



General Assembly

Amendment

February Session, 2012

LCO No. 4569

HB0551404569HDO

Offered by:

REP. RITTER E., 38th Dist.
SEN. GERRATANA, 6th Dist.
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REP. LYDDY, 106th Dist.

To: Subst. House Bill No. 5514

File No. 451

Cal. No. 348

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

1 Strike line 496 in its entirety, and insert the following in lieu thereof:

2 "shall (1) (A) provide and maintain in a central location that is not
3 more than one-quarter mile from the premises"

4 After the last section, add the following and renumber sections and
5 internal references accordingly:

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 Section 52-146o of the general statutes is repealed and the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

8 (a) Except as provided in sections 52-146c to 52-146j, inclusive,
9 sections 52-146p, 52-146q, 52-146s and subsection (b) of this section, in
10 any civil action or any proceeding preliminary thereto or in any
11 probate, legislative or administrative proceeding, a [physician or

12 surgeon] provider, as defined in subsection (b) of section 20-7b, shall
13 not disclose (1) any communication made to [him] the provider by, or
14 any information obtained by [him] the provider from, a patient or the
15 conservator or guardian of a patient with respect to any actual or
16 supposed physical or mental disease or disorder, or (2) any
17 information obtained by personal examination of a patient, unless the
18 patient or [his] the patient's authorized representative explicitly
19 consents to such disclosure.

20 (b) Consent of the patient or [his] the patient's authorized
21 representative shall not be required for the disclosure of such
22 communication or information (1) pursuant to any statute or
23 regulation of any state agency or the rules of court, (2) by a [physician,
24 surgeon or other licensed health care] provider, as defined in
25 subsection (b) of section 20-7b, against whom a claim has been made,
26 or there is a reasonable belief will be made, in such action or
27 proceeding, to [his] the provider's attorney or professional liability
28 insurer or such insurer's agent for use in the defense of such action or
29 proceeding, (3) to the Commissioner of Public Health for [records of a
30 patient of a physician, surgeon or health care provider] a provider's
31 records in connection with an investigation of a complaint, if such
32 records are related to the complaint, or (4) if child abuse, abuse of an
33 elderly individual, abuse of an individual who is physically disabled
34 or incompetent or abuse of an individual with intellectual disability is
35 known or in good faith suspected.

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

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

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

48 (b) Except as otherwise provided in this section, [for registration
49 periods beginning on and after October 1, 2007,] a licensee applying
50 for license renewal shall earn a minimum of twenty-five contact hours
51 of continuing education within the preceding twenty-four-month
52 period. Such continuing education shall (1) be in an area of the
53 licensee's practice; (2) reflect the professional needs of the licensee in
54 order to meet the health care needs of the public; and (3) include [the
55 topics required pursuant to this subdivision. For registration periods
56 ending on or before September 30, 2011, such topics shall include at
57 least one contact hour of training or education in each of the following
58 topics: (A) Infectious diseases, including, but not limited to, acquired
59 immune deficiency syndrome and human immunodeficiency virus, (B)
60 access to care, (C) risk management, (D) care of special needs patients,
61 and (E) domestic violence, including sexual abuse] not less than one
62 contact hour of training or education in any five of the ten mandatory
63 topics for continuing education activities prescribed by the
64 commissioner pursuant to this subdivision. For registration periods
65 beginning on and after October 1, 2011, the Commissioner of Public
66 Health, in consultation with the Dental Commission, shall on or before
67 October 1, 2010, and biennially thereafter, issue a list that includes [not
68 more than five] ten mandatory topics for continuing education
69 activities that will be required for the following two-year registration
70 period. Qualifying continuing education activities include, but are not
71 limited to, courses, including on-line courses, offered or approved by
72 the American Dental Association or state, district or local dental
73 associations and societies affiliated with the American Dental
74 Association; national, state, district or local dental specialty
75 organizations or the American Academy of General Dentistry; a
76 hospital or other health care institution; dental schools and other
77 schools of higher education accredited or recognized by the Council on
78 Dental Accreditation or a regional accrediting organization; agencies

79 or businesses whose programs are accredited or recognized by the
80 Council on Dental Accreditation; local, state or national medical
81 associations; a state or local health department; or the Accreditation
82 Council for Graduate Medical Education. Eight hours of volunteer
83 dental practice at a public health facility, as defined in section 20-126l,
84 may be substituted for one contact hour of continuing education, up to
85 a maximum of ten contact hours in one twenty-four-month period.

86 Sec. 504. Subsection (d) of section 20-74s of the general statutes is
87 repealed and the following is substituted in lieu thereof (*Effective from*
88 *passage*):

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

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

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

111 additional training in pain management.

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

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

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

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

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

135 (a) Each institution of higher education shall require each full-time
136 or matriculating student born after December 31, 1956, to provide
137 proof of adequate immunization against measles, rubella and on and
138 after August 1, 2010, to provide proof of adequate immunization
139 against mumps and varicella as recommended by the national
140 Advisory Committee for Immunization Practices before permitting
141 such student to enroll in such institution. Any such student who (1)

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

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

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

174 Sec. 510. Subsection (a) of section 10a-155b of the general statutes is

175 repealed and the following is substituted in lieu thereof (*Effective*
176 *October 1, 2012*):

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

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

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

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

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

220 (a) No claim shall be accepted under section 12-129b unless the
221 taxpayer or authorized agent of such taxpayer files an application with
222 the assessor of the municipality in which the property is located, in
223 affidavit form as provided by the Secretary of the Office of Policy and
224 Management, during the period from February first to and including
225 May fifteenth of any year in which benefits are first claimed, including
226 such information as is necessary to substantiate said claim in
227 accordance with requirements in such application. A taxpayer may
228 make application to the secretary prior to August fifteenth of the claim
229 year for an extension of the application period. The secretary may
230 grant such extension in the case of extenuating circumstance due to
231 illness or incapacitation as evidenced by a [physician's] certificate
232 signed by a physician or an advanced practice registered nurse to that
233 extent, or if the secretary determines there is good cause for doing so.
234 The taxpayer shall present to the assessor a copy of such taxpayer's
235 federal income tax return and the federal income tax return of such
236 taxpayer's spouse, if filed separately, for such taxpayer's taxable year
237 ending immediately prior to the submission of the taxpayer's
238 application, or if not required to file a federal income tax return, such
239 other evidence of qualifying income in respect to such taxable year as
240 the assessor may require. Each such application, together with the
241 federal income tax return and any other information submitted in

242 relation thereto, shall be examined by the assessor and if the
243 application is approved by the assessor, it shall be forwarded to the
244 secretary on or before July first of the year in which such application is
245 approved, except that in the case of a taxpayer who received a filing
246 date extension from the secretary, such application shall be forwarded
247 to the secretary not later than ten business days after the date it is filed
248 with the assessor. After a taxpayer's claim for the first year has been
249 filed and approved such taxpayer shall be required to file such an
250 application biennially. In respect to such application required after the
251 filing and approval for the first year the tax assessor in each
252 municipality shall notify each such taxpayer concerning application
253 requirements by regular mail not later than February first of the
254 assessment year in which such taxpayer is required to reapply,
255 enclosing a copy of the required application form. Such taxpayer may
256 submit such application to the assessor by mail, provided it is received
257 by the assessor not later than March fifteenth in the assessment year
258 with respect to which such tax relief is claimed. Not later than April
259 first of such year the assessor shall notify, by certified mail, any such
260 taxpayer for whom such application was not received by said March
261 fifteenth concerning application requirements and such taxpayer shall
262 be required not later than May fifteenth to submit such application
263 personally or for reasonable cause, by a person acting on behalf of such
264 taxpayer as approved by the assessor.

