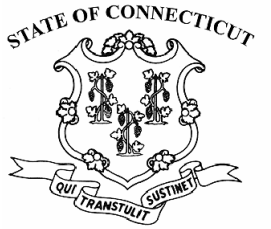

Substitute House Bill No. 6644

Public Act No. 13-208

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

Section 1. Section 19a-32c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

There is created a Biomedical Research Trust Fund which shall be a separate nonlapsing fund. The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the account to carry out its objectives. **[**On and after July 1, 2001, the**]** The Commissioner of Public Health may make grants-in-aid from the trust fund to eligible institutions for the purpose of funding biomedical research in the fields of heart disease, cancer and other tobacco-related diseases, and Alzheimer's disease and diabetes. **[**For the fiscal year ending June 30, 2002, the total amount of such grants-in-aid made during the fiscal year shall not exceed two million dollars. For the fiscal year ending June 30, 2003, and each fiscal year thereafter, the total amount of such grants-in-aid made during the fiscal year**]** Each fiscal year, the total amount of moneys deposited in the account shall be used by the Commissioner of Public Health for such grants-in-aid, provided such grants-in-aid shall not exceed fifty per cent of the total

amount held in the trust fund as of the date such grants-in-aid are approved. **[**Not later than April 1, 2001, the**]** Not more than two per cent of the total available amount held in the trust fund shall be made available to the Department of Public Health for administration expenses relating to the trust fund and making the grants-in-aid. The Commissioner of Public Health shall develop an application for grants-in-aid under this section and may receive applications from eligible institutions for such grants-in-aid. **[**on and after said date.**]** For purposes of this section, "eligible institution" means an entity that has its principle place of business located in the state and is (1) a nonprofit, tax-exempt academic institution of higher education, or (2) a hospital that conducts biomedical research.

Sec. 2. Section 19a-266 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2014*):

(a) For purposes of this section:

(1) "Breast cancer screening and referral services" means necessary breast cancer screening services and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services.

(2) "Cervical cancer screening and referral services" means necessary cervical cancer screening services and referral services for a procedure intended to treat cancer of the human cervix, including, but not limited to, surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services.

(3) "Unserved or underserved populations" means women who are: (A) At or below two hundred fifty per cent of the federal poverty level for individuals; (B) without health insurance that covers breast cancer screening mammography or cervical cancer screening services; and (C)

twenty-one to sixty-four years of age.

(b) There is established, within existing appropriations, a breast and cervical cancer early detection and treatment referral program, within the Department of Public Health, to (1) promote screening, detection and treatment of breast cancer and cervical cancer among unserved or underserved populations, (2) educate the public regarding breast cancer and cervical cancer and the benefits of early detection, and (3) provide counseling and referral services for treatment.

(c) The program shall include, but not be limited to:

(1) Establishment of a public education and outreach initiative to publicize breast cancer and cervical cancer early detection services and the extent of coverage for such services by health insurance; the benefits of early detection of breast cancer and the recommended frequency of screening services, including clinical breast examinations and mammography; and the medical assistance program and other public and private programs and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(2) Development of professional education programs, including the benefits of early detection of breast cancer and the recommended frequency of mammography and the benefits of early detection of cervical cancer and the recommended frequency of pap tests;

(3) Establishment of a system to track and follow up on all women screened for breast cancer and cervical cancer in the program. The system shall include, but not be limited to, follow-up of abnormal screening tests and referral to treatment when needed and tracking women to be screened at recommended screening intervals;

(4) Assurance that all participating providers of breast cancer and cervical cancer screening are in compliance with national and state quality assurance legislative mandates.

(d) The Department of Public Health shall provide unserved or underserved populations, within existing appropriations and through contracts with health care providers: (1) Clinical breast examinations, screening mammograms and pap tests, as recommended in the most current breast and cervical cancer screening guidelines established by the United States Preventive Services Task Force, for the woman's age and medical history; and (2) a pap test every six months for women who have tested HIV positive.

[(e) The organizations providing the testing and treatment services shall report to the Department of Public Health the names of the insurer of each underinsured woman being tested to facilitate recoupment.**]**

Sec. 3. Subsection (c) of section 19a-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to, or entering into a contract for, the provision of long-term care services with any individual who will have direct access, or prior to allowing any individual to **[**have direct access while**]** begin volunteering at such long-term care facility when the long-term care facility reasonably expects such volunteer will regularly perform duties that are substantially similar to those of an employee with direct access, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of

Emergency Services and Public Protection to report the results of such checks to the Department of Public Health.

(2) No long-term care facility shall be required to comply with the provisions of this subsection if the individual provides evidence to the long-term care facility that such individual submitted to a background search conducted pursuant to subdivision (1) of this subsection not more than three years immediately preceding the date such individual applies for employment, seeks to enter into a contract or begins volunteering with the long-term care facility and that the prior background search confirmed that the individual did not have a disqualifying offense.

Sec. 4. Subsection (a) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, health care facility for the handicapped, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded;

Sec. 5. Subsection (c) of section 19a-491 of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) Notwithstanding any regulation, **[**to the contrary,**]** the Commissioner of Public Health shall charge the following fees for the biennial licensing and inspection of the following institutions: (1) Chronic and convalescent nursing homes, per site, four hundred forty dollars; (2) chronic and convalescent nursing homes, per bed, five dollars; (3) rest homes with nursing supervision, per site, four hundred forty dollars; (4) rest homes with nursing supervision, per bed, five dollars; (5) outpatient dialysis units and outpatient surgical facilities, six hundred twenty-five dollars; (6) mental health residential facilities, per site, three hundred seventy-five dollars; (7) mental health residential facilities, per bed, five dollars; (8) hospitals, per site, nine hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty cents; (10) nonstate agency educational institutions, per infirmary, one hundred fifty dollars; **[**and**]** (11) nonstate agency educational institutions, per infirmary bed, twenty-five dollars; (12) short-term hospitals special hospice, per site, nine hundred forty dollars; (13) short-term hospitals special hospice, per bed, seven dollars and fifty cents; (14) hospice inpatient facility, per site, four hundred forty dollars; and (15) hospice inpatient facility, per bed, five dollars.

Sec. 6. Subsection (b) of section 19a-87b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family day care home, as defined in section 19a-77, without an approval issued by the Commissioner of Public Health. Any person seeking to act as an assistant or substitute staff member in a family day care home shall submit an application for such approval to the department. Applications for approval shall: (1) Be made to the commissioner on forms provided by the department,

(2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of **[**twenty**]** fifteen dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

Sec. 7. Section 19a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) An institution which is in operation at the time of the adoption of any regulations under section 19a-495, shall be given a reasonable time **[**, not to exceed one year from the date of such adoption,**]** within which to comply with such regulations. The provisions of this section shall not be construed to require the issuance of a license, or to prevent the suspension or revocation thereof, to an institution which does not comply with minimum requirements of health, safety and comfort designated by the Department of Public Health through regulation adopted under the provisions of section 19a-495.

(b) The department may inspect an institution to determine compliance with applicable state statutes and regulations. Upon a finding of noncompliance with such statutes or regulations, the department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include: (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance; (2) the date each such corrective measure or change by the institution is effective; (3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance

with its plan of correction. The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction that meets the requirements of this section may be subject to disciplinary action.

Sec. 8. Subsection (b) of section 19a-522f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) An IV therapy nurse or a physician assistant licensed pursuant to section 20-12b, who is employed by, or operating under a contract to provide services in, a chronic and convalescent nursing home or a rest home with nursing supervision that operates an IV therapy program may administer a peripherally inserted central catheter as part of such facility's IV therapy program. The Department of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to carry out the purposes of this section.

Sec. 9. Subdivision (1) of subsection (c) of section 19a-750 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) (1) The Health Information Technology Exchange of Connecticut shall be managed by a board of directors. The board shall consist of the following members: The Lieutenant Governor, or his or her designee; the Commissioners of Public Health, Social Services, Consumer Protection and Administrative Services, or their designees; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; three appointed by the president pro

tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, one of whom shall have expertise in public health and one of whom shall be a physician licensed under chapter 370 who works in a practice of not more than ten physicians and who is not employed by a hospital, health network, health plan, health system, academic institution or university; three appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, one of whom shall have expertise with federally qualified health centers and one of whom shall be a consumer or consumer advocate; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall be a pharmacist or a health care provider utilizing electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the board. The **[**Commissioner of Public Health, or his or her designee, shall**]** Governor shall appoint a member to serve as the chairperson of the board.

Sec. 10. Subsection (b) of section 20-195o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) Notwithstanding the provisions of section 20-195n concerning examinations, on or before October 1, **[**2012**]** 2015, the commissioner may issue a license without examination, to any master social worker

applicant who demonstrates to the satisfaction of the commissioner that, on or before October 1, **[**2010**]** 2013, he or she held a master's degree from a social work program accredited by the Council on Social Work Education or, if educated outside the United States or its territories, completed an educational program deemed equivalent by the council.

Sec. 11. Subsection (d) of section 20-12c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(d) Nothing in this chapter shall be construed to prohibit a licensed physician assistant who is (1) part of the Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Emergency Services and Public Protection, and is engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps, or (2) licensed in another state as a physician assistant or its equivalent and is an active member of the Connecticut Army or Air National Guard, from providing patient services under the supervision, control, responsibility and direction of a licensed physician.

Sec. 12. Subsection (c) of section 20-128a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) The Commissioner of Public Health, with advice and assistance from the board, may make and enforce such regulations, in accordance with chapter 54, as the commissioner deems necessary to maintain proper professional and ethical standards, including, but not limited to, continuing education requirements, for optometrists. **[**The commissioner shall adopt regulations, in accordance with chapter 54,

requiring each optometrist licensed pursuant to this chapter to complete a minimum of twenty hours of continuing education during each registration period, defined as the twelve-month period for which a license has been renewed pursuant to section 19a-88 and is current and valid. The board shall approve all continuing education courses.**]** The board may revoke or suspend licenses for cause.

Sec. 13. Section 20-132a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013, and applicable to registration periods beginning on or after October 1, 2014*):

(a) For purposes of this section, "actively engaged in the practice of optometry" means the treatment of one or more patients by a licensee during any given registration period, and "registration period" means the twelve-month period for which a license has been renewed in accordance with section 19a-88.

(b) Licenses issued under this chapter shall be renewed annually in accordance with the provisions of section 19a-88.

(c) Except as provided in this section, a licensee who is actively engaged in the practice of optometry shall earn a minimum of twenty hours of continuing education each registration period. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public, and shall include (1) not less than six hours in any of the following areas: Pathology, detection of diabetes and ocular treatment; and (2) not less than six hours in treatment as it applies to the use of ocular agents-T. Coursework shall be provided through direct, live instruction that the licensee physically attends either individually or as part of a group of participants or through a formal home study or distance learning program. Not more than six hours shall be earned through a home study or other distance learning program and not more than six hours shall be in practice management. Qualifying continuing education

activities include, but are not limited to, courses offered or approved by the Council on Optometric Practitioner Education of the Association of Regulatory Boards of Optometry, the American Optometric Association or state or local optometry associations and societies that are affiliated with the American Optometric Association, a hospital or other health care institution, a school or college of optometry or other institution of higher education accredited or recognized by the Council on Optometric Practitioner Education or the American Optometric Association, a state or local health department, or a national, state or local medical association.

(d) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subsection (c) of this section on a form prescribed by the Department of Public Health. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subsection (c) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this subsection may be subject to disciplinary action pursuant to section 20-133, as amended by this act.

(e) In individual cases involving medical disability or illness, the Commissioner of Public Health may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a

certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except that the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(f) A licensee who is not actively engaged in the practice of optometry, in any form, during a registration period shall be exempt from the continuing education requirements, provided the licensee submits a notarized application for exemption on a form prescribed by the commissioner before the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in the practice of optometry until the licensee has met the continuing education requirements of this section.

(g) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license shall submit evidence of successful completion of twenty contact hours of continuing education within the one-year period immediately preceding the application for reinstatement.

