, royalty, contract or

- 1208 agreement of any kind to which the authority is a party;
- 1209 (9) Receive and accept, from any source, aid or contributions,
1210 including money, property, labor and other things of value;
- 1211 (10) Invest any funds not needed for immediate use or disbursement
1212 in obligations issued or guaranteed by the United States of America or
1213 the state and in obligations that are legal investments for savings banks
1214 in this state;
- 1215 (11) Account for and audit funds of the authority and funds of any
1216 recipients of funds from the authority;
- 1217 (12) Sue and be sued, plead and be impleaded, adopt a seal and alter
1218 the same at pleasure;
- 1219 (13) Adopt regular procedures for exercising the power of the
1220 authority not in conflict with other provisions of the general statutes;
1221 and
- 1222 (14) Do all acts and things necessary and convenient to carry out the
1223 purposes of the authority.
- 1224 (c) (1) The Health Information Technology Exchange of Connecticut
1225 shall be managed by a board of directors. The board shall consist of the
1226 following members: The Lieutenant Governor, or his or her designee;
1227 the Commissioners of Public Health, Social Services, Consumer
1228 Protection and Administrative Services, or their designees; three
1229 appointed by the Governor, one of whom shall be a representative of a
1230 medical research organization, one of whom shall be an insurer or
1231 representative of a health plan and one of whom shall be an attorney
1232 with background and experience in the field of privacy, health data
1233 security or patient rights; three appointed by the president pro
1234 tempore of the Senate, one of whom shall have background and
1235 experience with a private sector health information exchange or health
1236 information technology entity, one of whom shall have expertise in
1237 public health and one of whom shall be a physician licensed under

1238 chapter 370 who works in a practice of not more than ten physicians
1239 and who is not employed by a hospital, health network, health plan,
1240 health system, academic institution or university; three appointed by
1241 the speaker of the House of Representatives, one of whom shall be a
1242 representative of hospitals, an integrated delivery network or a
1243 hospital association, one of whom shall have expertise with federally
1244 qualified health centers and one of whom shall be a consumer or
1245 consumer advocate; one appointed by the majority leader of the
1246 Senate, who shall be a primary care physician whose practice utilizes
1247 electronic health records; one appointed by the majority leader of the
1248 House of Representatives, who shall be a consumer or consumer
1249 advocate; one appointed by the minority leader of the Senate, who
1250 shall be a pharmacist or a health care provider utilizing electronic
1251 health information exchange; and one appointed by the minority
1252 leader of the House of Representatives, who shall be a large employer
1253 or a representative of a business group. The Secretary of the Office of
1254 Policy and Management and the Healthcare Advocate, or their
1255 designees, shall be ex-officio, nonvoting members of the board. The
1256 Commissioner of Public Health, or his or her designee, shall serve as
1257 the chairperson of the board.

1258 (2) All initial appointments to the board shall be made on or before
1259 October 1, 2010. The initial term for the board members appointed by
1260 the Governor shall be for four years. The initial term for board
1261 members appointed by the speaker of the House of Representatives
1262 and the majority leader of the House of Representatives shall be for
1263 three years. The initial term for board members appointed by the
1264 minority leader of the House of Representatives and the minority
1265 leader of the Senate shall be for two years. The initial term for the
1266 board members appointed by the president pro tempore of the Senate
1267 and the majority leader of the Senate shall be for one year. Terms shall
1268 expire on September thirtieth of each year in accordance with the
1269 provisions of this subsection. Any vacancy shall be filled by the
1270 appointing authority for the balance of the unexpired term. Other than
1271 an initial term, a board member shall serve for a term of four years. No

1272 board member, including initial board members, may serve for more
1273 than two terms. Any member of the board may be removed by the
1274 appropriate appointing authority for misfeasance, malfeasance or
1275 wilful neglect of duty.

1276 (3) The chairperson shall schedule the first meeting of the board,
1277 which shall be held not later than November 1, 2010.

1278 (4) Any member appointed to the board who fails to attend three
1279 consecutive meetings or who fails to attend fifty per cent of all
1280 meetings held during any calendar year shall be deemed to have
1281 resigned from the board.

1282 (5) Notwithstanding any provision of the general statutes, it shall
1283 not constitute a conflict of interest for a trustee, director, partner,
1284 officer, stockholder, proprietor, counsel or employee of any person,
1285 firm or corporation to serve as a board member, provided such trustee,
1286 director, partner, officer, stockholder, proprietor, counsel or employee
1287 shall abstain from deliberation, action or vote by the board in specific
1288 respect to such person, firm or corporation. All members shall be
1289 deemed public officials and shall adhere to the code of ethics for public
1290 officials set forth in chapter 10.

1291 (6) Board members shall receive no compensation for their services,
1292 but shall receive actual and necessary expenses incurred in the
1293 performance of their official duties.