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

268 (a) Any renter, believing himself or herself to be entitled to a grant
269 under section 12-170d for any calendar year, shall make application for
270 such grant to the assessor of the municipality in which the renter
271 resides or to the duly authorized agent of such assessor or
272 municipality on or after May fifteenth and not later than September
273 fifteenth of each year with respect to such grant for the calendar year
274 preceding each such year, on a form prescribed and furnished by the
275 Secretary of the Office of Policy and Management to the assessor. A

276 renter may make application to the secretary prior to December
277 fifteenth of the claim year for an extension of the application period.
278 The secretary may grant such extension in the case of extenuating
279 circumstance due to illness or incapacitation as evidenced by a
280 [physician's] certificate signed by a physician or an advanced practice
281 registered nurse to that extent, or if the secretary determines there is
282 good cause for doing so. A renter making such application shall
283 present to such assessor or agent, in substantiation of the renter's
284 application, a copy of the renter's federal income tax return, and if not
285 required to file a federal income tax return, such other evidence of
286 qualifying income, receipts for money received, or cancelled checks, or
287 copies thereof, and any other evidence the assessor or such agent may
288 require. When the assessor or agent is satisfied that the applying renter
289 is entitled to a grant, such assessor or agent shall issue a certificate of
290 grant, in triplicate, in such form as the secretary may prescribe and
291 supply showing the amount of the grant due. The assessor or agent
292 shall forward the original copy and attached application to the
293 secretary not later than the last day of the month following the month
294 in which the renter has made application. On or after December 1,
295 1989, any municipality which neglects to transmit to the secretary the
296 claim and supporting applications as required by this section shall
297 forfeit two hundred fifty dollars to the state, provided said secretary
298 may waive such forfeiture in accordance with procedures and
299 standards adopted by regulation in accordance with chapter 54. A
300 duplicate of such certificate with a copy of the application attached
301 shall be delivered to the renter and the assessor or agent shall keep the
302 third copy of such certificate and a copy of the application. After the
303 secretary's review of each claim, pursuant to section 12-120b, and
304 verification of the amount of the grant the secretary shall, not later
305 than September thirtieth of each year prepare a list of certificates
306 approved for payment, and shall thereafter supplement such list
307 monthly. Such list and any supplements thereto shall be approved for
308 payment by the secretary and shall be forwarded by the secretary to
309 the Comptroller, not later than ninety days after receipt of such
310 applications and certificates of grant from the assessor or agent, and

311 the Comptroller shall draw an order on the Treasurer, not later than
312 fifteen days following, in favor of each person on such list and on
313 supplements to such list in the amount of such person's claim and the
314 Treasurer shall pay such amount to such person, not later than fifteen
315 days following. Any claimant aggrieved by the results of the
316 secretary's review shall have the rights of appeal as set forth in section
317 12-120b. Applications filed under this section shall not be open for
318 public inspection. Any person who, for the purpose of obtaining a
319 grant under section 12-170d, wilfully fails to disclose all matters
320 related thereto or with intent to defraud makes false statement shall be
321 fined not more than five hundred dollars.

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

325 (a) No claim shall be accepted under section 12-170v unless the
326 taxpayer or authorized agent of such taxpayer files an application with
327 the assessor of the municipality in which the property is located, in
328 such form and manner as the assessor may prescribe, during the
329 period from February first to and including May fifteenth of any year
330 in which benefits are first claimed, including such information as is
331 necessary to substantiate such claim in accordance with requirements
332 in such application. A taxpayer may make application to the assessor
333 prior to August fifteenth of the claim year for an extension of the
334 application period. The assessor may grant such extension in the case
335 of extenuating circumstance due to illness or incapacitation as
336 evidenced by a [physician's] certificate signed by a physician or an
337 advanced practice registered nurse to that extent, or if the assessor
338 determines there is good cause for doing so. The taxpayer shall present
339 to the assessor a copy of such taxpayer's federal income tax return and
340 the federal income tax return of such taxpayer's spouse, if filed
341 separately, for such taxpayer's taxable year ending immediately prior
342 to the submission of the taxpayer's application, or if not required to file
343 a federal income tax return, such other evidence of qualifying income
344 in respect to such taxable year as the assessor may require. Each such

345 application, together with the federal income tax return and any other
346 information submitted in relation thereto, shall be examined by the
347 assessor and a determination shall be made as to whether the
348 application is approved. Upon determination by the assessor that the
349 applying homeowner is entitled to tax relief in accordance with the
350 provisions of section 12-170v and this section, the assessor shall notify
351 the homeowner and the municipal tax collector of the approval of such
352 application. The municipal tax collector shall determine the maximum
353 amount of the tax due with respect to such homeowner's residence and
354 thereafter the property tax with respect to such homeowner's residence
355 shall not exceed such amount. After a taxpayer's claim for the first year
356 has been filed and approved such taxpayer shall file such an
357 application biennially. In respect to such application required after the
358 filing and approval for the first year the assessor in each municipality
359 shall notify each such taxpayer concerning application requirements
360 by regular mail not later than February first of the assessment year in
361 which such taxpayer is required to reapply, enclosing a copy of the
362 required application form. Such taxpayer may submit such application
363 to the assessor by mail provided it is received by the assessor not later
364 than March fifteenth in the assessment year with respect to which such
365 tax relief is claimed. Not later than April first of such year the assessor
366 shall notify, by certified mail, any such taxpayer for whom such
367 application was not received by said March fifteenth concerning
368 application requirements and such taxpayer shall submit not later than
369 May fifteenth such application personally or for reasonable cause, by a
370 person acting on behalf of such taxpayer as approved by the assessor.

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

374 (f) Any homeowner, believing such homeowner is entitled to tax
375 reduction benefits under this section for any assessment year, shall
376 make application as required in subsection (e) of this section, to the
377 assessor of the municipality in which the homeowner resides, for such
378 tax reduction at any time from February first to and including May

379 fifteenth of the year in which tax reduction is claimed. A homeowner
380 may make application to the secretary prior to August fifteenth of the
381 claim year for an extension of the application period. The secretary
382 may grant such extension in the case of extenuating circumstance due
383 to illness or incapacitation as evidenced by a [physician's] certificate
384 signed by a physician or an advanced practice registered nurse to that
385 extent, or if the secretary determines there is good cause for doing so.
386 Such application for tax reduction benefits shall be submitted on a
387 form prescribed and furnished by the secretary to the assessor. In
388 making application the homeowner shall present to such assessor, in
389 substantiation of such homeowner's application, a copy of such
390 homeowner's federal income tax return, including a copy of the Social
391 Security statement of earnings for such homeowner, and that of such
392 homeowner's spouse, if filed separately, for such homeowner's taxable
393 year ending immediately prior to the submission of such application,
394 or if not required to file a return, such other evidence of qualifying
395 income in respect to such taxable year as may be required by the
396 assessor. When the assessor is satisfied that the applying homeowner
397 is entitled to tax reduction in accordance with this section, such
398 assessor shall issue a certificate of credit, in such form as the secretary
399 may prescribe and supply showing the amount of tax reduction
400 allowed. A duplicate of such certificate shall be delivered to the
401 applicant and the tax collector of the municipality and the assessor
402 shall keep the fourth copy of such certificate and a copy of the
403 application. Any homeowner who, for the purpose of obtaining a tax
404 reduction under this section, wilfully fails to disclose all matters
405 related thereto or with intent to defraud makes false statement shall
406 refund all property tax credits improperly taken and shall be fined not
407 more than five hundred dollars. Applications filed under this section
408 shall not be open for public inspection.

