



# House of Representatives

**File No. 887**

January Session, 2013

January Session, 2013

**(Reprint of File No. 580)**

Substitute House Bill No. 6644  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 31, 2013

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

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

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 Section 19a-32c of the general statutes is repealed and the  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

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

15 total amount of such grants-in-aid made during the fiscal year] Each  
16 fiscal year, the total amount of moneys deposited in the account shall  
17 be used by the Commissioner of Public Health for such grants-in-aid,  
18 provided such grants-in-aid shall not exceed fifty per cent of the total  
19 amount held in the trust fund as of the date such grants-in-aid are  
20 approved. [Not later than April 1, 2001, the] Not more than two per  
21 cent of the total available amount held in the trust fund shall be made  
22 available to the Department of Public Health for administration  
23 expenses relating to the trust fund and making the grants-in-aid. The  
24 Commissioner of Public Health shall develop an application for grants-  
25 in-aid under this section and may receive applications from eligible  
26 institutions for such grants-in-aid. [on and after said date.] For  
27 purposes of this section, "eligible institution" means an entity that has  
28 its principle place of business located in the state and is (1) a nonprofit,  
29 tax-exempt academic institution of higher education, or (2) a hospital  
30 that conducts biomedical research.

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

33 (a) For purposes of this section:

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

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

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

47 screening mammography or cervical cancer screening services; and (C)  
48 twenty-one to sixty-four years of age.

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

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

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

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

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

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

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

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

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

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

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

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

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

137 Sec. 5. Subsection (c) of section 19a-491 of the general statutes is  
138 repealed and the following is substituted in lieu thereof (*Effective*  
139 *October 1, 2013*):

140 (c) Notwithstanding any regulation, [to the contrary,] the  
141 Commissioner of Public Health shall charge the following fees for the

142 biennial licensing and inspection of the following institutions: (1)  
143 Chronic and convalescent nursing homes, per site, four hundred forty  
144 dollars; (2) chronic and convalescent nursing homes, per bed, five  
145 dollars; (3) rest homes with nursing supervision, per site, four hundred  
146 forty dollars; (4) rest homes with nursing supervision, per bed, five  
147 dollars; (5) outpatient dialysis units and outpatient surgical facilities,  
148 six hundred twenty-five dollars; (6) mental health residential facilities,  
149 per site, three hundred seventy-five dollars; (7) mental health  
150 residential facilities, per bed, five dollars; (8) hospitals, per site, nine  
151 hundred forty dollars; (9) hospitals, per bed, seven dollars and fifty  
152 cents; (10) nonstate agency educational institutions, per infirmary, one  
153 hundred fifty dollars; [and] (11) nonstate agency educational  
154 institutions, per infirmary bed, twenty-five dollars; (12) short-term  
155 hospitals special hospice, per site, nine hundred forty dollars; (13)  
156 short-term hospitals special hospice, per bed, seven dollars and fifty  
157 cents; (14) hospice inpatient facility, per site, four hundred forty  
158 dollars; and (15) hospice inpatient facility, per bed, five dollars.

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

162 (b) No person shall act as an assistant or substitute staff member to a  
163 person or entity maintaining a family day care home, as defined in  
164 section 19a-77, without an approval issued by the Commissioner of  
165 Public Health. Any person seeking to act as an assistant or substitute  
166 staff member in a family day care home shall submit an application for  
167 such approval to the department. Applications for approval shall: (1)  
168 Be made to the commissioner on forms provided by the department,  
169 (2) contain the information required by regulations adopted under this  
170 section, and (3) be accompanied by a fee of [twenty] fifteen dollars. The  
171 approval application forms shall contain a notice that false statements  
172 made in such form are punishable in accordance with section 53a-157b.

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

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

184 (b) The department may inspect an institution to determine  
185 compliance with applicable state statutes and regulations. Upon a  
186 finding of noncompliance with such statutes or regulations, the  
187 department shall issue a written notice of noncompliance to the  
188 institution. Not later than ten days after such institution receives a  
189 notice of noncompliance, the institution shall submit a plan of  
190 correction to the department in response to the items of  
191 noncompliance identified in such notice. The plan of correction shall  
192 include: (1) The measures that the institution intends to implement or  
193 systemic changes that the institution intends to make to prevent a  
194 recurrence of each identified issue of noncompliance; (2) the date each  
195 such corrective measure or change by the institution is effective; (3) the  
196 institution's plan to monitor its quality assessment and performance  
197 improvement functions to ensure that the corrective measure or  
198 systemic change is sustained; and (4) the title of the institution's staff  
199 member that is responsible for ensuring the institution's compliance  
200 with its plan of correction. The plan of correction shall be deemed to be  
201 the institution's representation of compliance with the identified state  
202 statutes or regulations identified in the department's notice of  
203 noncompliance. Any institution that fails to submit a plan of correction  
204 that meets the requirements of this section may be subject to  
205 disciplinary action.