1294 (d) The board shall select and appoint a chief executive officer who
1295 shall be responsible for administering the authority's programs and
1296 activities in accordance with policies and objectives established by the
1297 board. The chief executive officer shall serve at the pleasure of the
1298 board and shall receive such compensation as shall be determined by
1299 the board. The chief executive officer (1) may employ such other
1300 employees as shall be designated by the board of directors; and (2)
1301 shall attend all meetings of the board, keep a record of all proceedings
1302 and maintain and be custodian of all books, documents and papers
1303 filed with the authority and of the minute book of the authority.

1304 (e) The board shall direct the authority regarding: (1)
1305 Implementation and periodic revisions of the health information
1306 technology plan submitted in accordance with the provisions of
1307 section 74 of public act 09-232, including the implementation of an
1308 integrated state-wide electronic health information infrastructure for
1309 the sharing of electronic health information among health care
1310 facilities, health care professionals, public and private payors, state and
1311 federal agencies and patients; (2) appropriate protocols for health
1312 information exchange; and (3) electronic data standards to facilitate the
1313 development of a state-wide integrated electronic health information
1314 system, as defined in subsection (a) of section 19a-25d, for use by
1315 health care providers and institutions that receive state funding. Such
1316 electronic data standards shall: (A) Include provisions relating to
1317 security, privacy, data content, structures and format, vocabulary and
1318 transmission protocols; (B) limit the use and dissemination of an
1319 individual's Social Security number and require the encryption of any
1320 Social Security number provided by an individual; (C) require privacy
1321 standards no less stringent than the "Standards for Privacy of
1322 Individually Identifiable Health Information" established under the
1323 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
1324 191, as amended from time to time, and contained in 45 CFR 160, 164;
1325 (D) require that individually identifiable health information be secure
1326 and that access to such information be traceable by an electronic audit
1327 trail; (E) be compatible with any national data standards in order to
1328 allow for interstate interoperability, as defined in subsection (a) of
1329 section 19a-25d; (F) permit the collection of health information in a
1330 standard electronic format, as defined in subsection (a) of section 19a-
1331 25d; and (G) be compatible with the requirements for an electronic
1332 health information system, as defined in subsection (a) of section 19a-
1333 25d.

1334 (f) Applications for grants from the authority shall be made on a
1335 form prescribed by the board. The board shall review applications and
1336 decide whether to award a grant. The board may consider, as a
1337 condition for awarding a grant, the potential grantee's financial

1338 participation and any other factors it deems relevant.

1339 (g) The board may consult with such parties, public or private, as it
1340 deems desirable in exercising its duties under this section.

1341 (h) The board shall establish an advisory committee on patient
1342 privacy and security. All members of such advisory committee shall be
1343 appointed by the chairperson of the board, provided any such
1344 appointed member shall have expertise in the field of privacy, health
1345 data security or patient rights. Appointed members of the advisory
1346 committee shall include, but not be limited to, a representative from a
1347 nonprofit research and educational organization dedicated to
1348 improving access to health care, a representative from a patient
1349 advocacy group, an ethicist, an attorney with expertise in health
1350 information technology and the protections set forth in the Health
1351 Insurance Portability and Accountability Act of 1996, P.L. 104-191
1352 (HIPAA), the chief information officer of a hospital, an insurer or
1353 representative of a health plan and a primary care physician, engaged
1354 in active practice, who utilizes electronic health records. The advisory
1355 committee shall monitor developments in federal law concerning
1356 patient privacy and security relating to health information technology
1357 and shall report to the board on national and regional trends and
1358 federal policies and guidance set forth in this area. The board shall
1359 include information supplied by the advisory committee in the report
1360 submitted by the board pursuant to subsection (i) of this section. The
1361 chairperson of the advisory committee shall be appointed by the
1362 Lieutenant Governor from among the membership.

1363 (i) Not later than February 1, 2011, and annually thereafter until
1364 February 1, 2016, the chief executive officer of the authority shall
1365 report, in accordance with section 11-4a, to the Governor and the
1366 General Assembly on (1) any private or federal funds received during
1367 the preceding year and, if applicable, how such funds were expended,
1368 (2) the amount and recipients of grants awarded, [and] (3) the current
1369 status of health information exchange and health information
1370 technology in the state, and (4) the development of privacy practices

1371 and procedures to notify patients concerning the collection of patient
1372 health information and use of such information in the state-wide
1373 health information exchange, as described in section 19a-754.

1374 Sec. 532. Subsection (b) of section 20-12i of the 2012 supplement to
1375 the general statutes is repealed and the following is substituted in lieu
1376 thereof (*Effective from passage*):

1377 (b) Notwithstanding the provisions of this section or sections 20-
1378 74bb and 20-74ee, nothing shall prohibit a physician assistant who is
1379 engaging in the use of fluoroscopy for guidance of diagnostic and
1380 therapeutic procedures or positioning and utilizing a mini C-arm in
1381 conjunction with fluoroscopic procedures prior to October 1, 2011,
1382 from continuing to engage in such procedures, or require the physician
1383 assistant to complete the course or supervised clinical experience
1384 described in subsection (a) of this section, provided such physician
1385 assistant shall pass the examination prescribed by the commissioner on
1386 or before [July] September 1, 2012. If a physician assistant does not
1387 pass the required examination on or before [July] September 1, 2012,
1388 such physician assistant shall not engage in the use of fluoroscopy for
1389 guidance of diagnostic and therapeutic procedures or position and
1390 utilize a mini C-arm in conjunction with fluoroscopic procedures until
1391 such time as such physician assistant meets the requirements of
1392 subsection (a) of this section.