Sec. 14. Subsection (g) of section 20-126*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(g) **[**All licensed dental hygienists applying for license renewal shall be required to participate in continuing education programs. The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to: (1) Define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver

of the continuing education requirement by the commissioner for good cause.**]** Each licensed dental hygienist applying for license renewal shall earn a minimum of sixteen hours of continuing education within the preceding twenty-four-month period. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Continuing education activities shall provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, that are offered or approved by dental schools and other institutions of higher education that are accredited or recognized by the Council on Dental Accreditation, a regional accrediting organization, the American Dental Association, a state, district or local dental association or society affiliated with the American Dental Association, the National Dental Association, the American Dental Hygienists Association or a state, district or local dental hygiene association or society affiliated with the American Dental Hygienists Association, the Academy of General Dentistry, the Academy of Dental Hygiene, the American Red Cross or the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support, the United States Department of Veterans Affairs and armed forces of the United States when conducting programs at United States governmental facilities, a hospital or other health care institution, agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation, local, state or national medical associations, or a state or local health department. Eight hours of volunteer dental practice at a public health facility, as defined in subsection (a) of this section, may be substituted for one hour of continuing education, up to a maximum of five hours in one two-year period. Activities that do not qualify toward meeting these requirements include professional organizational business meetings, speeches delivered at luncheons or banquets, and the reading of books,

articles, or professional journals. Not more than four hours of continuing education may be earned through an on-line or other distance learning program.

Sec. 15. Section 20-126*l* of the general statutes is amended by adding subsections (h) to (k), inclusive, as follows (*Effective October 1, 2013*):

(NEW) (h) Each licensee applying for license renewal pursuant to section 19a-88, except a licensee applying for a license renewal for the first time, shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subsection (g) of this section on a form prescribed by the department. Each licensee shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subsection (g) of this section for not less than three years following the date on which the continuing education was completed or the license was renewed. Each licensee shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. A licensee who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-126o, as amended by this act.

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

granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension.

(NEW) (j) A licensee who is not engaged in active professional practice, in any form, during a registration period shall be exempt from the continuing education requirements, provided the licensee submits a notarized application for exemption on a form prescribed by the commissioner prior to the end of the registration period. A licensee who is exempt under the provisions of this subsection may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(NEW) (k) A licensee whose license has become void pursuant to section 19a-88 and who applies to the department for reinstatement of such license, shall: (1) For a license that has been void for two years or less, submit evidence of completion of a minimum of twenty-four contact hours of qualifying continued education during the two-year period immediately preceding the application for reinstatement; or (2) for a license that has been void for more than two years, submit evidence of successful completion of the National Board Dental Hygiene Examination or the North East Regional Board of Dental Examiners Examination in Dental Hygiene during the year immediately preceding the application.

Sec. 16. Subsection (c) of section 20-12n of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) Applicants for licensure as a homeopathic physician shall, in addition to **[**meeting the requirements of**]** holding a license as a physician or surgeon issued in accordance with section 20-10, have successfully completed not less than one hundred twenty hours of post-graduate medical training in homeopathy offered by an institution approved by **[**the Connecticut Homeopathic Medical

Examining Board or**]** the American Institute of Homeopathy **[**,**]** or one hundred twenty hours of post-graduate medical training in homeopathy under the direct supervision of a licensed homeopathic physician, which shall consist of thirty hours of theory and ninety hours of clinical practice. The **[**Connecticut Homeopathic Medical Examining Board**]** Department of Public Health shall approve any training completed under the direction of a licensed homeopathic physician.

Sec. 17. Subsection (c) of section 19a-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(c) No board shall exist for the following professions that are licensed or otherwise regulated by the Department of Public Health:

(1) Speech and language pathologist and audiologist;

(2) Hearing instrument specialist;

(3) Nursing home administrator;

(4) Sanitarian;

(5) Subsurface sewage system installer or cleaner;

(6) Marital and family therapist;

(7) Nurse-midwife;

(8) Licensed clinical social worker;

(9) Respiratory care practitioner;

(10) Asbestos contractor and asbestos consultant;

(11) Massage therapist;

(12) Registered nurse's aide;

(13) Radiographer;

(14) Dental hygienist;

(15) Dietitian-Nutritionist;

(16) Asbestos abatement worker;

(17) Asbestos abatement site supervisor;

(18) Licensed or certified alcohol and drug counselor;

(19) Professional counselor;

(20) Acupuncturist;

(21) Occupational therapist and occupational therapist assistant;

(22) Lead abatement contractor, lead consultant contractor, lead consultant, lead abatement supervisor, lead abatement worker, inspector and planner-project designer;

(23) Emergency medical technician, advanced emergency medical technician, emergency medical responder and emergency medical services instructor;

(24) Paramedic;

(25) Athletic trainer;

(26) Perfusionist;

(27) Master social worker subject to the provisions of section 20-195v; **[**and**]**

(28) On and after July 1, 2011, a radiologist assistant, subject to the

provisions of section 20-74tt; **[**.**]**

(29) Homeopathic physician; and

(30) Certified water treatment plant operator, certified distribution system operator, certified small water system operator, certified backflow prevention device tester and certified cross connection survey inspector, including certified limited operators, certified conditional operators and certified operators in training.

The department shall assume all powers and duties normally vested with a board in administering regulatory jurisdiction over such professions. The uniform provisions of this chapter and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c, including, but not limited to, standards for entry and renewal; grounds for professional discipline; receiving and processing complaints; and disciplinary sanctions, shall apply, except as otherwise provided by law, to the professions listed in this subsection.

Sec. 18. Subsection (b) of section 2c-2h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) Not later than July 1, 2015, and not later than every ten years thereafter, the joint standing committee of the General Assembly having cognizance of any of the following governmental entities or programs shall conduct a review of the applicable entity or program in accordance with the provisions of section 2c-3:

(1) Board of Examiners of Embalmers and Funeral Directors, established under section 20-208;

[(2) Connecticut Homeopathic Medical Examining Board, established under section 20-8;**]**

[(3)**]** (2) Board of Examiners in Podiatry, established under section 20-51;

[(4)**]** (3) Mobile Manufactured Home Advisory Council, established under section 21-84a;

[(5)**]** (4) Family support grant program of the Department of Social Services, established under section 17b-616;

[(6)**]** (5) State Commission on Capitol Preservation and Restoration, established under section 4b-60;

[(7)**]** (6) Council on Environmental Quality, established under section 22a-11; and

[(8)**]** (7) Police Officer Standards and Training Council, established under section 7-294b.

Sec. 19. Section 20-11 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The Department of Public Health under the supervision of the **[**examining boards provided for by sections 20-8 and**]** Connecticut Medical Examining Board, established pursuant to section 20-8a shall hold examinations not less than twice each year at such places as the department designates. Applicants for licenses to practice medicine or surgery shall be examined in such medical subjects as the department may prescribe, with the advice and consent of the appropriate board, provided each applicant for examination shall be notified concerning the subjects in which he is to be examined. The Commissioner of Public Health, with advice and assistance from each board, shall make such rules and regulations for conducting examinations and for the operation of the board as, from time to time, he deems necessary. Passing scores for examinations shall be established by the department with the consent of the appropriate board. Each applicant for

examination shall be examined with respect to the same school of practice in which the applicant was graduated except that an applicant for licensure in homeopathic medicine who is licensed as a physician or meets the requirements in section 20-10 may be examined in other than the school of practice in which such applicant was graduated. Before being admitted to the examination, an applicant shall pay the sum of five hundred sixty-five dollars and an applicant rejected by the department may be reexamined at any subsequent examination, upon payment of the sum of five hundred sixty-five dollars for each appearance.

Sec. 20. Subsection (d) of section 20-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(d) No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the **[**boards established under sections 20-8 and**]** Connecticut Medical Examining Board, established pursuant to section 20-8a annually of the number of applications it receives for licensure under this section.

Sec. 21. Section 20-14 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

No provision of this section, sections **[**20-8,**]** 20-9 to 20-13, inclusive, as amended by this act, or 20-14a shall be construed to repeal or affect any of the provisions of any private charter, or to apply to licensed pharmacists. All physicians or surgeons and all physician assistants practicing under the provisions of this chapter shall, when requested, write a duplicate of their prescriptions in the English language. Any person who violates any provision of this section regarding prescriptions shall be fined ten dollars for each offense. Any person who violates any provision of section 20-9, as amended by this act,

shall be fined not more than five hundred dollars or be imprisoned not more than five years or be both fined and imprisoned. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of section 20-9, as amended by this act, shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section. Any person who swears to any falsehood in any statement required by section 20-10, 20-12, as amended by this act, 20-12b or 20-12c, as amended by this act, to be filed with the Department of Public Health shall be guilty of false statement.

Sec. 22. Section 17a-680 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

For purposes of sections 17a-673, 17a-680 to 17a-690, inclusive, and subsection (d) of section 17a-484:

(1) "Alcohol-dependent person" means a person who **[**has a psychoactive substance dependence on alcohol as that condition is defined**]** meets the criteria for moderate or severe alcohol use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

(2) "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day;

(3) "Department" means the Department of Mental Health and Addiction Services;

(4) "Dangerous to himself" means there is a substantial risk that physical harm will be inflicted by a person on himself or herself;

(5) "Dangerous to others" means there is a substantial risk that physical harm will be inflicted by a person on another person;

(6) "Drug or drugs" means a controlled drug as defined in section 21a-240;

(7) "Drug-dependent person" means a person who **[**has a psychoactive substance dependence on drugs as that condition is defined**]** meets the criteria for moderate or severe substance use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

(8) "Commissioner" means the Commissioner of Mental Health and Addiction Services;

(9) "Gravely disabled" means a condition in which a person, as a result of the use of alcohol or drugs on a periodic or continuous basis, is in danger of serious physical harm because (A) he or she is not providing for his or her essential needs such as food, clothing, shelter, vital medical care, or safety, (B) he or she needs, but is not receiving, inpatient treatment for alcohol dependency or drug dependency, and (C) he or she is incapable of determining whether to accept such treatment because his or her judgment is impaired;

(10) "Hospital" means an establishment licensed under the provisions of sections 19a-490 to 19a-503, inclusive, as amended by this act, for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions, and includes inpatient psychiatric services in general hospitals;

(11) "Incapacitated by alcohol" means a condition in which a person as a result of the use of alcohol has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment;

(12) "Incompetent person" means a person who has been adjudged incompetent by a court of competent jurisdiction;

(13) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs;

(14) "Medical officer" means a licensed physician in attendance at a treatment facility or hospital;

(15) "Respondent" means a person who is alleged to be alcohol-dependent or drug-dependent and for whom a petition for commitment or recommitment to an inpatient treatment facility has been filed;

(16) "Treatment" means any emergency, outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social services, vocational and social rehabilitation and other appropriate services, which may be extended to alcohol-dependent persons, drug-dependent persons and intoxicated persons;

(17) "Treatment facility" means (A) a facility providing treatment and operating under the direction and control of the department, or (B) a private facility providing treatment and licensed under the provisions of sections 19a-490 to 19a-503, inclusive, as amended by this act.

Sec. 23. Subsection (b) of section 19a-72 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Department of Public Health shall maintain and operate the Connecticut Tumor Registry. Said registry shall include a report of every occurrence of a reportable tumor that is diagnosed or treated in the state. Such reports shall be made to the department by any hospital, clinical laboratory and health care provider in the state. Such reports shall include, but not be limited to, pathology reports and

information obtained from records of any person licensed as a health care provider and may include a collection of actual tissue samples and such information as the department may prescribe. Follow-up **[**data, demographic, diagnostic, treatment and**]** information shall also be contained in the report and shall include, when available: (1) Demographic data; (2) diagnostic, treatment and pathology reports; (3) operative reports, hematology, medical oncology and radiation therapy consults, or abstracts of such reports or consults in a format prescribed by the department; and (4) other medical information **[**shall also be included in the report in a form and manner**]** as the department may prescribe. Such information shall be reported to the department not later than six months after diagnosis or the first encounter for treatment of a reportable tumor, in the form and manner prescribed by the department. The Commissioner of Public Health shall promulgate a list of required data items, which may be amended from time to time. Such reports shall include every occurrence of a reportable tumor that is diagnosed or treated during a calendar year. **[**Such reports shall be submitted to the department on or before July first, annually, in such manner as the department may prescribe.**]**

Sec. 24. Section 19a-521 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

As used in this section and sections 19a-522 to 19a-534a, inclusive, as amended by this act, 19a-536 to 19a-539, inclusive, as amended by this act, 19a-550 to 19a-554, inclusive, as amended by this act, and 19a-562a, unless the context otherwise requires:

(1) "Nursing home facility" means any nursing home **[**or residential care home as defined in section 19a-490**]** or any rest home with nursing supervision **[**which provides, in addition to personal care required in a residential care home,**]** that provides nursing supervision under a medical director twenty-four hours per day, or any chronic and convalescent nursing home **[**which**]** that provides skilled nursing care

under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries; **[**"department"**]**

(2) "Department" means the Department of Public Health; **[**and "commissioner"**]**

(3) "Commissioner" means the Commissioner of Public Health or the commissioner's designated representative; **[**.**]** and

(4) "Residential care home" means an establishment that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter and laundry.