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

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

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

220 (c) (1) The Health Information Technology Exchange of Connecticut  
221 shall be managed by a board of directors. The board shall consist of the  
222 following members: The Lieutenant Governor, or his or her designee;  
223 the Commissioners of Public Health, Social Services, Consumer  
224 Protection and Administrative Services, or their designees; three  
225 appointed by the Governor, one of whom shall be a representative of a  
226 medical research organization, one of whom shall be an insurer or  
227 representative of a health plan and one of whom shall be an attorney  
228 with background and experience in the field of privacy, health data  
229 security or patient rights; three appointed by the president pro  
230 tempore of the Senate, one of whom shall have background and  
231 experience with a private sector health information exchange or health  
232 information technology entity, one of whom shall have expertise in  
233 public health and one of whom shall be a physician licensed under  
234 chapter 370 who works in a practice of not more than ten physicians  
235 and who is not employed by a hospital, health network, health plan,  
236 health system, academic institution or university; three appointed by  
237 the speaker of the House of Representatives, one of whom shall be a  
238 representative of hospitals, an integrated delivery network or a  
239 hospital association, one of whom shall have expertise with federally  
240 qualified health centers and one of whom shall be a consumer or  
241 consumer advocate; one appointed by the majority leader of the  
242 Senate, who shall be a primary care physician whose practice utilizes

243 electronic health records; one appointed by the majority leader of the  
244 House of Representatives, who shall be a consumer or consumer  
245 advocate; one appointed by the minority leader of the Senate, who  
246 shall be a pharmacist or a health care provider utilizing electronic  
247 health information exchange; and one appointed by the minority  
248 leader of the House of Representatives, who shall be a large employer  
249 or a representative of a business group. The Secretary of the Office of  
250 Policy and Management and the Healthcare Advocate, or their  
251 designees, shall be ex-officio, nonvoting members of the board. The  
252 [Commissioner of Public Health, or his or her designee, shall]  
253 Governor shall appoint a member to serve as the chairperson of the  
254 board.

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

258 (b) Notwithstanding the provisions of section 20-195n concerning  
259 examinations, on or before October 1, [2012] 2015, the commissioner  
260 may issue a license without examination, to any master social worker  
261 applicant who demonstrates to the satisfaction of the commissioner  
262 that, on or before October 1, [2010] 2013, he or she held a master's  
263 degree from a social work program accredited by the Council on Social  
264 Work Education or, if educated outside the United States or its  
265 territories, completed an educational program deemed equivalent by  
266 the council.

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

270 (d) Nothing in this chapter shall be construed to prohibit a licensed  
271 physician assistant who is (1) part of the Connecticut Disaster Medical  
272 Assistance Team or the Medical Reserve Corps, under the auspices of  
273 the Department of Public Health, or the Connecticut Urban Search and  
274 Rescue Team, under the auspices of the Department of Emergency

275 Services and Public Protection, and is engaged in officially authorized  
276 civil preparedness duty or civil preparedness training conducted by  
277 such team or corps, or (2) licensed in another state as a physician  
278 assistant or its equivalent and is an active member of the Connecticut  
279 Army or Air National Guard, from providing patient services under  
280 the supervision, control, responsibility and direction of a licensed  
281 physician.

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

285 (c) The Commissioner of Public Health, with advice and assistance  
286 from the board, may make and enforce such regulations, in accordance  
287 with chapter 54, as the commissioner deems necessary to maintain  
288 proper professional and ethical standards, including, but not limited  
289 to, continuing education requirements, for optometrists. [The  
290 commissioner shall adopt regulations, in accordance with chapter 54,  
291 requiring each optometrist licensed pursuant to this chapter to  
292 complete a minimum of twenty hours of continuing education during  
293 each registration period, defined as the twelve-month period for which  
294 a license has been renewed pursuant to section 19a-88 and is current  
295 and valid. The board shall approve all continuing education courses.]  
296 The board may revoke or suspend licenses for cause.