409 Sec. 516. Subdivision (1) of subsection (b) of section 16-262c of the
410 2012 supplement to the general statutes is repealed and the following
411 is substituted in lieu thereof (*Effective October 1, 2012*):

412 (b) (1) From November first to May first, inclusive, no electric or

413 electric distribution company, as defined in section 16-1, no electric
414 supplier and no municipal utility furnishing electricity shall terminate,
415 deny or refuse to reinstate residential electric service in hardship cases
416 where the customer lacks the financial resources to pay his or her
417 entire account. From November first to May first, inclusive, no gas
418 company and no municipal utility furnishing gas shall terminate, deny
419 or refuse to reinstate residential gas service in hardship cases where
420 the customer uses such gas for heat and lacks the financial resources to
421 pay his or her entire account, except a gas company that, between May
422 second and October thirty-first, terminated gas service to a residential
423 customer who uses gas for heat and who, during the previous period
424 of November first to May first, had gas service maintained because of
425 hardship status, may refuse to reinstate the gas service from November
426 first to May first, inclusive, only if the customer has failed to pay, since
427 the preceding November first, the lesser of: (A) Twenty per cent of the
428 outstanding principal balance owed the gas company as of the date of
429 termination, (B) one hundred dollars, or (C) the minimum payments
430 due under the customer's amortization agreement. Notwithstanding
431 any other provision of the general statutes to the contrary, no electric,
432 electric distribution or gas company, no electric supplier and no
433 municipal utility furnishing electricity or gas shall terminate, deny or
434 refuse to reinstate residential electric or gas service where the customer
435 lacks the financial resources to pay his or her entire account and for
436 which customer or a member of the customer's household the
437 termination, denial of or failure to reinstate such service would create a
438 life-threatening situation. No electric, electric distribution or gas
439 company, no electric supplier and no municipal utility furnishing
440 electricity or gas shall terminate, deny or refuse to reinstate residential
441 electric or gas service where the customer is a hardship case and lacks
442 the financial resources to pay his or her entire account and a child not
443 more than twenty-four months old resides in the customer's household
444 and such child has been admitted to the hospital and received
445 discharge papers on which the attending physician or an advanced
446 practice registered nurse has indicated such service is a necessity for
447 the health and well being of such child.

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

451 (b) No such company, electric supplier or municipal utility shall
452 effect termination of service for nonpayment during such time as any
453 resident of a dwelling to which such service is furnished is seriously ill,
454 if the fact of such serious illness is certified to such company, electric
455 supplier or municipal utility by a registered physician or an advanced
456 practice registered nurse within such period of time after the mailing
457 of a termination notice pursuant to subsection (a) of this section as the
458 Public Utilities Regulatory Authority may by regulation establish,
459 provided the customer agrees to amortize the unpaid balance of his
460 account over a reasonable period of time and keeps current his account
461 for utility service as charges accrue in each subsequent billing period.

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

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

479 Sec. 519. Subsection (a) of section 31-13 of the general statutes is

480 repealed and the following is substituted in lieu thereof (*Effective*
481 *October 1, 2012*):

482 (a) None of the following persons under the conditions hereinafter
483 described shall be employed in any mercantile establishment more
484 than eight hours in any one day, or more than six days in any one
485 calendar week or more than forty-eight hours in any one calendar
486 week: (1) Persons under the age of eighteen years who are not enrolled
487 in and have not graduated from a secondary educational institution;
488 (2) persons sixty-six years of age or older, except with their consent; (3)
489 handicapped persons, so designated by medical or governmental
490 authority, except with their consent and after certification by a
491 physician or an advanced practice registered nurse that the extended
492 hours of work will not be injurious to their health; (4) disabled
493 veterans, as defined under state or federal law, except with their
494 consent and after certification by a physician or an advanced practice
495 registered nurse that the extended hours of work will not be injurious
496 to their health; but any such person may be permitted to work in any
497 such establishment one day in any calendar week for not more than
498 ten hours, for the purpose of making one shorter day during such
499 week, and any employer who, during any year, gives not fewer than
500 seven holidays with pay shall be exempt from the foregoing provisions
501 hereof during the period from the eighteenth to the twenty-fifth day of
502 December of such year.

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

506 (a) No public restaurant, cafe, dining room, barber shop,
507 hairdressing or manicuring establishment, amusement or recreational
508 establishment, bowling alley, shoe-shining establishment, billiard or
509 pool room or photograph gallery shall employ or permit to work any
510 person under eighteen years of age (1) between the hours of ten o'clock
511 in the evening and six o'clock in the morning, or any of the persons
512 described below under conditions herein set forth more than nine

513 hours in any day: (A) Persons sixty-six years of age or older, except
514 with their consent; (B) handicapped persons, so designated by medical
515 or governmental authority, except with their consent and after
516 certification by a physician or an advanced practice registered nurse
517 that the extended hours of work will not be injurious to their health;
518 (C) disabled veterans, as defined under state or federal law, except
519 with their consent and after certification by a physician or an advanced
520 practice registered nurse that the extended hours of work will not be
521 injurious to their health; provided any such person may be permitted
522 to work in any such establishment one day in a week for not more than
523 ten hours on such day, but not more than six days or forty-eight hours
524 in any one week, and provided further, persons between sixteen and
525 eighteen years of age may be employed in any amusement or
526 recreational establishment, restaurant, cafe or dining room, or
527 employed in any theater until twelve o'clock midnight unless such
528 persons are regularly attending school in which case such minors may
529 be employed until eleven o'clock in the evening on days which precede
530 a regularly scheduled school day and until twelve o'clock midnight
531 during any regular school vacation season and on days which do not
532 precede a regularly scheduled school day, and (2) more than (A) six
533 hours in any regularly scheduled school day unless the regularly
534 scheduled school day immediately precedes a nonschool day or eight
535 hours in any other day, and (B) thirty-two hours in any calendar week
536 during which the school in which such person is enrolled is in session
537 or forty-eight hours in any other calendar week during which the
538 school in which such person is enrolled is not in session.
539 Notwithstanding any provision of this section, the number of hours
540 such person participates in a work experience that is part of an
541 approved educational plan, cooperative program or school-to-work
542 program shall not be counted against the daily or weekly limits set
543 forth in this section.

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

547 (c) (1) Notwithstanding the provisions of subsection (a) or (b) of this
548 section, an unemployed individual may limit such individual's
549 availability for work to part-time employment, provided the
550 individual (A) provides documentation from a licensed physician or
551 an advanced practice registered nurse that (i) the individual has a
552 physical or mental impairment that is chronic or is expected to be long-
553 term or permanent in nature, and (ii) the individual is unable to work
554 full-time because of such impairment, and (B) establishes, to the
555 satisfaction of the administrator, that such limitation does not
556 effectively remove such individual from the labor force.