Sec. 25. Subsection (c) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(c) "Residential care home", "nursing home" or "rest home" means an establishment **[**which**]** that furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services **[**which**]** that meet a need beyond the basic provisions of food, shelter and laundry;

Sec. 26. Subsection (a) of section 17b-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse's aide or orderly in a nursing home facility or residential care home, any person paid for caring for a patient in a nursing home facility or residential care home, any staff person

employed by a nursing home facility or residential care home, any patients' advocate and any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition **[**which**]** that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. Any person required to report under the provisions of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense.

Sec. 27. Section 19a-491b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) Any person who is licensed to establish, conduct, operate or maintain a nursing home or residential care home shall notify the Commissioner of Public Health immediately if the owner, conductor, operator or maintainer of **[**the**]** such home, any person described in subdivision (3) of subsection (a) of section 19a-491a, or any nurse or nurse's aide has been convicted of (1) a felony, as defined in section 53a-25, (2) cruelty to persons under section 53-20, or (3) assault of a victim sixty or older under section 53a-61a; or has been subject to any decision imposing disciplinary action by the licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction. Failure to comply with the notification

requirement shall subject the licensed person to a civil penalty of not more than one hundred dollars.

(b) Each nursing home and residential care home shall require a person described in subdivision (3) of subsection (a) of section 19a-491a or a nurse or nurse's aide to complete and sign an application form which contains questions as to whether the person has been convicted of any crime specified in subsection (a) of this section or has been subject to any decision imposing disciplinary action as described in said subsection. Any person seeking employment in a position connected with the provision of care in a nursing home or residential care home who makes a false written statement regarding such prior criminal convictions or disciplinary action shall be guilty of a Class A misdemeanor.

(c) The Commissioner of Public Health shall require each initial applicant described in subdivision (1) of subsection (a) of section 19a-491a to submit to state and national criminal history records checks. The criminal history records checks required by this subsection shall be conducted in accordance with section 29-17a.

Sec. 28. Subsection (a) of section 19a-491c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb, (B) checks of state and national criminal history records conducted in accordance with section 29-17a, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a

background search program.

(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521, as amended by this act, a residential care home, as defined in section 19a-521, as amended by this act, a home health agency, as defined in section 19a-490, as amended by this act, an assisted living services agency, as defined in section 19a-490, as amended by this act, an intermediate care facility for the mentally retarded, as defined in 42 USC 1396d(d), a chronic disease hospital, as defined in section 19a-550, as amended by this act, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

Sec. 29. Section 19a-497 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) Each institution shall, upon receipt of a notice of intention to strike by a labor organization representing the employees of such institution, in accordance with the provisions of the National Labor Relations Act, 29 USC 158, file a strike contingency plan with the commissioner not later than five days before the date indicated for the strike.

(b) The commissioner may issue a summary order to any nursing home facility, as defined in section 19a-521, as amended by this act, or any residential care home, as defined in section 19a-521, that fails to file a strike contingency plan that complies with the provisions of this section and the regulations adopted by the commissioner pursuant to this section within the specified time period. Such order shall require the nursing home facility or residential care home to immediately file a strike contingency plan that complies with the provisions of this section and the regulations adopted by the commissioner pursuant to this section.

(c) Any nursing home facility or residential care home that is in noncompliance with this section shall be subject to a civil penalty of not more than ten thousand dollars for each day of noncompliance.

(d) (1) If the commissioner determines that a nursing home facility or residential care home is in noncompliance with this section or the regulations adopted pursuant to this section, for which a civil penalty is authorized by subsection (c) of this section, the commissioner may send to an authorized officer or agent of the nursing home facility or residential care home, by certified mail, return receipt requested, or personally serve upon such officer or agent, a notice that includes: **[**(1)**]** (A) A reference to this section or the section or sections of the regulations involved; **[**(2)**]** (B) a short and plain statement of the matters asserted or charged; **[**(3)**]** (C) a statement of the maximum civil penalty that may be imposed for such noncompliance; and **[**(4)**]** (D) a statement of the party's right to request a hearing to contest the imposition of the civil penalty.

(2) A nursing home facility or residential care home may make written application for a hearing to contest the imposition of a civil penalty pursuant to this section not later than twenty days after the date such notice is mailed or served. All hearings under this section shall be conducted in accordance with the provisions of chapter 54. If a

nursing home facility or residential care home fails to request a hearing or fails to appear at the hearing or if, after the hearing, the commissioner finds that the nursing home facility or residential care home is in noncompliance, the commissioner may, in the commissioner's discretion, order that a civil penalty be imposed that is not greater than the penalty stated in the notice. The commissioner shall send a copy of any order issued pursuant to this subsection by certified mail, return receipt requested, to the nursing home facility or residential care home named in such order.

(e) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54: (1) Establishing requirements for a strike contingency plan, which shall include, but not be limited to, a requirement that the plan contain documentation that the institution has arranged for adequate staffing and security, food, pharmaceuticals and other essential supplies and services necessary to meet the needs of the patient population served by the institution in the event of a strike; and (2) for purposes of the imposition of a civil penalty upon a nursing home facility or residential care home pursuant to subsections (c) and (d) of this section.

(f) Such plan shall be deemed a statement of strategy or negotiation with respect to collective bargaining for the purpose of subdivision (9) of subsection (b) of section 1-210.

Sec. 30. Subsection (d) of section 19a-498 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(d) In addition, when the Commissioner of Social Services deems it necessary, said commissioner, or a designated representative of said commissioner, may examine and audit the financial records of any nursing home facility, as defined in section 19a-521, as amended by this act, any residential care home, as defined in section 19a-521, as

amended by this act, or any nursing facility management services certificate holder, as defined in section 19a-561. Each nursing home facility, residential care home and nursing facility management services certificate holder shall retain all financial information, data and records relating to the operation of the nursing home facility or residential care home for a period of not less than ten years, and all financial information, data and records relating to any real estate transactions affecting such operation, for a period of not less than twenty-five years, which financial information, data and records shall be made available, upon request, to the Commissioner of Social Services or such designated representative at all reasonable times. In connection with any inquiry, examination or investigation, the commissioner or the commissioner's designated representative may issue subpoenas, order the production of books, records and documents, administer oaths and take testimony under oath. The Attorney General, upon request of said commissioner or the commissioner's designated representative, may apply to the Superior Court to enforce any such subpoena or order.

Sec. 31. Subsection (b) of section 19a-502 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(b) If any person conducting, managing or operating any nursing home facility, as defined in section 19a-521, as amended by this act, or residential care home, as defined in section 19a-521, as amended by this act, fails to maintain or make available the financial information, data or records required under subsection (d) of section 19a-498, as amended by this act, such person's license as a nursing home facility or residential care home administrator may be revoked or suspended in accordance with section 19a-517 or the license of such nursing home facility or residential care home may be revoked or suspended in the manner provided in section 19a-494, or both.

Sec. 32. Section 19a-521c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

No nursing home facility, as defined in section 19a-521, as amended by this act, or residential care home, as defined in section 19a-521, as amended by this act, shall restrict any patient from obtaining prescription drugs through a prescription drug program or health plan offered by the United States Department of Veterans Affairs. If a nursing home facility or residential care home patient obtains prescription drugs through a prescription drug program or health plan offered by the United States Department of Veterans Affairs, the nursing home facility or residential care home may require such prescription drugs to be dispensed and administered according to **[**the**]** such facility's or home's policies, provided such policies conform to applicable state and federal laws. At the request of a patient, **[**a nursing home**]** such facility or home shall dispense and administer prescription drugs obtained through a prescription drug program or health plan operated by the United States Department of Veterans Affairs regardless of the form of the drugs' packaging. Nothing in this section shall prevent **[**a nursing home facility**]** such facility or home from dispensing and administering to a patient prescription drugs that are obtained from sources other than a prescription drug program or health plan operated by the United States Department of Veterans Affairs when the patient requires such drugs before the drugs can be obtained from such drug program or health plan.

Sec. 33. Section 19a-522 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the health, safety and welfare of patients in nursing home facilities, classification of violations relating to such facilities, medical staff qualifications, record-keeping, nursing service, dietary service, personnel qualifications and general operational

conditions. The regulations shall: (1) Assure that each patient admitted to a nursing home facility is protected by adequate immunization against influenza and pneumococcal disease in accordance with the recommendations of the National Advisory Committee on Immunization Practices, established by the Secretary of Health and Human Services; (2) specify that each patient be protected annually against influenza and be vaccinated against pneumonia in accordance with the recommendations of the National Advisory Committee on Immunization; and (3) provide appropriate exemptions for patients for whom such immunizations are medically contraindicated and for patients who object to such immunization on religious grounds.

(b) Nursing home facilities or residential care homes may not charge the family or estate of a deceased self-pay patient beyond the date on which such patient dies. Nursing home facilities or residential care homes shall reimburse the estate of a deceased self-pay patient, within sixty days after the death of such patient, for any advance payments made by or on behalf of the patient covering any period beyond the date of death. Interest, in accordance with subsection (a) of section 37-1, on such reimbursement shall begin to accrue from the date of such patient's death.

Sec. 34. Section 19a-523 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) If, from the results of an inspection and investigation in accordance with section 19a-498, or upon receipt of a report or complaint from the Commissioner of Social Services, pursuant to section 17b-408, and upon such review and further investigation, as the Commissioner of Public Health deems necessary, the Commissioner of Public Health determines that such nursing home facility or residential care home has violated any provision of the Public Health Code relating to the operation or maintenance of a nursing home facility or residential care home, the Commissioner of Public Health may,

notwithstanding the provisions of chapter 54, request the Attorney General to seek a temporary or permanent injunction and such other relief as may be appropriate to enjoin such nursing home facility or residential care home from continuing such violation or violations. If the court determines such violation or violations exist, it may grant such injunctive relief and such other relief as justice may require and may set a time period within which such nursing home facility or residential care home shall comply with any such order.

(b) Any appeal taken from any permanent injunction granted under subsection (a) of this section shall not stay the operation of such injunction unless the court is of the opinion that great and irreparable injury will be done by not staying the operation of such injunction.

Sec. 35. Section 19a-524 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

If, upon review, investigation or inspection pursuant to section 19a-498, as amended by this act, the Commissioner of Public Health determines that a nursing home facility or residential care home has violated any provision of section 17b-406, 19a-521 to 19a-529, inclusive, as amended by this act, 19a-531 to 19a-551, inclusive, as amended by this act, or 19a-553 to 19a-555, inclusive, as amended by this act, section 19a-491a, 19a-491b, 19a-493a or 19a-528a or any regulation in the Public Health Code or regulation relating to licensure or the Fire Safety Code relating to the operation or maintenance of a nursing home facility or residential care home, which violation has been classified in accordance with section 19a-527, he or she shall immediately issue or cause to be issued a citation to the licensee of such nursing home facility or residential care home. Governmental immunity shall not be a defense to any citation issued or civil penalty imposed pursuant to sections 19a-524 to 19a-528, inclusive, as amended by this act. Each such citation shall be in writing, shall provide notice of the nature and scope of the alleged violation or

violations and shall be sent by certified mail to the licensee at the address of the nursing home facility or residential care home in issue. A copy of such citation shall also be sent to the licensed administrator at the address of the **[**facility**]** nursing home facility or residential care home.

Sec. 36. Section 19a-525 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The administrator of the nursing home facility or residential care home, or his or her designee, shall, within three days, excluding Saturdays, Sundays and holidays, of receipt of the citation by the licensee, notify the commissioner if the licensee contests the citation. If the administrator fails to so notify the commissioner within such three-day period, the citation shall be deemed a final order of the commissioner, effective upon the expiration of said period.

(b) If any administrator of a nursing home facility or residential care home, or his or her designee, notifies the commissioner that the licensee contests the citation, the commissioner shall provide within five days of such notice, excluding Saturdays, Sundays and holidays, an informal conference between the licensee and the commissioner. If the licensee and commissioner fail to reach an agreement at such conference, the commissioner shall set the matter down for a hearing as a contested case in accordance with chapter 54, not more than five nor less than three days after such conference, with notice of the date of such hearing to the administrator not less than two days before such hearing, provided the minimum time requirements may be waived by agreement. The commissioner shall, **[**within**]** not later than three days, excluding Saturdays, Sundays and holidays, after the conference if agreement is reached at such conference, or after the hearing, issue a final order, based on findings of fact, affirming, modifying or vacating the citation.