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

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

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

307 (c) Except as provided in this section, a licensee who is actively  
308 engaged in the practice of optometry shall earn a minimum of twenty  
309 hours of continuing education each registration period. The subject  
310 matter for continuing education shall reflect the professional needs of  
311 the licensee in order to meet the health care needs of the public, and  
312 shall include (1) not less than six hours in any of the following areas:  
313 Pathology, detection of diabetes and ocular treatment; and (2) not less  
314 than six hours in treatment as it applies to the use of ocular agents-T.  
315 Coursework shall be provided through direct, live instruction that the  
316 licensee physically attends either individually or as part of a group of  
317 participants or through a formal home study or distance learning  
318 program. Not more than six hours shall be earned through a home  
319 study or other distance learning program and not more than six hours  
320 shall be in practice management. Qualifying continuing education  
321 activities include, but are not limited to, courses offered or approved  
322 by the Council on Optometric Practitioner Education of the  
323 Association of Regulatory Boards of Optometry, the American  
324 Optometric Association or state or local optometry associations and  
325 societies that are affiliated with the American Optometric Association,  
326 a hospital or other health care institution, a school or college of  
327 optometry or other institution of higher education accredited or  
328 recognized by the Council on Optometric Practitioner Education or the  
329 American Optometric Association, a state or local health department,  
330 or a national, state or local medical association.

331 (d) Each licensee applying for license renewal pursuant to section  
332 19a-88, except a licensee applying for a license renewal for the first  
333 time, shall sign a statement attesting that he or she has satisfied the  
334 continuing education requirements described in subsection (c) of this  
335 section on a form prescribed by the Department of Public Health. Each  
336 licensee shall retain records of attendance or certificates of completion  
337 that demonstrate compliance with the continuing education  
338 requirements described in subsection (c) of this section for not less  
339 than three years following the date on which the continuing education  
340 was completed or the license was renewed. Each licensee shall submit

341 such records to the department for inspection not later than forty-five  
342 days after a request by the department for such records. A licensee  
343 who fails to comply with the provisions of this subsection may be  
344 subject to disciplinary action pursuant to section 20-133, as amended  
345 by this act.

346 (e) In individual cases involving medical disability or illness, the  
347 Commissioner of Public Health may grant a waiver of the continuing  
348 education requirements or an extension of time within which to fulfill  
349 the requirements of this section to any licensee, provided the licensee  
350 submits to the department an application for waiver or extension of  
351 time on a form prescribed by the commissioner, along with a  
352 certification by a licensed physician of the disability or illness and such  
353 other documentation as may be required by the commissioner. The  
354 commissioner may grant a waiver or extension for a period not to  
355 exceed one registration period, except that the commissioner may  
356 grant additional waivers or extensions if the medical disability or  
357 illness upon which a waiver or extension is granted continues beyond  
358 the period of the waiver or extension and the licensee applies for an  
359 additional waiver or extension.

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

368 (g) A licensee whose license has become void pursuant to section  
369 19a-88 and who applies to the department for reinstatement of such  
370 license shall submit evidence of successful completion of twenty  
371 contact hours of continuing education within the one-year period  
372 immediately preceding the application for reinstatement.

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

376 (g) [All licensed dental hygienists applying for license renewal shall  
377 be required to participate in continuing education programs. The  
378 commissioner shall adopt regulations in accordance with the  
379 provisions of chapter 54 to: (1) Define basic requirements for  
380 continuing education programs, (2) delineate qualifying programs, (3)  
381 establish a system of control and reporting, and (4) provide for waiver  
382 of the continuing education requirement by the commissioner for good  
383 cause.] Each licensed dental hygienist applying for license renewal  
384 shall earn a minimum of sixteen hours of continuing education within  
385 the preceding twenty-four-month period. The subject matter for  
386 continuing education shall reflect the professional needs of the licensee  
387 in order to meet the health care needs of the public. Continuing  
388 education activities shall provide significant theoretical or practical  
389 content directly related to clinical or scientific aspects of dental  
390 hygiene. Qualifying continuing education activities include, but are  
391 not limited to, courses, including on-line courses, that are offered or  
392 approved by dental schools and other institutions of higher education  
393 that are accredited or recognized by the Council on Dental  
394 Accreditation, a regional accrediting organization, the American  
395 Dental Association, a state, district or local dental association or society  
396 affiliated with the American Dental Association, the National Dental  
397 Association, the American Dental Hygienists Association or a state,  
398 district or local dental hygiene association or society affiliated with the  
399 American Dental Hygienists Association, the Academy of General  
400 Dentistry, the Academy of Dental Hygiene, the American Red Cross or  
401 the American Heart Association when sponsoring programs in  
402 cardiopulmonary resuscitation or cardiac life support, the United  
403 States Department of Veterans Affairs and armed forces of the United  
404 States when conducting programs at United States governmental  
405 facilities, a hospital or other health care institution, agencies or  
406 businesses whose programs are accredited or recognized by the