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

560 (a) If any injury for which compensation is provided under the
561 provisions of this chapter results in partial incapacity, the injured
562 employee shall be paid a weekly compensation equal to seventy-five
563 per cent of the difference between the wages currently earned by an
564 employee in a position comparable to the position held by the injured
565 employee before his injury, after such wages have been reduced by
566 any deduction for federal or state taxes, or both, and for the federal
567 Insurance Contributions Act in accordance with section 31-310, and the
568 amount he is able to earn after the injury, after such amount has been
569 reduced by any deduction for federal or state taxes, or both, and for
570 the federal Insurance Contributions Act in accordance with section 31-
571 310, except that when (1) the physician or the advanced practice
572 registered nurse attending an injured employee certifies that the
573 employee is unable to perform his usual work but is able to perform
574 other work, (2) the employee is ready and willing to perform other
575 work in the same locality and (3) no other work is available, the
576 employee shall be paid his full weekly compensation subject to the
577 provisions of this section. Compensation paid under this subsection
578 shall not be more than one hundred per cent, raised to the next even
579 dollar, of the average weekly earnings of production and related
580 workers in manufacturing in the state, as determined in accordance

581 with the provisions of section 31-309, and shall continue during the
582 period of partial incapacity, but no longer than five hundred twenty
583 weeks. If the employer procures employment for an injured employee
584 that is suitable to his capacity, the wages offered in such employment
585 shall be taken as the earning capacity of the injured employee during
586 the period of the employment.

587 Sec. 523. Subsection (b) of section 31-51rr of the general statutes is
588 repealed and the following is substituted in lieu thereof (*Effective*
589 *October 1, 2012*):

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

599 Sec. 524. Subdivision (1) of subsection (a) of section 38a-457 of the
600 2012 supplement to the general statutes is repealed and the following
601 is substituted in lieu thereof (*Effective October 1, 2012*):

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

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

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

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

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

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

634 (c) Prior to or at the time of execution of the settlement contract, the
635 provider shall obtain a witnessed document in which the owner
636 consents to the settlement contract, represents that the owner has a full
637 and complete understanding of the settlement contract, that the owner
638 has a full and complete understanding of the benefits of the policy,
639 acknowledges that the owner is entering into the settlement contract
640 freely and voluntarily and, for persons with a terminal or chronic
641 illness or condition, acknowledges that the insured has a terminal or
642 chronic illness or condition and that the terminal or chronic illness or
643 condition was diagnosed after the life insurance policy was issued.

644 (d) If a broker or life insurance producer performs any of the

645 activities required of the provider under this section, the provider shall
646 be deemed to have fulfilled the requirements of this section.

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

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

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

660 (h) Each life settlement contract entered into in this state shall
661 provide that the owner may rescind the contract not later than fifteen
662 days from the date it is executed by all parties thereto. Such rescission
663 exercised by the owner shall be effective only if both notice of
664 rescission is given to the provider and the owner repays all proceeds
665 and any premiums, loans and loan interest paid by the provider within
666 the rescission period. A failure to provide written notice of the right of
667 rescission shall toll the period of such right until thirty days after the
668 written notice of the right of rescission has been given. If the insured
669 dies during the rescission period, the contract shall be deemed to have
670 been rescinded, subject to repayment by the owner or the owner's
671 estate of all proceeds and any premiums, loans and loan interest to the
672 provider.

673 (i) Not later than three business days after the date the provider
674 receives the documents from the owner to effect the transfer of the
675 insurance policy, the provider shall pay or transfer the proceeds of the
676 settlement into an escrow or trust account managed by a trustee or

677 escrow agent in a state or federally-chartered financial institution
678 whose deposits are insured by the Federal Deposit Insurance
679 Corporation. Not later than three business days after receiving
680 acknowledgment of the transfer of the insurance policy from the issuer
681 of the policy, said trustee or escrow agent shall pay the settlement
682 proceeds to the owner.

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

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

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

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

704 (1) The policy was issued upon the owner's exercise of conversion
705 rights arising out of a group or individual policy, provided the total of
706 the time covered under the conversion policy plus the time covered
707 under the prior policy is not less than twenty-four months. The time
708 covered under a group policy must be calculated without regard to a

709 change in insurance carriers, provided the coverage has been
710 continuous and under the same group sponsorship; or

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

728 (n) Copies of the independent evidence required by subdivision (2)
729 of subsection (m) of this section shall be submitted to the insurer when
730 the provider submits a request to the insurer for verification of
731 coverage. The copies shall be accompanied by a letter of attestation
732 from the provider that the copies are true and correct copies of the
733 documents received by the provider. Nothing in this section shall
734 prohibit an insurer from exercising its right to contest the validity of
735 any policy.

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

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

745 (b) For any claim submitted to an insurer on the current standard
 746 Health Care Financing Administration Fifteen Hundred health
 747 insurance claim form or its successor, if the following information is
 748 completed and received by the insurer, the claim may not be deemed
 749 to be deficient in the information needed for filing a claim for
 750 processing pursuant to subparagraph (B) of subdivision (15) of section
 751 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 registered nurse or supplier with date
 T25 33 Physician's, advanced practice registered nurse's
 T26 or supplier's billing name,
 T27 address, zip code & telephone number

752 (c) For any claim submitted to an insurer on the current standard
 753 Health Care Financing Administration UB-92 health insurance claim
 754 form or its successor, if the following information is completed and
 755 received by the insurer, the claim may not be deemed to be deficient in
 756 the information needed for filing a claim for processing pursuant to
 757 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 identification</u>
T58		<u>number of the attending physician or advanced</u>
T59		<u>practice registered nurse</u>

758 Sec. 527. Subsection (n) of section 25-32 of the 2012 supplement to
 759 the general statutes is repealed and the following is substituted in lieu
 760 thereof (*Effective October 1, 2012*):

761 (n) (1) On and after the effective date of regulations adopted under
 762 this subsection, no person may operate any water treatment plant,
 763 water distribution system or small water system that treats or supplies
 764 water used or intended for use by the public, test any backflow
 765 prevention device, or perform a cross connection survey without a
 766 certificate issued by the commissioner under this subsection. The
 767 commissioner shall adopt regulations, in accordance with chapter 54,
 768 to provide: (A) Standards for the operation of such water treatment
 769 plants, water distribution systems and small water systems; (B)
 770 standards and procedures for the issuance of certificates to operators
 771 of such water treatment plants, water distribution systems and small
 772 water systems; (C) procedures for the renewal of such certificates
 773 every three years; (D) standards for training required for the issuance
 774 or renewal of a certificate; and (E) standards and procedures for the
 775 issuance and renewal of certificates to persons who test backflow
 776 prevention devices or perform cross connection surveys. Such
 777 regulations shall be consistent with applicable federal law and
 778 guidelines for operator certification programs promulgated by the
 779 United States Environmental Protection Agency. For purposes of this
 780 subsection, "small water system" means a public water system, as

781 defined in section 25-33d, that serves less than one thousand persons
782 and has no treatment or has only treatment that does not require any
783 chemical treatment, process adjustment, backwashing or media
784 regeneration by an operator.

785 (2) The commissioner may take any disciplinary action set forth in
786 section 19a-17, except for the assessment of a civil penalty under
787 subdivision (6) of subsection (a) of section 19a-17, against an operator,
788 a person who tests backflow prevention devices or a person who
789 performs cross connection surveys holding a certificate issued under
790 this subsection for any of the following reasons: (A) Fraud or material
791 deception in procuring a certificate, the renewal of a certificate or the
792 reinstatement of a certificate; (B) fraud or material deception in the
793 performance of the certified operator's professional activities; (C)
794 incompetent, negligent or illegal performance of the certified
795 operator's professional activities; (D) conviction of the certified
796 operator for a felony; or (E) failure of the certified operator to complete
797 the training required under subdivision (1) of this subsection.