Sec. 37. Section 19a-526 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) When, in the case of a class A or B violation, a final order becomes effective, the citation, the order, if any, affirming or modifying the citation and the finding shall be filed by the Commissioner of Public Health in the office of the clerk of the superior court for the judicial district of Hartford. Said clerk shall cause said citation, order, if any, and finding to be filed in said court. Upon such filing, the civil penalty imposed may be enforced in the same manner as a judgment of the Superior Court, provided if an appeal is taken in accordance with section 19a-529, as amended by this act, the court or a judge thereof may, in its or his discretion, stay execution of such order.

(b) Civil penalties imposed pursuant to this section shall be paid not later than fifteen days after the final date by which an appeal may be taken as provided in section 19a-529, as amended by this act, or, if an appeal is taken, not later than fifteen days after the final judgment on such appeal. In the event such fines are not paid, the Commissioner of Public Health shall notify the Commissioner of Social Services who is authorized to immediately withhold from the nursing home's or residential care home's next medical assistance payment, an amount equal to the amount of the civil penalty.

Sec. 38. Section 19a-527 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

Citations issued pursuant to section 19a-524, as amended by this act, shall be classified according to the nature of the violation and shall state such classification and the amount of the civil penalty to be imposed on the face thereof. The Commissioner of Public Health shall, by regulation in accordance with chapter 54, classify violations as follows:

(a) Class A violations are conditions **[**which**]** that the Commissioner of Public Health determines present an immediate danger of death or serious harm to any patient in the nursing home facility or residential care home. For each class A violation, a civil penalty of not more than five thousand dollars may be imposed;

(b) Class B violations are conditions **[**which**]** that the Commissioner of Public Health determines present a probability of death or serious harm in the reasonably foreseeable future to any patient in the nursing home facility or residential care home, but **[**which**]** that he or she does not find constitute a class A violation. For each such violation, a civil penalty of not more than three thousand dollars may be imposed.

Sec. 39. Section 19a-528 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

In imposing the civil penalties **[**which**]** that shall become due under sections 19a-524 to 19a-528, inclusive, as amended by this act, the commissioner may consider all factors **[**which he**]** that the commissioner deems relevant, including, but not limited to, the following:

(1) The amount of assessment necessary to insure immediate and continued compliance;

(2) The character and degree of impact of the violation on the health, safety and welfare of any patient in the nursing home facility or residential care home;

(3) The conduct of the person against whom the citation is issued in taking all feasible steps or procedures necessary or appropriate to comply or to correct the violation;

(4) Any prior violations by the nursing home facility or residential care home of statutes, regulations or orders administered, adopted or

issued by the Commissioner of Public Health.

Sec. 40. Section 19a-529 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

Any person aggrieved by a final order pursuant to sections 19a-524 to 19a-528, inclusive, as amended by this act, may appeal such order to the superior court for the judicial district in which the nursing home facility or residential care home is situated in accordance with section 4-183. Such appeal shall have precedence in the order of trial to the same extent as provided in section 52-191. This section shall provide the exclusive procedure for appealing any such order.

Sec. 41. Section 19a-531 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

Any employee of the Department of Public Health or the Department of Social Services or any regional ombudsman who gives or causes to be given any advance notice to any nursing home facility or residential care home, directly or indirectly, that an investigation or inspection is under consideration or is impending or gives any information regarding any complaint submitted pursuant to section 17b-408 **[**,**]** or 19a-523, as amended by this act, prior to an on-the-scene investigation or inspection of such facility, unless specifically mandated by federal or state regulations to give advance notice, shall be guilty of a class B misdemeanor and may be subject to dismissal, suspension or demotion in accordance with chapter 67.

Sec. 42. Section 19a-532 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

No nursing home facility or residential care home shall discharge or in any manner discriminate or retaliate against any patient in any nursing home facility or residential care home, or any relative, guardian, conservator or sponsoring agency thereof or against any

employee of any nursing home facility or residential care home or against any other person because such patient, relative, guardian, conservator, sponsoring agency, employee or other person has filed any complaint or instituted or caused to be instituted any proceeding under sections 17b-406, 17b-408, 19a-531 to 19a-534, inclusive, as amended by this act, 19a-536 to 19a-539, inclusive, as amended by this act, 19a-550, as amended by this act, 19a-553, as amended by this act, and 19a-554, or has testified or is about to testify in any such proceeding or because of the exercise by such patient, relative, guardian, conservator, sponsoring agency, employee or other person on behalf of himself, herself or others of any right afforded by said sections. Notwithstanding any other provision of the general statutes, any nursing home facility **[**which**]** or residential care home that violates any provision of this section shall be liable to the injured party for treble damages.

Sec. 43. Section 19a-534 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

If the commissioner determines that there is imminent danger to the health, safety or welfare of any patient in any nursing home facility or residential care home, said commissioner may transfer or cause to be transferred such patient to another nursing home facility, residential care home or hospital, provided the commissioner promptly notifies the spouse, relative, guardian or conservator or sponsoring agency of such patient of the transfer and indicates the nursing home facility, residential care home or hospital to which such patient has been transferred.

Sec. 44. Section 19a-534a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

If the commissioner finds that the health, safety or welfare of any patient or patients in any nursing home facility or residential care

home imperatively requires emergency action and incorporates a finding to that effect in the order, the commissioner may issue a summary order to the holder of a license issued pursuant to section 19a-493 pending completion of any proceedings conducted pursuant to section 19a-494. Such proceedings shall be promptly instituted and determined. The orders **[**which**]** that the commissioner may issue shall include, but not be limited to: (1) Revoking or suspending the license; (2) prohibiting the nursing home facility or residential care home from admitting new patients or discharging current patients; (3) limiting the license of a nursing home facility or residential care home in any respect, including reducing the licensed patient capacity; and (4) compelling compliance with the applicable statutes or regulations administered or adopted by the department.

Sec. 45. Section 19a-538 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

On or before January 1, 1977, and annually thereafter, the Department of Public Health shall publish a report, available to the public, **[**which**]** that shall include, but not be limited to, a list of all nursing home facilities and residential care homes in this state; whether such nursing home facilities and residential care homes are proprietary or nonproprietary; the classification of each such nursing home facility and residential care home; the name of the owner or owners, including the name of any partnership, corporation, trust, individual proprietorship or other legal entity **[**which**]** that owns or controls, directly or indirectly, such facility or residential care homes; the total number of beds; the number of private and semiprivate rooms; the religious affiliation, and religious services offered, if any, in the nursing home facility or residential care home; the cost per diem for private patients; the languages spoken by the administrator and staff of such nursing home facility or residential care home; the number of full-time employees and their professions; whether or not

such nursing home facility or residential care home accepts Medicare and Medicaid patients; recreational and other programs available and the number and nature of any class A or class B citation issued against such nursing home facility or residential care home in the previous year.

Sec. 46. Section 19a-541 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

As used in this section and sections 19a-542 to 19a-549, inclusive, unless the context otherwise requires:

(1) "Nursing home facility" shall have the same meaning as provided in section 19a-521, as amended by this act;

(2) "Emergency" means a situation, physical condition or one or more practices, methods or operations which presents imminent danger of death or serious physical or mental harm to residents of a nursing home facility;

(3) "Transfer trauma" means the medical and psychological reactions to physical transfer that increase the risk of death, or grave illness, or both, in elderly persons; **[**and**]**

(4) "Substantial violation" means a violation of law **[**which**]** that presents a reasonable likelihood of serious physical or mental harm to residents of a nursing home facility **[**.**]** or residential care home; and

(5) "Residential care home" shall have the same meaning as provided in section 19a-521, as amended by this act.

Sec. 47. Section 19a-542 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) An application to appoint a receiver for a nursing home facility or residential care home may be filed in the Superior Court by the

Commissioner of Social Services, the Commissioner of Public Health or the director of the Office of Protection and Advocacy for Persons with Disabilities. A resident of **[**a facility**]** such facility or home, or such resident's legally liable relative, conservator or guardian may file a written complaint with the Commissioner of Public Health specifying conditions at **[**the**]** such facility **[**which**]** or home that warrant an application to appoint a receiver. If the Commissioner of Public Health fails to resolve such complaint **[**within**]** not later than forty-five days **[**of**]** after its receipt or, in the case of a nursing home facility **[**which**]** or residential care home that intends to close, **[**within**]** not later than seven days **[**of**]** after its receipt, the person who filed the complaint may file an application in the Superior Court for the appointment of a receiver for such facility or home. Said court shall immediately notify the Attorney General of such application. The court shall hold a hearing not later than ten days after the date the application is filed. Notice of such hearing shall be given to the owner of such facility or residential care home, or such owner's agent for service of process, not less than five days prior to such hearing. Such notice shall be posted by the court in a conspicuous place inside such facility for not less than three days prior to such hearing.

(b) A resident of a nursing home facility or residential care home for which an application to appoint a receiver has been filed or such resident's legally liable relative, conservator or guardian may appear as a party to the proceedings.

(c) Notwithstanding the provisions of subsection (a) of this section the court may appoint a receiver upon an ex parte motion when affidavits, testimony or any other evidence presented indicates that there is a reasonable likelihood an emergency exists in such facility or home which must be remedied immediately to insure the health, safety and welfare of the patients of such facility or home. Notice of the application and order shall be served on the owner or **[**his**]** or the

owner's agent for service of process and shall be posted in a conspicuous place inside **[**the**]** such facility or home not later than twenty-four hours after issuance of such order. A hearing on the application shall be held not later than five days after the issuance of such order unless the owner consents to a later date.

Sec. 48. Section 19a-543 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The court shall grant an application for the appointment of a receiver for a nursing home facility or residential care home upon a finding of any of the following: (1) Such facility or home is operating without a license issued pursuant to this chapter or such facility's or home's license has been suspended or revoked pursuant to section 19a-494; (2) such facility or home intends to close and adequate arrangements for relocation of its residents have not been made at least thirty days prior to closing; (3) such facility or home has sustained a serious financial loss or failure which jeopardizes the health, safety and welfare of the patients or there is a reasonable likelihood of such loss or failure; or (4) there exists in such facility a condition in substantial violation of the Public Health Code, or any other applicable state statutes, or Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended, or any regulation adopted pursuant to such state or federal laws.

Sec. 49. Section 19a-544 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

It shall be a sufficient defense to a receivership application if any owner of a nursing home facility or residential care home establishes that, (1) **[**he**]** the owner did not have knowledge or could not reasonably have known that any conditions in violation of section 19a-543 existed, or (2) **[**he**]** the owner did not have a reasonable time in which to correct such violations, or (3) the violations listed in the

application do not, in fact, exist or, in the event the grounds upon which the petition is based are those set forth in subdivision (2) of section 19a-543, as amended by this act, **[**the**]** such facility or home does not intend to close.

Sec. 50. Subsection (a) of section 19a-545 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) A receiver appointed pursuant to the provisions of sections 19a-541 to 19a-549, inclusive, as amended by this act, in operating **[**such**]** a nursing home facility or residential care home, shall have the same powers as a receiver of a corporation under section 52-507, except as provided in subsection (c) of this section and shall exercise such powers to remedy the conditions **[**which**]** that constituted grounds for the imposition of receivership, assure adequate health care for the residents and preserve the assets and property of the owner. If **[**a**]** such facility or home is placed in receivership it shall be the duty of the receiver to notify each resident and each resident's guardian or conservator, if any, or legally liable relative or other responsible party, if known. Such receiver may correct or eliminate any deficiency in the structure or furnishings of **[**the**]** such facility **[**which**]** or home that endangers the safety or health of the residents while they remain in **[**the**]** such facility or home, provided the total cost of correction does not exceed three thousand dollars. The court may order expenditures for this purpose in excess of three thousand dollars on application from such receiver. If any resident is transferred or discharged such receiver shall provide for: (1) Transportation of the resident and such resident's belongings and medical records to the place where such resident is being transferred or discharged; (2) aid in locating an alternative placement and discharge planning in accordance with section 19a-535; (3) preparation for transfer to mitigate transfer trauma, including but not limited to, participation by the resident or the

resident's guardian in the selection of the resident's alternative placement, explanation of alternative placements and orientation concerning the placement chosen by the resident or the resident's guardian; and (4) custodial care of all property or assets of residents **[**which**]** that are in the possession of an owner of **[**the**]** such facility or home. The receiver shall preserve all property, assets and records of residents **[**which**]** that the receiver has custody of and shall provide for the prompt transfer of the property, assets and records to the alternative placement of any transferred resident. In no event may the receiver transfer all residents and close **[**a**]** such facility or home without a court order and without complying with the notice and discharge plan requirements for each resident in accordance with section 19a-535.