1393 Sec. 533. Subsection (a) of section 20-94a of the 2012 supplement to
1394 the general statutes is repealed and the following is substituted in lieu
1395 thereof (*Effective October 1, 2012*):

1396 (a) The Department of Public Health may issue an advanced
1397 practice registered nurse license to a person seeking to perform the
1398 activities described in subsection (b) of section 20-87a, upon receipt of
1399 a fee of two hundred dollars, to an applicant who: (1) Maintains a
1400 license as a registered nurse in this state, as provided by section 20-93
1401 or 20-94; (2) holds and maintains current certification as a nurse
1402 practitioner, a clinical nurse specialist or a nurse anesthetist from one

1403 of the following national certifying bodies that certify nurses in
 1404 advanced practice: The American Nurses' Association, the Nurses'
 1405 Association of the American College of Obstetricians and
 1406 Gynecologists Certification Corporation, the National Board of
 1407 Pediatric Nurse Practitioners and Associates or the American
 1408 Association of Nurse Anesthetists, their successors or other
 1409 appropriate national certifying bodies approved by the Board of
 1410 Examiners for Nursing; (3) has completed thirty hours of education in
 1411 pharmacology for advanced nursing practice; and (4) [if first certified
 1412 by one of the foregoing certifying bodies after December 31, 1994,] (A)
 1413 holds a graduate degree in nursing or in a related field recognized for
 1414 certification as either a nurse practitioner, a clinical nurse specialist, or
 1415 a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i)
 1416 on or before December 31, 2004 completed an advanced nurse
 1417 practitioner program that a national certifying body identified in
 1418 subdivision (2) of subsection (a) of this section recognized for
 1419 certification of a nurse practitioner, clinical nurse specialist, or nurse
 1420 anesthetist, and (ii) at the time of application, holds a current license as
 1421 an advanced practice registered nurse in another state that requires a
 1422 master's degree in nursing or a related field for such licensure. No
 1423 license shall be issued under this section to any applicant against
 1424 whom professional disciplinary action is pending or who is the subject
 1425 of an unresolved complaint."

This act shall take effect as follows and shall amend the following sections:		
Sec. 20	<i>October 1, 2012</i>	New section
Sec. 501	<i>October 1, 2012</i>	52-146o
Sec. 502	<i>October 1, 2012</i>	19a-6k(d)
Sec. 503	<i>October 1, 2012</i>	20-126c(b)
Sec. 504	<i>from passage</i>	20-74s(d)
Sec. 505	<i>from passage</i>	38a-492i(c)
Sec. 506	<i>from passage</i>	38a-518i(c)
Sec. 507	<i>October 1, 2012</i>	10-221a(e)
Sec. 508	<i>October 1, 2012</i>	10a-155(a)
Sec. 509	<i>October 1, 2012</i>	10a-155a

Sec. 510	<i>October 1, 2012</i>	10a-155b(a)
Sec. 511	<i>October 1, 2012</i>	12-94
Sec. 512	<i>October 1, 2012</i>	12-129c(a)
Sec. 513	<i>October 1, 2012</i>	12-170f(a)
Sec. 514	<i>October 1, 2012</i>	12-170w(a)
Sec. 515	<i>October 1, 2012</i>	12-170aa(f)
Sec. 516	<i>October 1, 2012</i>	16-262c(b)(1)
Sec. 517	<i>October 1, 2012</i>	16-262d(b)
Sec. 518	<i>October 1, 2012</i>	31-12(a)
Sec. 519	<i>October 1, 2012</i>	31-13(a)
Sec. 520	<i>October 1, 2012</i>	31-18(a)
Sec. 521	<i>October 1, 2012</i>	31-235(c)(1)
Sec. 522	<i>October 1, 2012</i>	31-308(a)
Sec. 523	<i>October 1, 2012</i>	31-51rr(b)
Sec. 524	<i>October 1, 2012</i>	38a-457(a)(1)
Sec. 525	<i>October 1, 2012</i>	38a-465g
Sec. 526	<i>October 1, 2012</i>	38a-477(b) and (c)
Sec. 527	<i>October 1, 2012</i>	25-32(n)
Sec. 528	<i>October 1, 2012</i>	20-206bb
Sec. 529	<i>October 1, 2012</i>	New section
Sec. 530	<i>October 1, 2012</i>	17b-274d
Sec. 531	<i>from passage</i>	19a-750
Sec. 532	<i>from passage</i>	20-12i(b)
Sec. 533	<i>October 1, 2012</i>	20-94a(a)