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

815 small water system operator certificate, ninety-eight dollars; (ii) for a
816 backflow prevention device tester certificate, sixty-nine dollars; and
817 (iii) for a cross-connection survey inspector certificate, sixty-nine
818 dollars.

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

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

824 (b) Each person seeking licensure as an acupuncturist shall make
825 application on forms prescribed by the department, pay an application
826 fee of two hundred dollars and present to the department satisfactory
827 evidence that the applicant (1) has completed sixty semester hours, or
828 its equivalent, of postsecondary study in an institution of
829 postsecondary education that, if in the United States or its territories,
830 was accredited by a recognized regional accrediting body or, if outside
831 the United States or its territories, was legally chartered to grant
832 postsecondary degrees in the country in which located, (2) has
833 successfully completed a course of study in acupuncture in a program
834 that, at the time of graduation, was in candidate status with or
835 accredited by an accrediting agency recognized by the United States
836 Department of Education and included (A) for a person who
837 completed such course of study before October 1, 2012, a minimum of
838 one thousand three hundred fifty hours of didactic and clinical
839 training, five hundred of which were clinical, or (B) for a person who
840 completed such course of study on or after October 1, 2012, a
841 minimum of one thousand nine hundred five hours of didactic and
842 clinical training, six hundred sixty of which were clinical, (3) has
843 passed all portions of the National Certification Commission for
844 Acupuncture and Oriental Medicine examination required for
845 acupuncture certification or an examination prescribed by the
846 department, and (4) has successfully completed a course in clean
847 needle technique prescribed by the department. Any person

848 successfully completing the education, examination or training
849 requirements of this section in a language other than English shall be
850 deemed to have satisfied the requirement completed in that language.

851 (c) An applicant for licensure as an acupuncturist by endorsement
852 shall present evidence satisfactory to the commissioner of licensure or
853 certification as an acupuncturist, or as a person entitled to perform
854 similar services under a different designation, in another state or
855 jurisdiction whose requirements for practicing in such capacity are
856 equivalent to or higher than those of this state and that there are no
857 disciplinary actions or unresolved complaints pending. Any person
858 completing the requirements of this section in a language other than
859 English shall be deemed to have satisfied the requirements of this
860 section.

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

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

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

889 (2) Each licensee applying for license renewal pursuant to section
890 19a-88, except a licensee applying for a license renewal for the first
891 time, shall sign a statement attesting that he or she has satisfied the
892 certification or continuing education requirements described in
893 subdivision (1) of this subsection on a form prescribed by the
894 department. Each licensee shall retain records of attendance or
895 certificates of completion that demonstrate compliance with the
896 continuing education or certification requirements described in
897 subdivision (1) of this subsection for not less than five years following
898 the date on which the continuing education was completed or the
899 certification was renewed. Each licensee shall submit such records to
900 the department for inspection not later than forty-five days after a
901 request by the department for such records.

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

915 additional waiver or extension.

916 (4) A licensee whose license has become void pursuant to section
917 19a-88 and who applies to the department for reinstatement of such
918 license, shall submit evidence documenting valid acupuncture
919 certification by the National Certification Commission for
920 Acupuncture and Oriental Medicine or successful completion of fifteen
921 contact hours of continuing education within the one-year period
922 immediately preceding application for reinstatement.

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

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

932 (h) Notwithstanding the provisions of subsection (a) of this section,
933 any person certified by an organization approved by the
934 Commissioner of Public Health may practice auricular acupuncture for
935 the treatment of alcohol and drug abuse, provided the treatment is
936 performed under the supervision of a physician licensed under chapter
937 370 and is performed in either (1) a private free-standing facility
938 licensed by the Department of Public Health for the care or treatment
939 of substance abusive or dependent persons, or (2) a setting operated by
940 the Department of Mental Health and Addiction Services. The
941 Commissioner of Public Health shall adopt regulations, in accordance
942 with the provisions of chapter 54, to ensure the safe provision of
943 auricular acupuncture within private free-standing facilities licensed
944 by the Department of Public Health for the care or treatment of
945 substance abusive or dependent persons.

946 (i) Notwithstanding the provisions of subsection (a) of this section,

947 no license to engage in the practice of acupuncture is required of: (1)
948 Students enrolled in a college or program of acupuncture if (A) the
949 college or program is recognized by the Accreditation Commission for
950 Acupuncture and Oriental Medicine or licensed or accredited by the
951 Board of Regents for Higher Education, and (B) the practice that would
952 otherwise require a license is pursuant to a course of instruction or
953 assignments from a licensed instructor and under the supervision of
954 the instructor; or (2) faculty members providing the didactic and
955 clinical training necessary to meet the accreditation standards of the
956 Accreditation Commission for Acupuncture and Oriental Medicine at
957 a college or program recognized by the commission or licensed or
958 accredited by the Board of Regents for Higher Education. For purposes
959 of this subsection, "licensed instructor" means a faculty member or
960 instructor licensed under this section or otherwise authorized to
961 engage in the practice of acupuncture in this state.

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

978 Sec. 529. (NEW) (*Effective October 1, 2012*) (a) There is established an
979 advisory council on organ and tissue donation education and
980 awareness. The advisory council shall consist of the following

981 members: The Commissioner of Motor Vehicles, or the commissioner's
982 designee; the Commissioner of Public Health, or the commissioner's
983 designee; the executive director of Donate Life Connecticut, or the
984 executive director's designee; a representative of each of the
985 organizations in the state that are members of the Association of Organ
986 Procurement Organizations; a health care professional representing
987 each transplant center located in the state that is a member of the
988 federal Organ Procurement and Transplantation Network; the chief
989 executive officer of the Connecticut Hospital Association, or the chief
990 executive officer's designee; five persons experienced in issues
991 involving organ and tissue donation or transplants, one of whom shall
992 be a recipient of a donated organ or donated tissue, one of whom shall
993 be a living donor, and one of whom shall be a family member of a
994 deceased donor. One each of such persons experienced in issues
995 involving organ and tissue donation or transplants shall be appointed
996 by the Governor, the president pro tempore of the Senate, the speaker
997 of the House of Representatives, jointly by the majority leader of the
998 House of Representatives and the majority leader of the Senate, and
999 jointly by the minority leader of the House of Representatives and the
1000 minority leader of the Senate.

1001 (b) Appointed council members shall serve for a term of three years
1002 and no such member shall serve more than two consecutive terms.
1003 Any vacancy of an appointed council member shall be filled by the
1004 appointing authority. The Governor shall appoint the chairperson
1005 from among the members of the council. The council shall have its first
1006 meeting not later than December 1, 2012, and shall meet not less than
1007 four times per year and as requested by the chairperson or upon the
1008 request of a majority of the members of the council. Council members
1009 shall serve without compensation.

1010 (c) The council shall: (1) Analyze education on organ tissue donation
1011 in the state; (2) determine the rate of organ and tissue donation
1012 registration in the state and establish periodic goals for increasing such
1013 rate; and (3) advise the Commissioners of Public Health and Motor
1014 Vehicles on methods to increase organ and tissue donation rates in the

1015 state. The Commissioner of Motor Vehicles shall, on a quarterly basis,
1016 provide the council with data concerning registered organ donors.