Sec. 51. Subsection (a) of section 19a-546 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) A receiver may not be required to honor any lease, mortgage, secured transaction or other contract entered into by the owner of **[**the**]** a nursing home facility or residential care home if, upon application to the Superior Court, said court determines that: (1) The person seeking payment under the agreement was an owner or controlling stockholder of **[**the**]** such facility or home or was an affiliate of such owner or controlling stockholder at the time the agreement was made; or (2) the rental, price or rate of interest required to be paid under the agreement was substantially in excess of a reasonable rental, price or rate of interest at the time the contract was entered into.

Sec. 52. Section 19a-547 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The court may appoint any responsible individual whose name is proposed by the Commissioner of Public Health and the

Commissioner of Social Services to act as a receiver. **[**Such**]** For a nursing home facility, such individual shall be a nursing home facility administrator licensed in the state of Connecticut with substantial experience in operating Connecticut nursing homes. **[**On or before July 1, 2004, the**]** For a residential care home, such individual shall have experience as a residential care home administrator or, if there is no such individual, such individual shall have experience in the state similar to that of a residential care home administrator. The Commissioner of Social Services shall adopt regulations governing qualifications for proposed receivers consistent with this subsection. No state employee or owner, administrator or other person with a financial interest in the **[**facility**]** nursing home facility or residential care home may serve as a receiver for that **[**facility**]** nursing home facility or residential care home. No person appointed to act as a receiver shall be permitted to have a current financial interest in the **[**facility**]** nursing home facility or residential care home; nor shall such person appointed as a receiver be permitted to have a financial interest in the **[**facility**]** nursing home facility or residential care home for a period of five years from the date the receivership ceases.

(b) The court may remove such receiver in accordance with section 52-513. A nursing home facility or residential care home receiver appointed pursuant to this section shall be entitled to a reasonable receiver's fee as determined by the court. The receiver shall be liable only in **[**his**]** the receiver's official capacity for injury to person and property by reason of the conditions of the nursing home **[**. He**]** facility or residential care home. The receiver shall not be personally liable, except for acts or omissions constituting gross, wilful or wanton negligence.

(c) The court, in its discretion, may require a bond of such receiver in accordance with section 52-506.

(d) The court may require the Commissioner of Public Health to

provide for the payment of any receiver's fees authorized in subsection (a) of this section upon a showing by such receiver to the satisfaction of the court that (1) the assets of the nursing home facility or residential care home are not sufficient to make such payment, and (2) no other source of payment is available, including the submission of claims in a bankruptcy proceeding. The state shall have a claim for any court-ordered fees and expenses of the receiver **[**which**]** that shall have priority over all other claims of secured and unsecured creditors and other persons whether or not **[**the**]** such nursing home facility or residential care home is in bankruptcy, to the extent allowed under state or federal law.

Sec. 53. Section 19a-548 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

Each receiver shall, during the first week in January, April, July and October in each year, sign, swear to and file with the clerk of the court by which **[**he**]** the receiver was appointed a full and detailed account of his or her doings as such receiver for the three months next preceding, together with a statement of all court orders passed during such three months and the present condition and prospects of the nursing home facility or residential care home in **[**his**]** the receiver's charge, and cause a motion for a hearing and approval of the same to be placed on the short calendar.

Sec. 54. Section 19a-549 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Superior Court, upon a motion by the receiver or the owner of **[**such**]** the nursing home facility or residential care home, may terminate the receivership if it finds that such facility or home has been rehabilitated so that the violations complained of no longer exist or if such receivership was instituted pursuant to subdivision (2) of section 19a-543, as amended by this act, the orderly transfer of the patients has

been completed and such facility or home is ready to be closed. Upon such finding, the court may terminate the receivership and return such facility or home to its owner. In its termination order the court may include such terms as it deems necessary to prevent the conditions complained of from recurring.

Sec. 55. Section 19a-550 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) (1) As used in this section, (A) "nursing home facility" shall have the same meaning as provided in section 19a-521, as amended by this act, **[**and**]** (B) "residential care home" shall have the same meaning as provided in section 19a-521, as amended by this act, and (C) "chronic disease hospital" means a long-term hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of chronic diseases; and (2) for the purposes of subsections (c) and (d) of this section, and subsection (b) of section 19a-537, "medically contraindicated" means a comprehensive evaluation of the impact of a potential room transfer on the patient's physical, mental and psychosocial well-being, which determines that the transfer would cause new symptoms or exacerbate present symptoms beyond a reasonable adjustment period resulting in a prolonged or significant negative outcome that could not be ameliorated through care plan intervention, as documented by a physician in a patient's medical record.

(b) There is established a patients' bill of rights for any person admitted as a patient to any nursing home facility, residential care home or chronic disease hospital. The patients' bill of rights shall be implemented in accordance with the provisions of Sections 1919(b), 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients' bill of rights shall provide that each such patient: (1) Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during the

patient's stay, of the rights set forth in this section and of all rules and regulations governing patient conduct and responsibilities; (2) is fully informed, prior to or at the time of admission and during the patient's stay, of services available in **[**the**]** such facility or chronic disease hospital, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by basic per diem rate; (3) in such facility or hospital is entitled to choose the patient's own physician and is fully informed, by a physician, of the patient's medical condition unless medically contraindicated, as documented by the physician in the patient's medical record, and is afforded the opportunity to participate in the planning of the patient's medical treatment and to refuse to participate in experimental research; (4) in a residential care home or a chronic disease hospital is transferred from one room to another within **[**the facility**]** such home or chronic disease hospital only for medical reasons, or for the patient's welfare or that of other patients, as documented in the patient's medical record and such record shall include documentation of action taken to minimize any disruptive effects of such transfer, except a patient who is a Medicaid recipient may be transferred from a private room to a nonprivate room, provided no patient may be involuntarily transferred from one room to another within **[**the facility**]** such home or chronic disease hospital if (A) it is medically established that the move will subject the patient to a reasonable likelihood of serious physical injury or harm, or (B) the patient has a prior established medical history of psychiatric problems and there is psychiatric testimony that as a consequence of the proposed move there will be exacerbation of the psychiatric problem **[**which**]** that would last over a significant period of time and require psychiatric intervention; and in the case of an involuntary transfer from one room to another within **[**the facility**]** such home or chronic disease hospital, the patient and, if known, the patient's legally liable relative, guardian or conservator or a person designated by the patient in accordance with section 1-56r, is given **[**at least**]** not less than thirty

days' and **[**no**]** not more than sixty days' written notice to ensure orderly transfer from one room to another within **[**the facility**]** such home or chronic disease hospital, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another within **[**the facility**]** such home or chronic disease hospital is necessitated by urgent medical need of the patient or where a patient has resided in **[**the facility**]** such home or chronic disease hospital for less than thirty days, in which case notice shall be given as many days before the transfer as practicable; (5) is encouraged and assisted, throughout the patient's period of stay, to exercise the patient's rights as a patient and as a citizen, and to this end, has the right to be fully informed about patients' rights by state or federally funded patient advocacy programs, and may voice grievances and recommend changes in policies and services to nursing home facility, residential care home or chronic disease hospital staff or to outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal; (6) shall have prompt efforts made by **[**the facility**]** such nursing home facility, residential care home or chronic disease hospital to resolve grievances the patient may have, including those with respect to the behavior of other patients; (7) may manage the patient's personal financial affairs, and is given a quarterly accounting of financial transactions made on the patient's behalf; (8) is free from mental and physical abuse, corporal punishment, involuntary seclusion and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the patient's medical symptoms. Physical or chemical restraints may be imposed only to ensure the physical safety of the patient or other patients and only upon the written order of a physician that specifies the type of restraint and the duration and circumstances under which the restraints are to be used, except in emergencies until a specific order can be obtained; (9) is assured confidential treatment of the patient's personal and medical records, and may approve or refuse their release to any individual outside the facility, except in case of the

patient's transfer to another health care institution or as required by law or third-party payment contract; (10) receives quality care and services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual would be endangered, and is treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and in care for the patient's personal needs; (11) is not required to perform services for the nursing home facility, residential care home or chronic disease hospital that are not included for therapeutic purposes in the patient's plan of care; (12) may associate and communicate privately with persons of the patient's choice, including other patients, send and receive the patient's personal mail unopened and make and receive telephone calls privately, unless medically contraindicated, as documented by the patient's physician in the patient's medical record, and receives adequate notice before the patient's room or roommate in **[**the**]** such facility, home or chronic disease hospital is changed; (13) is entitled to organize and participate in patient groups in **[**the**]** such facility, home or chronic disease hospital and to participate in social, religious and community activities that do not interfere with the rights of other patients, unless medically contraindicated, as documented by the patient's physician in the patient's medical records; (14) may retain and use the patient's personal clothing and possessions unless to do so would infringe upon rights of other patients or unless medically contraindicated, as documented by the patient's physician in the patient's medical record; (15) is assured privacy for visits by the patient's spouse or a person designated by the patient in accordance with section 1-56r and, if the patient is married and both the patient and the patient's spouse are inpatients in the facility, they are permitted to share a room, unless medically contraindicated, as documented by the attending physician in the medical record; (16) is fully informed of the availability of and may examine all current state, local and federal inspection reports and plans of correction; (17) may

organize, maintain and participate in a patient-run resident council, as a means of fostering communication among residents and between residents and staff, encouraging resident independence and addressing the basic rights of nursing home facility, residential care home and chronic disease hospital patients and residents, free from administrative interference or reprisal; (18) is entitled to the opinion of two physicians concerning the need for surgery, except in an emergency situation, prior to such surgery being performed; (19) is entitled to have the patient's family or a person designated by the patient in accordance with section 1-56r meet in **[**the**]** such facility, residential care home or chronic disease hospital with the families of other patients in the facility to the extent **[**the**]** such facility, residential care home or chronic disease hospital has existing meeting space available **[**which**]** that meets applicable building and fire codes; (20) is entitled to file a complaint with the Department of Social Services and the Department of Public Health regarding patient abuse, neglect or misappropriation of patient property; (21) is entitled to have psychopharmacologic drugs administered only on orders of a physician and only as part of a written plan of care developed in accordance with Section 1919(b)(2) of the Social Security Act and designed to eliminate or modify the symptoms for which the drugs are prescribed and only if, at least annually, an independent external consultant reviews the appropriateness of the drug plan; (22) is entitled to be transferred or discharged from the facility only pursuant to section 19a-535, 19a-535a or **[**section**]** 19a-535b, as applicable; (23) is entitled to be treated equally with other patients with regard to transfer, discharge and the provision of all services regardless of the source of payment; (24) shall not be required to waive any rights to benefits under Medicare or Medicaid or to give oral or written assurance that the patient is not eligible for, or will not apply for benefits under Medicare or Medicaid; (25) is entitled to be provided information by the nursing home facility or chronic disease hospital as to how to apply for Medicare or Medicaid benefits and how to receive

refunds for previous payments covered by such benefits; (26) on or after October 1, 1990, shall not be required to give a third-party guarantee of payment to the facility as a condition of admission to, or continued stay in, **[**the**]** such facility; (27) is entitled to have **[**the**]** such facility not charge, solicit, accept or receive any gift, money, donation, third-party guarantee or other consideration as a precondition of admission or expediting the admission of the individual to **[**the**]** such facility or as a requirement for the individual's continued stay in **[**the**]** such facility; and (28) shall not be required to deposit the patient's personal funds in **[**the**]** such facility, home or chronic disease hospital.

(c) The patients' bill of rights shall provide that a patient in a rest home with nursing supervision or a chronic and convalescent nursing home may be transferred from one room to another within **[**a facility**]** such home only for the purpose of promoting the patient's well-being, except as provided pursuant to subparagraph (C) or (D) of this subsection or subsection (d) of this section. Whenever a patient is to be transferred, **[**the facility**]** such home shall effect the transfer with the least disruption to the patient and shall assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. When a transfer is initiated by **[**the facility**]** such home and the patient does not consent to the transfer, **[**the facility**]** such home shall establish a consultative process that includes the participation of the attending physician, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative. The consultative process shall determine: (1) What caused consideration of the transfer; (2) whether the cause can be removed; and (3) if not, whether **[**the facility**]** such home has attempted alternatives to transfer. The patient shall be informed of the risks and benefits of the transfer and of any alternatives. If subsequent to the completion of the

consultative process a patient still does not wish to be transferred, the patient may be transferred without the patient's consent, unless medically contraindicated, only (A) if necessary to accomplish physical plant repairs or renovations that otherwise could not be accomplished; provided, if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the repairs or renovations are completed; (B) due to irreconcilable incompatibility between or among roommates, which is actually or potentially harmful to the well-being of a patient; (C) if **[**the facility**]** such home has two vacancies available for patients of the same sex in different rooms, there is no applicant of that sex pending admission in accordance with the requirements of section 19a-533 and grouping of patients by the same sex in the same room would allow admission of patients of the opposite sex, **[**which**]** that otherwise would not be possible; (D) if necessary to allow access to specialized medical equipment no longer needed by the patient and needed by another patient; or (E) if the patient no longer needs the specialized services or programming that is the focus of the area of **[**the facility**]** such home in which the patient is located. In the case of an involuntary transfer, **[**the facility**]** such home shall, subsequent to completion of the consultative process, provide the patient and the patient's legally liable relative, guardian or conservator if any or other responsible party if known, with at least fifteen days' written notice of the transfer, which shall include the reason for the transfer, the location to which the patient is being transferred, and the name, address and telephone number of the regional long-term care ombudsman, except that in the case of a transfer pursuant to subparagraph (A) of this subsection at least thirty days' notice shall be provided. Notwithstanding the provisions of this subsection, a patient may be involuntarily transferred immediately from one room to another within **[**a facility**]** such home to protect the patient or others from physical harm, to control the spread of an infectious disease, to respond to a physical plant or environmental emergency that threatens the patient's health or safety or to respond to a situation that presents a

patient with an immediate danger of death or serious physical harm. In such a case, disruption of patients shall be minimized; the required notice shall be provided **[**within**]** not later than twenty-four hours after the transfer; if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the threat to health or safety **[**which**]** that prompted the transfer has been eliminated; and, in the case of a transfer effected to protect a patient or others from physical harm, the consultative process shall be established on the next business day.

(d) Notwithstanding the provisions of subsection (c) of this section, unless medically contraindicated, a patient who is a Medicaid recipient may be transferred from a private to a nonprivate room. In the case of such a transfer, the nursing home facility shall (1) give **[**at least**]** not less than thirty days' written notice to the patient and the patient's legally liable relative, guardian or conservator, if any, a person designated by the patient in accordance with section 1-56r or other responsible party, if known, which notice shall include the reason for the transfer, the location to which the patient is being transferred and the name, address and telephone number of the regional long-term care ombudsman; and (2) establish a consultative process to effect the transfer with the least disruption to the patient and assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. The consultative process shall include the participation of the attending physician, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative.

(e) Any nursing home facility, residential care home or chronic disease hospital that negligently deprives a patient of any right or

benefit created or established for the well-being of the patient by the provisions of this section shall be liable to such patient in a private cause of action for injuries suffered as a result of such deprivation. Upon a finding that a patient has been deprived of such a right or benefit, and that the patient has been injured as a result of such deprivation, damages shall be assessed in the amount sufficient to compensate such patient for such injury. The rights or benefits specified in subsections (b) to (d), inclusive, of this section may not be reduced, rescinded or abrogated by contract. In addition, where the deprivation of any such right or benefit is found to have been wilful or in reckless disregard of the rights of the patient, punitive damages may be assessed. A patient may also maintain an action pursuant to this section for any other type of relief, including injunctive and declaratory relief, permitted by law. Exhaustion of any available administrative remedies shall not be required prior to commencement of suit under this section.

(f) In addition to the rights specified in subsections (b), (c) and (d) of this section, a patient in a nursing home facility is entitled to have the facility manage the patient's funds as provided in section 19a-551, as amended by this act.

Sec. 56. Section 19a-551 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

Each nursing home facility shall: (1) On or before the admission of each patient provide such patient or such patient's legally liable relative, guardian or conservator with a written statement explaining such patient's rights regarding the patient's personal funds and listing the charges **[**which**]** that may be deducted from such funds. Such statement shall explain that the nursing home facility shall on and after October 1, 1992, pay interest at a rate not less than four per cent per annum and on and after October 1, 1994, pay interest at a rate not less than five and one-half per cent per annum on any security deposit or

other advance payment required of such patient prior to admission to the nursing home facility. In the case of patients receiving benefits under Title XVIII or XIX of the federal Social Security Act the statement shall include a list of charges not covered by said titles and not covered by the basic per diem rate provided by said titles. Upon delivery of such statement the person in charge of the nursing home facility shall obtain a signed receipt acknowledging such delivery; (2) upon written consent or request of the patient or the patient's legally liable relative, guardian or conservator, manage such patient's personal funds, provided such consent by a patient shall not be effective unless cosigned by the patient's legally liable relative or guardian if such patient has been determined by a physician to be mentally incapable of understanding and no conservator has been appointed. As manager of such personal funds the nursing home facility shall: (A) Either maintain separate accounts for each patient or maintain an aggregate trust account for patients' funds to prevent commingling the personal funds of patients with the funds of **[**the**]** such facility. **[**The**]** Such facility shall notify in writing each patient receiving Medicaid assistance or such patient's legally liable relative, guardian or conservator when the amount in the patient's account reaches two hundred dollars less than the dollar amount determined under the Medicaid program as the maximum for eligibility under the program and advise the patient or such patient's legally liable relative, guardian or conservator that if the amount in the account plus the value of the patient's other nonexempt resources reaches the maximum the patient may lose his or her Medicaid eligibility; (B) obtain signed receipts for each expenditure from each patient's personal funds; (C) maintain an individual itemized record of income and expenditures for each patient, including quarterly accountings; and (D) permit the patient or the patient's legally liable relative, guardian or conservator, and the regional long-term care ombudsman, and representatives from the Departments of Social Services and Public Health, access to such record; and (3) (A) refund any overpayment or deposit from a former

patient or such patient's legally liable relative, guardian or conservator **[**within**]** not later than thirty days **[**of**]** after the patient's discharge and (B) refund any deposit from an individual planning to be admitted to **[**the**]** such facility **[**within**]** not later than thirty days of receipt of written notification that the individual is no longer planning to be admitted. A refund issued after thirty days shall include interest at a rate of ten per cent per annum. For the purposes of this section "deposit" shall include liquidated damages under any contract for pending admission.

Sec. 57. Subsection (a) of section 20-101a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) A registered nurse, licensed under this chapter, in charge in a hospice, **[**or**]** nursing home facility, as defined in section 19a-521, as amended by this act, residential care home, as defined in section 19a-521, as amended by this act, or a registered nurse, licensed under this chapter or a registered nurse employed by a home health care agency licensed by the state of Connecticut, in a home or residence may make the actual determination and pronouncement of death of a patient provided that the following conditions are satisfied: (1) The death is an anticipated death; (2) the registered nurse attests to such pronouncement on the certificate of death; and (3) the registered nurse, an advanced practice registered nurse licensed under this chapter, or a physician licensed under chapter 370 certifies the death and signs the certificate of death **[**no**]** not later than twenty-four hours after the pronouncement.

Sec. 58. Subsection (a) of section 45a-644 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) "Conservator of the estate" means a person, a municipal or state

official, or a private profit or nonprofit corporation except a hospital, **[**or**]** nursing home facility, as defined in section 19a-521, as amended by this act, or residential care home, as defined in section 19a-521, as amended by this act, appointed by the Court of Probate under the provisions of sections 45a-644 to 45a-663, inclusive, as amended by this act, to supervise the financial affairs of a person found to be incapable of managing his or her own affairs or of a person who voluntarily asks the Court of Probate for the appointment of a conservator of the estate, and includes a temporary conservator of the estate appointed under the provisions of section 45a-654.

Sec. 59. Subsection (a) of section 45a-669 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) "Plenary guardian of a person with intellectual disability" means a person, legally authorized state official, or private nonprofit corporation, except a hospital, **[**or**]** nursing home facility, as defined in section 19a-521, as amended by this act, or residential care home, as defined in section 19a-521, as amended by this act, appointed by a court of probate pursuant to the provisions of sections 45a-669 to 45a-684, inclusive, as amended by this act, to supervise all aspects of the care of an adult person, as enumerated in subsection (d) of section 45a-677, for the benefit of such adult, who by reason of the severity of his or her intellectual disability, has been determined to be totally unable to meet essential requirements for his physical health or safety and totally unable to make informed decisions about matters related to his or her care.

Sec. 60. Subdivision (6) of section 46a-11a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(6) "Facility" means any public or private hospital, nursing home

facility, residential care home, training school, regional facility, group home, community companion home, school or other program serving persons with intellectual disability;

Sec. 61. Section 19a-524 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

If, upon review, investigation or inspection pursuant to section 19a-498, the Commissioner of Public Health determines that a nursing home facility has violated any provision of section 17b-406, 19a-521 to 19a-529, inclusive, as amended by this act, 19a-531 to 19a-551, inclusive, as amended by this act, or 19a-553 to 19a-555, inclusive, section 19a-491a, 19a-491b, as amended by this act, 19a-491c, as amended by this act, 19a-493a or 19a-528a or any regulation in the Public Health Code or regulation relating to licensure or the Fire Safety Code relating to the operation or maintenance of a nursing home facility, which violation has been classified in accordance with section 19a-527, as amended by this act, he shall immediately issue or cause to be issued a citation to the licensee of such nursing home facility. Governmental immunity shall not be a defense to any citation issued or civil penalty imposed pursuant to sections 19a-524 to 19a-528, inclusive, as amended by this act. Each such citation shall be in writing, shall provide notice of the nature and scope of the alleged violation or violations and shall be sent by certified mail to the licensee at the address of the nursing home facility in issue. A copy of such citation shall also be sent to the licensed administrator at the address of the facility.

Sec. 62. Subsection (b) of section 22a-403 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) The commissioner or **[**his**]** the commissioner's representative, engineer or consultant shall determine the impact of the construction

work on the environment, on the safety of persons and property and on the inland wetlands and watercourses of the state in accordance with the provisions of sections 22a-36 to 22a-45, inclusive, and shall further determine the need for a fishway in accordance with the provisions of section 26-136, and shall examine the documents and inspect the site, and, upon approval thereof, the commissioner shall issue a permit authorizing the proposed construction work under such conditions as the commissioner may direct. The commissioner shall send a copy of the permit to the town clerk in any municipality in which the structure is located or any municipality which will be affected by the structure. An applicant for a permit issued under this section to construct a dam for a public drinking water supply shall notify the Commissioner of Public Health of such application. An applicant for a permit issued under this section to alter, rebuild, repair or remove an existing dam shall not be required to obtain a permit under sections 22a-36 to 22a-45a, inclusive, or section 22a-342 or 22a-368. An applicant for a permit issued under this section to construct a new dam shall not be required to obtain a permit under sections 22a-36 to 22a-45a, inclusive, for such construction.

Sec. 63. Section 52-146o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) Except as provided in sections 52-146c to 52-146j, inclusive, sections 52-146p, 52-146q and 52-146s, and subsection (b) of this section, in any civil action or any proceeding preliminary thereto or in any probate, legislative or administrative proceeding, a physician or surgeon, **[**as defined in subsection (b) of section 20-7b**]** licensed pursuant to section 20-9, as amended by this act, or other licensed health care provider, shall not disclose (1) any communication made to him or her by, or any information obtained by him or her from, a patient or the conservator or guardian of a patient with respect to any actual or supposed physical or mental disease or disorder, or (2) any

information obtained by personal examination of a patient, unless the patient or **[**his**]** that patient's authorized representative explicitly consents to such disclosure.

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

Sec. 64. Section 10a-22b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) No person, board, association, partnership, corporation, limited liability company or other entity shall offer instruction in any form or manner in any trade or in any industrial, commercial, service, professional or other occupation unless such person, board, association, partnership, corporation, limited liability company or other entity first receives from the executive director a certificate authorizing the occupational instruction to be offered.

(b) Except for initial authorizations, the executive director shall accept institutional accreditation by an accrediting agency recognized

by the United States Department of Education, in satisfaction of the requirements of this section and section 10a-22d, including the evaluation and attendance requirement, unless the executive director finds reasonable cause not to rely upon such accreditation.

(c) Each person, board, association, partnership, corporation, limited liability company or other entity which seeks to offer occupational instruction shall submit to the executive director, or the executive director's designee, in such manner as the executive director, or the executive director's designee, prescribes, an application for a certificate of authorization which includes, but need not be limited to, (1) the proposed name of the school; (2) ownership and organization of the school including the names and addresses of all principals, officers, members and directors; (3) names and addresses of all stockholders of the school, except for applicants which are listed on a national securities exchange; (4) addresses of any building or premises on which the school will be located; (5) description of the occupational instruction to be offered; (6) the proposed student enrollment agreement, which includes for each program of occupational instruction offered a description, in plain language, of any requirements for employment in such occupation or barriers to such employment pursuant to state law or regulations; (7) the proposed school catalog, which includes for each program of occupational instruction offered a description of any requirements for employment in such occupation or barriers to such employment pursuant to state law or regulations; (8) financial statements detailing the financial condition of the school pursuant to subsection (d) of this section and subsection (g) of section 10a-22d prepared by management and reviewed or audited by an independent licensed certified public accountant or independent licensed public accountant; and (9) an agent for service of process. Each application for initial authorization shall be accompanied by a nonrefundable application fee made payable to the private occupational school student protection account

in the amount of two thousand dollars for the private occupational school and two hundred dollars for each branch of a private occupational school in this state.