1017 (d) Not later than July 1, 2013, and annually thereafter, the council
1018 shall report, in accordance with the provisions of section 11-4a of the
1019 general statutes, to the joint standing committees of the General
1020 Assembly having cognizance of matters relating to public health and
1021 transportation concerning organ and tissue donation awareness in the
1022 state. Such report shall include, but not be limited to, actions taken by
1023 the council to increase organ and tissue donations and
1024 recommendations to increase organ and tissue donation rates in the
1025 state.

1026 Sec. 530. Section 17b-274d of the 2012 supplement to the general
1027 statutes is repealed and the following is substituted in lieu thereof
1028 (*Effective October 1, 2012*):

1029 (a) Pursuant to 42 USC 1396r-8, there is established a
1030 Pharmaceutical and Therapeutics Committee within the Department of
1031 Social Services.

1032 (b) The Pharmaceutical and Therapeutics Committee shall be
1033 comprised as specified in 42 USC 1396r-8 and shall consist of
1034 ~~[fourteen]~~ sixteen members appointed by the Governor. ~~[Five]~~ Seven
1035 members shall be physicians licensed pursuant to chapter 370,
1036 including one general practitioner, one pediatrician, one geriatrician,
1037 one psychiatrist, ~~[and]~~ one child psychiatrist, one specialist in family
1038 planning, and one oncologist, four members shall be pharmacists
1039 licensed pursuant to chapter 400j, two members shall be visiting
1040 nurses, one specializing in adult care and one specializing in
1041 psychiatric care, one member shall be a clinician designated by the
1042 Commissioner of Mental Health and Addiction Services, one member
1043 shall be a representative of pharmaceutical manufacturers and one
1044 member shall be a consumer representative. The committee may, on an
1045 ad hoc basis, seek the participation of other state agencies or other
1046 interested parties in its deliberations. The members shall serve for

1047 terms of two years from the date of their appointment. Members may
1048 be appointed to more than one term. The Commissioner of Social
1049 Services, or the commissioner's designee, shall convene the committee
1050 following the Governor's designation of appointments. The
1051 administrative staff of the Department of Social Services shall serve as
1052 staff for said committee and assist with all ministerial duties. The
1053 Governor shall ensure that the committee membership includes
1054 Medicaid participating physicians and pharmacists, with experience
1055 serving recipients of medical assistance.

1056 (c) Committee members shall select a chairperson and vice-
1057 chairperson from the committee membership on an annual basis.

1058 (d) The committee shall meet at least [quarterly] biannually, and
1059 may meet at other times at the discretion of the chairperson and
1060 committee membership. The committee shall ensure that each meeting
1061 includes an opportunity for public comment. The committee shall
1062 comply with all regulations adopted by the department, including
1063 notice of any meeting of the committee, pursuant to the requirements
1064 of chapter 54.

1065 (e) The Department of Social Services, in consultation with the
1066 Pharmaceutical and Therapeutics Committee, may adopt preferred
1067 drug lists for use in the Medicaid and ConnPACE programs. To the
1068 extent feasible, the department shall review all drugs included on the
1069 preferred drug lists at least every twelve months, and may recommend
1070 additions to, and deletions from, the preferred drug lists, to ensure that
1071 the preferred drug lists provide for medically appropriate drug
1072 therapies for Medicaid and ConnPACE patients. For the fiscal year
1073 ending June 30, 2004, such drug lists shall be limited to use in the
1074 Medicaid and ConnPACE programs and cover three classes of drugs,
1075 including proton pump inhibitors and two other classes of drugs
1076 determined by the Commissioner of Social Services. Not later than
1077 June 30, 2005, the Department of Social Services, in consultation with
1078 the Pharmaceutical and Therapeutic Committee, shall expand such
1079 drug lists to include other classes of drugs, except as provided in

1080 subsection (f) of this section, in order to achieve savings reflected in the
1081 amounts appropriated to the department, for the various components
1082 of the program, in the state budget act.

1083 (f) Nonpreferred drugs in the classes of drugs included on the
1084 preferred drug lists shall be subject to prior authorization. Prior
1085 authorization is not required for any mental-health-related drug that
1086 has been filled or refilled, in any dosage, at least one time in the one-
1087 year period prior to the date the individual presents a prescription for
1088 the drug at a pharmacy. If prior authorization is granted for a drug not
1089 included on a preferred drug list, the authorization shall be valid for
1090 one year from the date the prescription is first filled. Antiretroviral
1091 classes of drugs shall not be included on the preferred drug lists.

1092 (g) The Department of Social Services shall publish and disseminate
1093 the preferred drug lists to all Medicaid providers in the state.

1094 (h) The department may negotiate supplemental rebate agreements
1095 with manufacturers that are in addition to those required under Title
1096 XIX of the Social Security Act. The committee shall ensure that the
1097 pharmaceutical manufacturers agreeing to provide a supplemental
1098 rebate pursuant to 42 USC 1396r-8(c) have an opportunity to present
1099 evidence supporting inclusion of a product on the preferred drug lists
1100 unless a court of competent jurisdiction, in a final decision, determines
1101 that the Secretary of Health and Human Services does not have
1102 authority to allow such supplemental rebates, provided the inability to
1103 utilize supplemental rebates pursuant to this subsection shall not
1104 impair the committee's authority to maintain preferred drug lists.
1105 Upon timely notice, the department shall ensure that any drug that has
1106 been approved, or had any of its particular uses approved, by the
1107 United States Food and Drug Administration under a priority review
1108 classification, will be reviewed by the Pharmaceutical and
1109 Therapeutics Committee at the next regularly scheduled meeting. To
1110 the extent feasible, upon notice by a pharmaceutical manufacturer, the
1111 department shall also schedule a product review for any new product
1112 at the next regularly scheduled meeting of the Pharmaceutical and

1113 Therapeutics Committee.

1114 (i) Factors considered by the department and the Pharmaceutical
1115 and Therapeutics Committee in developing the preferred drug lists
1116 shall include, but not be limited to, clinical efficacy, safety and cost
1117 effectiveness of a product.

1118 (j) The Pharmaceutical and Therapeutics Committee may also make
1119 recommendations to the department regarding the prior authorization
1120 of any prescribed drug.

1121 (k) A recipient who is denied a nonpreferred drug may request an
1122 administrative hearing in accordance with section 17b-60.

1123 (l) The Commissioner of Social Services may contract with a
1124 pharmacy benefits organization or a single entity qualified to negotiate
1125 with pharmaceutical manufacturers for supplemental rebates,
1126 available pursuant to 42 USC 1396r-8(c), for the purchase of drugs
1127 listed on the preferred drug lists established pursuant to subsection (e)
1128 of this section.

1129 Sec. 531. Section 19a-750 of the 2012 supplement to the general
1130 statutes is repealed and the following is substituted in lieu thereof
1131 (*Effective from passage*):

1132 (a) There is hereby created as a body politic and corporate,
1133 constituting a public instrumentality and political subdivision of the
1134 state created for the performance of an essential public and
1135 governmental function, the Health Information Technology Exchange
1136 of Connecticut, which is empowered to carry out the purposes of the
1137 authority, as defined in subsection (b) of this section, which are hereby
1138 determined to be public purposes for which public funds may be
1139 expended. The Health Information Technology Exchange of
1140 Connecticut shall not be construed to be a department, institution or
1141 agency of the state.