(d) Each person, board, association, partnership, corporation, limited liability company or other entity seeking to offer occupational instruction shall have a net worth consisting of sufficient liquid assets or produce other evidence of fiscal soundness to demonstrate the ability of the proposed private occupational school to operate, achieve all of its objectives and meet all of its obligations, including those concerning staff and students, during the period of time for which the authorization is sought.

(e) Upon receipt of a complete application pursuant to subsection (c) of this section, the executive director shall cause to be conducted an evaluation of the applicant school. Thereafter, the executive director shall advise the applicant of authorization or nonauthorization not later than one hundred twenty days following the completed appointment of an evaluation team pursuant to subsection (e) of this section. The executive director may consult with the Labor Department and may request the advice of any other state agency which may be of assistance in making a determination. In the event of nonauthorization by the executive director, he shall set forth the reasons therefor in writing and the applicant school may request in writing a hearing before the executive director. Such hearing shall be held in accordance with the provisions of chapter 54.

(f) For purposes of an evaluation of an applicant school, the executive director, or the executive director's designee, shall appoint an evaluation team which shall include (1) at least two members representing the Office of Higher Education, and (2) at least one member for each of the areas of occupational instruction for which authorization is sought who shall be experienced in such occupation. The applicant school shall have the right to challenge any proposed

member of the evaluation team for good cause shown. A written challenge shall be filed with the executive director within ten business days following the appointment of such evaluation team. In the event of a challenge, a decision shall be made thereon by the executive director within ten business days from the date such challenge is filed, and if the challenge is upheld the executive director shall appoint a replacement. Employees of the state or any political subdivision of the state may be members of evaluation teams. The executive director, or the executive director's designee, shall not appoint any person to an evaluation team unless the executive director, or such designee, has received from such person a statement that the person has no interest which is in conflict with the proper discharge of the duties of evaluation team members as described in this section. The statement shall be on a form prescribed by the executive director and shall be signed under penalty of false statement. Members of the evaluation team shall serve without compensation. Except for any member of the evaluation team who is a state employee, members shall be reimbursed for actual expenses, which expenses shall be charged to and paid by the applicant school.

(g) The evaluation team appointed pursuant to subsection (f) of this section shall: (1) Conduct an on-site inspection; (2) submit a written report outlining any evidence of noncompliance; (3) give the school sixty days from the date of the report to provide evidence of compliance; and (4) submit to the executive director a written report recommending authorization or nonauthorization not later than one hundred twenty days after the on-site inspection. The evaluation team shall determine whether (A) the quality and content of each course or program of instruction, including, but not limited to, residential, on-line, home study and correspondence, training or study shall reasonably and adequately achieve the stated objective for which such course or program is offered; (B) the school has adequate space, equipment, instructional materials and personnel for the instruction

offered; (C) the qualifications of directors, administrators, supervisors and instructors shall reasonably and adequately assure that students receive education consistent with the stated objectives for which a course or program is offered; (D) students and other interested persons shall be provided with a catalog or similar publication describing the courses and programs offered, course and program objectives, length of courses and programs, schedule of tuition, fees and all other charges and expenses necessary for completion of the course or program, and termination, withdrawal and refund policies; (E) upon satisfactory completion of the course or program, each student shall be provided appropriate educational credentials by the school; (F) adequate records shall be maintained by the school to show attendance and grades, or other indicators of student progress, and standards shall be enforced relating to attendance and student performance; (G) the applicant school shall be financially sound and capable of fulfilling its commitments to students; (H) any student housing owned, leased, rented or otherwise maintained by the applicant school shall be safe and adequate; and (I) the school and any branch of the school in this state has a director located at the school or branch who is responsible for daily oversight of the school's or branch's operations. The evaluation team may also indicate in its report such recommendations as may improve the operation of the applicant school.

(h) Any hospital offering instruction in any form or manner in any trade, industrial, commercial, service, professional or other occupation for any remuneration, consideration, reward or promise, except to hospital employees, members of the medical staff and training for contracted workers, shall obtain a certificate of authorization from the executive director for the occupational instruction offered. Each hospital-based occupational school submitting an application for initial authorization shall pay an application fee of two hundred dollars made payable to the private occupational school student protection account. The executive director shall develop a process for prioritizing

the authorization of hospital-based occupational schools based on size and scope of occupational instruction offered. Such schools shall be in compliance with this section when required pursuant to the executive director's process, or by 2012, whichever is earlier.

(i) Any program, school or other entity offering instruction in any form or manner in barbering or hairdressing for any remuneration, consideration, reward or promise shall obtain a certificate of authorization from the executive director of the Office of Higher Education for the occupational instruction offered. Each program, school or entity approved on or before July 1, 2013, by the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians pursuant to chapter 368 or 387 that submits an application for initial authorization shall pay an application fee of five hundred dollars made payable to the private occupational school student protection account. The executive director of the Office of Higher Education shall develop a process for prioritizing the authorization of such barber and hairdressing programs, schools and entities. Such programs, schools and entities shall be in compliance with this section on or before July 1, 2015, or when required pursuant to the executive director's process, whichever is earlier. No person, board, association, partnership corporation, limited liability company or other entity shall establish a new program, school or other entity that offers instruction in any form or manner in barbering or hairdressing on or after July 1, 2013, unless such person, board, association, partnership, corporation, limited liability company or other entity first receives from the executive director of the Office of Higher Education a certificate authorizing the barbering or hairdressing occupational instruction to be offered in accordance with the provisions of this section.

Sec. 65. Subdivision (10) of subsection (b) of section 1 of special act 13-11 is amended to read as follows (*Effective from passage*):

(10) The Commissioners of Social Services, Public Health,

Developmental Services, and Emergency Services and Public Protection, the Commissioner on Aging and the Labor Commissioner and Banking Commissioner, or said commissioners' designees; and

Sec. 66. (NEW) (*Effective July 1, 2013*) (a) As used in this section, "nuclear medicine technologist" means a person who holds and maintains current certification in good standing as a nuclear medicine technologist with the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists.

(b) The practice of nuclear medicine technology includes the use of sealed and unsealed radioactive materials, as well as pharmaceuticals, adjunctive medications and imaging modalities with or without contrast as part of diagnostic evaluation and therapy. The responsibilities of a nuclear medicine technologist include, but are not limited to, patient care, quality control, diagnostic procedures and testing, administration of radiopharmaceutical and adjunctive medications, in vitro diagnostic testing, radionuclide therapy and radiation safety.

(c) A nuclear medicine technologist may perform nuclear medicine procedures under the supervision and direction of a physician licensed pursuant to chapter 370 of the general statutes provided: (1) The physician is satisfied as to the ability and competency of the nuclear medicine technologist; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; and (3) such procedures are performed under the oversight, control and direction of the physician.

(d) Nothing in this section shall be construed to apply to the activities and services of a person who is enrolled in a nuclear medicine technology educational program acceptable to the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists, provided such activities and services are

incidental to the course of study.

(e) A nuclear medicine technologist shall not: (1) Operate a stand-alone computed tomography imaging system, except as provided in section 20-74ee of the general statutes, as amended by this act; or (2) independently perform a nuclear cardiology stress test, except the nuclear medicine technologist may administer adjunct medications and radio pharmaceuticals during the nuclear cardiology stress test and perform the imaging portion of the nuclear cardiology stress test.

Sec. 67. Subsection (b) of section 20-9 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(b) The provisions of this chapter shall not apply to:

(1) Dentists while practicing dentistry only;

(2) Any person in the employ of the United States government while acting in the scope of his employment;

(3) Any person who furnishes medical or surgical assistance in cases of sudden emergency;

(4) Any person residing out of this state who is employed to come into this state to render temporary assistance to or consult with any physician or surgeon who has been licensed in conformity with the provisions of this chapter;

(5) Any physician or surgeon residing out of this state who holds a current license in good standing in another state and who is employed to come into this state to treat, operate or prescribe for any injury, deformity, ailment or disease from which the person who employed such physician, or the person on behalf of whom such physician is employed, is suffering at the time when such nonresident physician or

surgeon is so employed, provided such physician or surgeon may practice in this state without a Connecticut license for a period not to exceed thirty consecutive days;

(6) Any person rendering service as (A) an advanced practice registered nurse if such service is rendered in collaboration with a licensed physician, or (B) an advanced practice registered nurse maintaining classification from the American Association of Nurse Anesthetists if such service is under the direction of a licensed physician;

(7) Any nurse-midwife practicing nurse-midwifery in accordance with the provisions of chapter 377;

(8) Any podiatrist licensed in accordance with the provisions of chapter 375;

(9) Any Christian Science practitioner who does not use or prescribe in his practice any drugs, poisons, medicines, chemicals, nostrums or surgery;

(10) Any person licensed to practice any of the healing arts named in section 20-1, who does not use or prescribe in his practice any drugs, medicines, poisons, chemicals, nostrums or surgery;

(11) Any graduate of any school or institution giving instruction in the healing arts who has been issued a permit in accordance with subsection (a) of section 20-11a and who is serving as an intern, resident or medical officer candidate in a hospital;

(12) Any student participating in a clinical clerkship program who has the qualifications specified in subsection (b) of section 20-11a;

(13) Any person, otherwise qualified to practice medicine in this state except that he is a graduate of a medical school located outside of

the United States or the Dominion of Canada which school is recognized by the American Medical Association or the World Health Organization, to whom the Connecticut Medical Examining Board, subject to such regulations as the Commissioner of Public Health, with advice and assistance from the board, prescribes, has issued a permit to serve as an intern or resident in a hospital in this state for the purpose of extending his education;

(14) Any person rendering service as a physician assistant licensed pursuant to section 20-12b, a registered nurse, a licensed practical nurse or a paramedic, as defined in subdivision (15) of section 19a-175, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

(15) Any student enrolled in an accredited physician assistant program or paramedic program approved in accordance with regulations adopted pursuant to section 19a-179, who is performing such work as is incidental to his course of study;

(16) Any person who, on June 1, 1993, has worked continuously in this state since 1979 performing diagnostic radiology services and who, as of October 31, 1997, continued to render such services under the supervision, control and responsibility of a licensed physician solely within the setting where such person was employed on June 1, 1993;

(17) Any person practicing athletic training, as defined in section 20-65f;

(18) When deemed by the Connecticut Medical Examining Board to be in the public's interest, based on such considerations as academic attainments, specialty board certification and years of experience, to a foreign physician or surgeon whose professional activities shall be confined within the confines of a recognized medical school;

(19) Any technician engaging in tattooing in accordance with the provisions of section 19a-92a and any regulations adopted thereunder;

(20) Any person practicing perfusion, as defined in section 20-162aa; **[**or**]**

(21) Any foreign physician or surgeon (A) participating in supervised clinical training under the direct supervision and control of a physician or surgeon licensed in accordance with the provisions of this chapter, and (B) whose professional activities are confined to a licensed hospital that has a residency program accredited by the Accreditation Council for Graduate Medical Education or that is a primary affiliated teaching hospital of a medical school accredited by the Liaison Committee on Medical Education. Such hospital shall verify that the foreign physician or surgeon holds a current valid license in another country; or

(22) Any person practicing as a nuclear medicine technologist, as defined in section 66 of this act, while performing under the supervision and direction of a physician licensed in accordance with the provisions of this chapter.

Sec. 68. Subsection (a) of section 20-74ee of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) (1) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a physician licensed pursuant to chapter 370, a chiropractor licensed pursuant to chapter 372, a natureopath licensed pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant to chapter 379 or a veterinarian licensed pursuant to chapter 384.

(2) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a dental hygienist licensed pursuant to chapter 379a, provided such dental hygienist is engaged in the taking of dental x-rays under the general supervision of a dentist licensed pursuant to chapter 379.

(3) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of: (A) A dental assistant as defined in section 20-112a, provided such dental assistant is engaged in the taking of dental x-rays under the supervision and control of a dentist licensed pursuant to chapter 379 and can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board, or (B) a dental assistant student, intern or trainee pursuing practical training in the taking of dental x-rays provided such activities constitute part of a supervised course or training program and such person is designated by a title which clearly indicates such person's status as a student, intern or trainee.

(4) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to **[**require licensure as a radiographer or to limit the activities of a technologist certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists, provided such individual is engaged in the operation of a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370**]** prohibit a nuclear medicine technologist, as defined in section 66 of this act, who (A) has successfully completed the individual certification exam for computed tomography or magnetic resonance imaging

administered by the American Registry of Radiologic Technologists, and (B) holds and maintains in good standing, computed tomography or magnetic resonance imaging certification by the American Registry of Radiologic Technologists, from fully operating a computed tomography or magnetic resonance imaging portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a positron emission tomography or single-photon emission computed tomography imaging system.

(5) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a podiatric medical assistant, provided such podiatric assistant is engaged in taking of podiatric x-rays under the supervision and control of a podiatrist licensed pursuant to chapter 375 and can demonstrate successful completion of the podiatric radiography exam as prescribed by the Connecticut Board of Podiatry Examiners.

(6) Nothing in subsection (c) of section 19a-14, as amended by this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a physician assistant, licensed and supervised pursuant to chapter 370, who is engaged in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures or from positioning and utilizing a mini C-arm in conjunction with fluoroscopic procedures.

Sec. 69. (*Effective from passage*) (a) From October 1, 2013, to September 30, 2014, inclusive, each hospital, as defined in section 19a-631 of the general statutes, that has obtained a certificate of need from the Office of Health Care Access that permits such hospital to provide coronary angioplasty services in an emergency situation but does not permit such services on an elective basis, shall report to the Department of Public Health once each month in the form and manner prescribed by the Commissioner of Public Health concerning: (1) The

number of persons upon whom the hospital performed an emergency coronary angioplasty and who were discharged to another hospital in order to receive an elective coronary angioplasty; and (2) the number of persons upon whom the hospital performed an emergency coronary angioplasty and who were discharged by such hospital to another hospital in order to receive open-heart surgery.

(b) Not later than January 15, 2015, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the information received pursuant to this subsection.

Sec. 70. Subsection (a) of section 20-195c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) Each applicant for licensure as a marital and family therapist shall present to the department satisfactory evidence that such applicant has: (1) Completed a graduate degree program specializing in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program **[**approved**]** accredited by the Commission on Accreditation for Marriage and Family Therapy Education **[**and recognized by the United States Department of Education**]** offered by a regionally accredited institution of higher education; (2) completed a supervised practicum or internship with emphasis in marital and family therapy supervised by the program granting the requisite degree or by an accredited postgraduate clinical training program, **[**approved**]** accredited by the Commission on Accreditation for Marriage and Family Therapy Education **[**recognized by the United States Department of Education**]** offered by a regionally accredited institution of higher education in which the student received a minimum of five hundred direct clinical hours that included one

hundred hours of clinical supervision; (3) completed a minimum of twelve months of relevant postgraduate experience, including at least (A) one thousand hours of direct client contact offering marital and family therapy services subsequent to being awarded a master's degree or doctorate or subsequent to the training year specified in subdivision (2) of this subsection, and (B) one hundred hours of postgraduate clinical supervision provided by a licensed marital and family therapist; and (4) passed an examination prescribed by the department. The fee shall be three hundred fifteen dollars for each initial application.

Sec. 71. Subsections (d) and (e) of section 501 of substitute senate bill 1070 of the current session, as amended by senate amendment schedule B, are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The Commissioner of Public Health, or the commissioner's designee, shall be an ex-officio, nonvoting member of the **[**task force**]** advisory council and shall attend all meetings of the advisory council.

(e) Any member of the **[**task force appointed**]** advisory council under subsection (c) of this section may be a member of the General Assembly.

Sec. 72. Subsection (j) of section 21a-254 of the general statutes, as amended by section 1 of public act 13-172, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances, as defined in subdivision (9) of section 21a-240, that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in

hospitals or institutions or by any other dispenser, as defined in section 21a-240. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Each pharmacy, nonresident **[**pharmacies**]** pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution and dispenser, as defined in section 21a-240, shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4) The commissioner may contract with a vendor for purposes of electronically collecting such controlled substance prescription

information. The commissioner and any such vendor shall maintain the information in accordance with the provisions of chapter 400j.

(5) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivision (3) of this subsection, except as authorized pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any person who knowingly violates any provision of this subdivision or subdivision (4) of this subsection shall be guilty of a class D felony.

(6) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivision (3) of this subsection to the following: (A) The prescribing practitioner who is treating or has treated a specific patient, provided the information is obtained for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient; (B) the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment, provided the request is accompanied by a written consent, signed by the prospective patient, for the release of controlled substance prescription information; or (C) the pharmacist who is dispensing controlled substances for a patient, provided the information is obtained for purposes related to the scope of the pharmacist's practice and management of the patient's drug therapy, including the monitoring of controlled substances obtained by the patient. The prescribing practitioner or pharmacist shall submit a written and signed request to the commissioner for controlled substance prescription information. Such prescribing practitioner or pharmacist shall not disclose any such request except as authorized pursuant to sections 20-570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

(7) No person or employer shall prohibit, discourage or impede a prescribing practitioner or pharmacist from requesting controlled substance prescription information pursuant to this subsection.

(8) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the reporting, evaluation, management and storage of electronic controlled substance prescription information.

(9) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

(10) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 of the general statutes and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient opioid antagonists for treatment of a substance use disorder.

Sec. 73. (NEW) (*Effective from passage*) Any person, firm or corporation engaged in the growing of swine that are to be used or disposed of elsewhere than on the premises where such swine are grown shall register with the Commissioner of Agriculture on forms furnished by the commissioner. The commissioner may make orders and adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, concerning examination, quarantine, disinfection, preventive treatment, disposition, transportation, importation, feeding and sanitation for the protection of swine from contagious and infectious disease. Said commissioner shall, at once, cause an investigation of all cases of such diseases coming to the commissioner's knowledge and shall use all proper means to exterminate and prevent spread of the same. Instructions shall be issued, in writing, by the commissioner or the commissioner's agent that shall contain directions for quarantine and disinfection of the premises where such disease exists. No swine shall be brought into Connecticut by any individual, corporation or common carrier, unless the same originate from a herd that is validated as brucellosis-free and qualified pseudorabies-negative, and are accompanied by a permit

issued by the commissioner and an official health certificate showing such animals to be free from any contagious or infectious disease, except that swine brought into this state for the purpose of immediate slaughter upon premises where federal inspection is maintained need not be accompanied by an official health certificate and the owner of each establishment where federal inspection is maintained shall report weekly to the commissioner, upon forms furnished by the commissioner, the number of such swine imported. Such permit shall accompany all waybills or, if animals are driven or carted over highways, shall be in the possession of the person in charge of swine. In addition to any other requirements of this section, all swine imported for other than immediate slaughter that are over three months of age, other than barrows, shall be negative as to a blood test for brucellosis and pseudorabies within thirty days of importation. With approval of the State Veterinarian, a thirty-day blood test may not be required for swine originating from, and residing for at least thirty days prior to importation in, a state that is validated as brucellosis-free and stage V pseudorabies-free, or for swine originating from any herd which the State Veterinarian determines to be pathogen-free. With such approval, swine may be imported pursuant to an import permit and a current official health certificate. All swine brought into the state for immediate slaughter shall be killed in an approved slaughterhouse under veterinary inspection.

Sec. 74. Section 10-297 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

The Commissioner of Rehabilitation Services is authorized to aid in securing employment for capable blind or partially blind persons in industrial and mercantile establishments and in other positions which offer financial returns. Said commissioner may aid needy blind persons in such way as said commissioner deems expedient, expending for such purpose such sum as the General Assembly

appropriates, provided the maximum expenditure for any one person shall not exceed the sum of nine hundred **[**and**]** sixty dollars in a fiscal year, but, if said maximum amount is insufficient to furnish necessary medical or hospital treatment to a beneficiary, said commissioner may authorize payment of such additional costs as the commissioner deems necessary and reasonable.

Sec. 75. Section 19a-109 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

When any building or part thereof is occupied as a home or place of residence or as an office or place of business, either mercantile or otherwise, a temperature of less than sixty-five degrees Fahrenheit in such building or part thereof shall, for the purpose of this section, be deemed injurious to the health of the occupants thereof, except that the Commissioner of Public Health may adopt regulations establishing a temperature higher than sixty-five degrees Fahrenheit when the health, comfort or safety of the occupants of any such building or part thereof so requires. In any such building or part thereof where, because of physical characteristics or the nature of the business being conducted, a temperature of sixty-five degrees Fahrenheit cannot reasonably be maintained in certain areas, the Labor Commissioner may grant a variance for such areas. The owner of any building or the agent of such owner having charge of such property, or any lessor or his agent, manager, superintendent or janitor of any building, or part thereof, the lease or rental agreement whereof by its terms, express or implied, requires the furnishing of heat, cooking gas, electricity, hot water or water to any occupant of such building or part thereof, who, wilfully and intentionally, fails to furnish such heat to the degrees herein provided, cooking gas, electricity, hot water or water and thereby interferes with the cooking gas, electricity, hot water or water and thereby interferes with the comfortable or quiet enjoyment of the premises, at any time when the same are necessary to the proper or

customary use of such building or part thereof, shall be guilty of a class D misdemeanor. No public service company or electric supplier, as defined in section 16-1, shall, at the request of any such owner, agent, lessor, manager, superintendent or janitor, cause heat, cooking gas, electricity, hot water or water services to be terminated with respect to any such leased or rented property unless the owner or lessor furnishes a statement signed by the lessee agreeing to such termination or a notarized statement signed by the lessor to the effect that the premises are vacant.

Sec. 76. Subsection (b) of section 20-10b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(b) Except as otherwise provided in subsections (d), (e) and (f) of this section, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing medical education within the preceding twenty-four-month period. Such continuing medical education shall (1) be in an area of the physician's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, (D) domestic violence, and (E) cultural competency. For purposes of this section, qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

The commissioner may grant a waiver for not more than ten contact hours of continuing medical education for a physician who: **[**(1)**]** (i) Engages in activities related to the physician's service as a member of the Connecticut Medical Examining Board, established pursuant to section 20-8a; **[**(2)**]** (ii) engages in activities related to the physician's service as a member of a medical hearing panel, pursuant to section 20-8a; or **[**(3)**]** (iii) assists the department with its duties to boards and commissions as described in section 19a-14, as amended by this act.

Sec. 77. Section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2014*):

As used in this chapter and sections 17b-261e, 38a-498b and 38a-525b:

(a) "Institution" means a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems; and a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded;

(b) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals;

(c) "Residential care home", "nursing home" or "rest home" means an establishment which furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services which meet a need beyond the basic provisions of food, shelter and laundry;

(d) "Home health care agency" means a public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available twenty-four hours per day, in the patient's home or a substantially equivalent environment: Homemaker-home health aide services as defined in this section, physical therapy, speech therapy, occupational therapy or medical social services. The agency shall provide professional nursing services and at least one additional service directly and all others directly or through contract. An agency shall be available to enroll new patients seven days a week, twenty-four hours per day;

(e) "Homemaker-home health aide agency" means a public or private organization, except a home health care agency, which provides in the patient's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract;

(f) "Homemaker-home health aide services" as defined in this section shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or condition that is chronic and stable as determined by a physician

licensed in the state of Connecticut;

(g) "Mental health facility" means any facility for the care or treatment of mentally ill or emotionally disturbed persons, or any mental health outpatient treatment facility that provides treatment to persons sixteen years of age or older who are receiving services from the Department of Mental Health and Addiction Services, but does not include family care homes for the mentally ill;

(h) "Alcohol or drug treatment facility" means any facility for the care or treatment of persons suffering from alcoholism or other drug addiction;

(i) "Person" means any individual, firm, partnership, corporation, limited liability company or association;

(j) "Commissioner" means the Commissioner of Public Health;

(k) "Home health agency" means an agency licensed as a home health care agency or a homemaker-home health aide agency; and

(l) "Assisted living services agency" means an agency that provides, among other things, nursing services and assistance with activities of daily living to a population that is chronic and stable.

(m) "Outpatient clinic" means an organization operated by a municipality or a corporation, other than a hospital, that provides (1) ambulatory medical care, including preventive and health promotion services, (2) dental care, or (3) mental health services in conjunction with medical or dental care for the purpose of diagnosing or treating a health condition that does not require the patient's overnight care.

Sec. 78. (NEW) (*Effective January 1, 2014*) (a) The Commissioner of Public Health shall license outpatient clinics, as defined in section 19a-490 of the general statutes, as amended by this act.

(b) The commissioner may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section. The commissioner may waive any provision of the regulations for outpatient clinics. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulations, provided notice of intent to adopt regulations is published in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 79. Subdivision (7) of subsection (b) of section 19a-14 and section 20-8 of the general statutes are repealed. (*Effective October 1, 2013*)

Approved June 21, 2013