1142 (b) For purposes of this section and sections 19a-751 to 19a-754,

1143 inclusive, "authority" means the Health Information Technology
1144 Exchange of Connecticut and "purposes of the authority" means the
1145 purposes of the authority expressed in and pursuant to this section,
1146 including the promoting, planning and designing, developing,
1147 assisting, acquiring, constructing, maintaining and equipping,
1148 reconstructing and improving of health care information technology.
1149 The powers enumerated in this section shall be interpreted broadly to
1150 effectuate the purposes of the authority and shall not be construed as a
1151 limitation of powers. The authority shall have the power to:

1152 (1) Establish an office in the state;

1153 (2) Employ such assistants, agents and other employees as may be
1154 necessary or desirable, which employees shall [be exempt from the
1155 classified service and shall not be employees, as defined in subsection
1156 (b) of section 5-270] not be considered state employees under the
1157 provisions of chapters 66, 67 and 68;

1158 (3) Establish all necessary or appropriate personnel practices and
1159 policies, including those relating to hiring, promotion, compensation,
1160 retirement and collective bargaining, which need not be in accordance
1161 with the provisions of chapter 66, 67 or 68, and the authority shall not
1162 be considered an appointing authority, as defined in subdivision (3) of
1163 section 5-196, or an employer, as defined in subsection (a) of section 5-
1164 270;

1165 (4) Engage consultants, attorneys and other experts as may be
1166 necessary or desirable to carry out the purposes of the authority;

1167 (5) Acquire, lease, purchase, own, manage, hold and dispose of
1168 personal property, and lease, convey or deal in or enter into
1169 agreements with respect to such property on any terms necessary or
1170 incidental to the carrying out of these purposes;

1171 (6) Procure insurance against loss in connection with its property
1172 and other assets in such amounts and from such insurers as it deems
1173 desirable;

1174 (7) Make and enter into any contract or agreement necessary or
1175 incidental to the performance of its duties and execution of its powers.
1176 The contracts entered into by the authority shall not be subject to the
1177 approval of any other state department, office or agency. However,
1178 copies of all contracts of the authority shall be maintained by the
1179 authority as public records, subject to the proprietary rights of any
1180 party to the contract;

1181 (8) To the extent permitted under its contract with other persons,
1182 consent to any termination, modification, forgiveness or other change
1183 of any term of any contractual right, payment, royalty, contract or
1184 agreement of any kind to which the authority is a party;

1185 (9) Receive and accept, from any source, aid or contributions,
1186 including money, property, labor and other things of value;

1187 (10) Invest any funds not needed for immediate use or disbursement
1188 in obligations issued or guaranteed by the United States of America or
1189 the state and in obligations that are legal investments for savings banks
1190 in this state;

1191 (11) Account for and audit funds of the authority and funds of any
1192 recipients of funds from the authority;

1193 (12) Sue and be sued, plead and be impleaded, adopt a seal and alter
1194 the same at pleasure;

1195 (13) Adopt regular procedures for exercising the power of the
1196 authority not in conflict with other provisions of the general statutes;
1197 and

1198 (14) Do all acts and things necessary and convenient to carry out the
1199 purposes of the authority.

1200 (c) (1) The Health Information Technology Exchange of Connecticut
1201 shall be managed by a board of directors. The board shall consist of the
1202 following members: The Lieutenant Governor, or his or her designee;
1203 the Commissioners of Public Health, Social Services, Consumer

1204 Protection and Administrative Services, or their designees; three
1205 appointed by the Governor, one of whom shall be a representative of a
1206 medical research organization, one of whom shall be an insurer or
1207 representative of a health plan and one of whom shall be an attorney
1208 with background and experience in the field of privacy, health data
1209 security or patient rights; three appointed by the president pro
1210 tempore of the Senate, one of whom shall have background and
1211 experience with a private sector health information exchange or health
1212 information technology entity, one of whom shall have expertise in
1213 public health and one of whom shall be a physician licensed under
1214 chapter 370 who works in a practice of not more than ten physicians
1215 and who is not employed by a hospital, health network, health plan,
1216 health system, academic institution or university; three appointed by
1217 the speaker of the House of Representatives, one of whom shall be a
1218 representative of hospitals, an integrated delivery network or a
1219 hospital association, one of whom shall have expertise with federally
1220 qualified health centers and one of whom shall be a consumer or
1221 consumer advocate; one appointed by the majority leader of the
1222 Senate, who shall be a primary care physician whose practice utilizes
1223 electronic health records; one appointed by the majority leader of the
1224 House of Representatives, who shall be a consumer or consumer
1225 advocate; one appointed by the minority leader of the Senate, who
1226 shall be a pharmacist or a health care provider utilizing electronic
1227 health information exchange; and one appointed by the minority
1228 leader of the House of Representatives, who shall be a large employer
1229 or a representative of a business group. The Secretary of the Office of
1230 Policy and Management and the Healthcare Advocate, or their
1231 designees, shall be ex-officio, nonvoting members of the board. The
1232 Commissioner of Public Health, or his or her designee, shall serve as
1233 the chairperson of the board.

1234 (2) All initial appointments to the board shall be made on or before
1235 October 1, 2010. The initial term for the board members appointed by
1236 the Governor shall be for four years. The initial term for board
1237 members appointed by the speaker of the House of Representatives

1238 and the majority leader of the House of Representatives shall be for
1239 three years. The initial term for board members appointed by the
1240 minority leader of the House of Representatives and the minority
1241 leader of the Senate shall be for two years. The initial term for the
1242 board members appointed by the president pro tempore of the Senate
1243 and the majority leader of the Senate shall be for one year. Terms shall
1244 expire on September thirtieth of each year in accordance with the
1245 provisions of this subsection. Any vacancy shall be filled by the
1246 appointing authority for the balance of the unexpired term. Other than
1247 an initial term, a board member shall serve for a term of four years. No
1248 board member, including initial board members, may serve for more
1249 than two terms. Any member of the board may be removed by the
1250 appropriate appointing authority for misfeasance, malfeasance or
1251 wilful neglect of duty.

1252 (3) The chairperson shall schedule the first meeting of the board,
1253 which shall be held not later than November 1, 2010.

1254 (4) Any member appointed to the board who fails to attend three
1255 consecutive meetings or who fails to attend fifty per cent of all
1256 meetings held during any calendar year shall be deemed to have
1257 resigned from the board.

1258 (5) Notwithstanding any provision of the general statutes, it shall
1259 not constitute a conflict of interest for a trustee, director, partner,
1260 officer, stockholder, proprietor, counsel or employee of any person,
1261 firm or corporation to serve as a board member, provided such trustee,
1262 director, partner, officer, stockholder, proprietor, counsel or employee
1263 shall abstain from deliberation, action or vote by the board in specific
1264 respect to such person, firm or corporation. All members shall be
1265 deemed public officials and shall adhere to the code of ethics for public
1266 officials set forth in chapter 10.

1267 (6) Board members shall receive no compensation for their services,
1268 but shall receive actual and necessary expenses incurred in the
1269 performance of their official duties.

1270 (d) The board shall select and appoint a chief executive officer who
1271 shall be responsible for administering the authority's programs and
1272 activities in accordance with policies and objectives established by the
1273 board. The chief executive officer shall serve at the pleasure of the
1274 board and shall receive such compensation as shall be determined by
1275 the board. The chief executive officer (1) may employ such other
1276 employees as shall be designated by the board of directors; and (2)
1277 shall attend all meetings of the board, keep a record of all proceedings
1278 and maintain and be custodian of all books, documents and papers
1279 filed with the authority and of the minute book of the authority.

1280 (e) The board shall direct the authority regarding: (1)
1281 Implementation and periodic revisions of the health information
1282 technology plan submitted in accordance with the provisions of
1283 section 74 of public act 09-232, including the implementation of an
1284 integrated state-wide electronic health information infrastructure for
1285 the sharing of electronic health information among health care
1286 facilities, health care professionals, public and private payors, state and
1287 federal agencies and patients; (2) appropriate protocols for health
1288 information exchange; and (3) electronic data standards to facilitate the
1289 development of a state-wide integrated electronic health information
1290 system, as defined in subsection (a) of section 19a-25d, for use by
1291 health care providers and institutions that receive state funding. Such
1292 electronic data standards shall: (A) Include provisions relating to
1293 security, privacy, data content, structures and format, vocabulary and
1294 transmission protocols; (B) limit the use and dissemination of an
1295 individual's Social Security number and require the encryption of any
1296 Social Security number provided by an individual; (C) require privacy
1297 standards no less stringent than the "Standards for Privacy of
1298 Individually Identifiable Health Information" established under the
1299 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
1300 191, as amended from time to time, and contained in 45 CFR 160, 164;
1301 (D) require that individually identifiable health information be secure
1302 and that access to such information be traceable by an electronic audit
1303 trail; (E) be compatible with any national data standards in order to

1304 allow for interstate interoperability, as defined in subsection (a) of
1305 section 19a-25d; (F) permit the collection of health information in a
1306 standard electronic format, as defined in subsection (a) of section 19a-
1307 25d; and (G) be compatible with the requirements for an electronic
1308 health information system, as defined in subsection (a) of section 19a-
1309 25d.

1310 (f) Applications for grants from the authority shall be made on a
1311 form prescribed by the board. The board shall review applications and
1312 decide whether to award a grant. The board may consider, as a
1313 condition for awarding a grant, the potential grantee's financial
1314 participation and any other factors it deems relevant.

1315 (g) The board may consult with such parties, public or private, as it
1316 deems desirable in exercising its duties under this section.

1317 (h) The board shall establish an advisory committee on patient
1318 privacy and security. All members of such advisory committee shall be
1319 appointed by the chairperson of the board, provided any such
1320 appointed member shall have expertise in the field of privacy, health
1321 data security or patient rights. Appointed members of the advisory
1322 committee shall include, but not be limited to, a representative from a
1323 nonprofit research and educational organization dedicated to
1324 improving access to health care, a representative from a patient
1325 advocacy group, an ethicist, an attorney with expertise in health
1326 information technology and the protections set forth in the Health
1327 Insurance Portability and Accountability Act of 1996, P.L. 104-191
1328 (HIPAA), the chief information officer of a hospital, an insurer or
1329 representative of a health plan and a primary care physician, engaged
1330 in active practice, who utilizes electronic health records. The advisory
1331 committee shall monitor developments in federal law concerning
1332 patient privacy and security relating to health information technology
1333 and shall report to the board on national and regional trends and
1334 federal policies and guidance set forth in this area. The board shall
1335 include information supplied by the advisory committee in the report
1336 submitted by the board pursuant to subsection (i) of this section. The

1337 chairperson of the advisory committee shall be appointed by the
1338 Lieutenant Governor from among the membership.

1339 (i) Not later than February 1, 2011, and annually thereafter until
1340 February 1, 2016, the chief executive officer of the authority shall
1341 report, in accordance with section 11-4a, to the Governor and the
1342 General Assembly on (1) any private or federal funds received during
1343 the preceding year and, if applicable, how such funds were expended,
1344 (2) the amount and recipients of grants awarded, [and] (3) the current
1345 status of health information exchange and health information
1346 technology in the state, and (4) the development of privacy practices
1347 and procedures to notify patients concerning the collection of patient
1348 health information and use of such information in the state-wide
1349 health information exchange, as described in section 19a-754.

1350 Sec. 532. Subsection (b) of section 20-12i of the 2012 supplement to
1351 the general statutes is repealed and the following is substituted in lieu
1352 thereof (*Effective from passage*):

1353 (b) Notwithstanding the provisions of this section or sections 20-
1354 74bb and 20-74ee, nothing shall prohibit a physician assistant who is
1355 engaging in the use of fluoroscopy for guidance of diagnostic and
1356 therapeutic procedures or positioning and utilizing a mini C-arm in
1357 conjunction with fluoroscopic procedures prior to October 1, 2011,
1358 from continuing to engage in such procedures, or require the physician
1359 assistant to complete the course or supervised clinical experience
1360 described in subsection (a) of this section, provided such physician
1361 assistant shall pass the examination prescribed by the commissioner on
1362 or before [July] September 1, 2012. If a physician assistant does not
1363 pass the required examination on or before [July] September 1, 2012,
1364 such physician assistant shall not engage in the use of fluoroscopy for
1365 guidance of diagnostic and therapeutic procedures or position and
1366 utilize a mini C-arm in conjunction with fluoroscopic procedures until
1367 such time as such physician assistant meets the requirements of
1368 subsection (a) of this section.

1369 Sec. 533. Subsection (a) of section 20-94a of the 2012 supplement to
1370 the general statutes is repealed and the following is substituted in lieu
1371 thereof (*Effective October 1, 2012*):

1372 (a) The Department of Public Health may issue an advanced
1373 practice registered nurse license to a person seeking to perform the
1374 activities described in subsection (b) of section 20-87a, upon receipt of
1375 a fee of two hundred dollars, to an applicant who: (1) Maintains a
1376 license as a registered nurse in this state, as provided by section 20-93
1377 or 20-94; (2) holds and maintains current certification as a nurse
1378 practitioner, a clinical nurse specialist or a nurse anesthetist from one
1379 of the following national certifying bodies that certify nurses in
1380 advanced practice: The American Nurses' Association, the Nurses'
1381 Association of the American College of Obstetricians and
1382 Gynecologists Certification Corporation, the National Board of
1383 Pediatric Nurse Practitioners and Associates or the American
1384 Association of Nurse Anesthetists, their successors or other
1385 appropriate national certifying bodies approved by the Board of
1386 Examiners for Nursing; (3) has completed thirty hours of education in
1387 pharmacology for advanced nursing practice; and (4) [if first certified
1388 by one of the foregoing certifying bodies after December 31, 1994,] (A)
1389 holds a graduate degree in nursing or in a related field recognized for
1390 certification as either a nurse practitioner, a clinical nurse specialist, or
1391 a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i)
1392 on or before December 31, 2004 completed an advanced nurse
1393 practitioner program that a national certifying body identified in
1394 subdivision (2) of subsection (a) of this section recognized for
1395 certification of a nurse practitioner, clinical nurse specialist, or nurse
1396 anesthetist, and (ii) at the time of application, holds a current license as
1397 an advanced practice registered nurse in another state that requires a
1398 master's degree in nursing or a related field for such licensure. No
1399 license shall be issued under this section to any applicant against
1400 whom professional disciplinary action is pending or who is the subject
1401 of an unresolved complaint."

This act shall take effect as follows and shall amend the following sections:		
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)