407 Council on Dental Accreditation, local, state or national medical  
408 associations, or a state or local health department. Eight hours of  
409 volunteer dental practice at a public health facility, as defined in  
410 subsection (a) of this section, may be substituted for one hour of  
411 continuing education, up to a maximum of five hours in one two-year  
412 period. Activities that do not qualify toward meeting these  
413 requirements include professional organizational business meetings,  
414 speeches delivered at luncheons or banquets, and the reading of books,  
415 articles, or professional journals. Not more than four hours of  
416 continuing education may be earned through an on-line or other  
417 distance learning program.

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

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

434 (NEW) (i) In individual cases involving medical disability or illness,  
435 the Commissioner of Public Health may grant a waiver of the  
436 continuing education requirements or an extension of time within  
437 which to fulfill the requirements of this subsection to any licensee,  
438 provided the licensee submits to the Department of Public Health an  
439 application for waiver or extension of time on a form prescribed by the

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

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

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

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

470 (c) Applicants for licensure as a homeopathic physician shall, in  
471 addition to [meeting the requirements of] holding a license as a

472 physician or surgeon issued in accordance with section 20-10, have  
473 successfully completed not less than one hundred twenty hours of  
474 post-graduate medical training in homeopathy offered by an  
475 institution approved by [the Connecticut Homeopathic Medical  
476 Examining Board or] the American Institute of Homeopathy [,] or one  
477 hundred twenty hours of post-graduate medical training in  
478 homeopathy under the direct supervision of a licensed homeopathic  
479 physician, which shall consist of thirty hours of theory and ninety  
480 hours of clinical practice. The [Connecticut Homeopathic Medical  
481 Examining Board] Department of Public Health shall approve any  
482 training completed under the direction of a licensed homeopathic  
483 physician.

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

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

- 489 (1) Speech and language pathologist and audiologist;
- 490 (2) Hearing instrument specialist;
- 491 (3) Nursing home administrator;
- 492 (4) Sanitarian;
- 493 (5) Subsurface sewage system installer or cleaner;
- 494 (6) Marital and family therapist;
- 495 (7) Nurse-midwife;
- 496 (8) Licensed clinical social worker;
- 497 (9) Respiratory care practitioner;
- 498 (10) Asbestos contractor and asbestos consultant;

- 499 (11) Massage therapist;
- 500 (12) Registered nurse's aide;
- 501 (13) Radiographer;
- 502 (14) Dental hygienist;
- 503 (15) Dietitian-Nutritionist;
- 504 (16) Asbestos abatement worker;
- 505 (17) Asbestos abatement site supervisor;
- 506 (18) Licensed or certified alcohol and drug counselor;
- 507 (19) Professional counselor;
- 508 (20) Acupuncturist;
- 509 (21) Occupational therapist and occupational therapist assistant;
- 510 (22) Lead abatement contractor, lead consultant contractor, lead  
511 consultant, lead abatement supervisor, lead abatement worker,  
512 inspector and planner-project designer;
- 513 (23) Emergency medical technician, advanced emergency medical  
514 technician, emergency medical responder and emergency medical  
515 services instructor;
- 516 (24) Paramedic;
- 517 (25) Athletic trainer;
- 518 (26) Perfusionist;
- 519 (27) Master social worker subject to the provisions of section 20-  
520 195v; [and]
- 521 (28) On and after July 1, 2011, a radiologist assistant, subject to the

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

523 (29) Homeopathic physician; and

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

529 The department shall assume all powers and duties normally vested  
530 with a board in administering regulatory jurisdiction over such  
531 professions. The uniform provisions of this chapter and chapters 368v,  
532 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a  
533 and 400c, including, but not limited to, standards for entry and  
534 renewal; grounds for professional discipline; receiving and processing  
535 complaints; and disciplinary sanctions, shall apply, except as otherwise  
536 provided by law, to the professions listed in this subsection.

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

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

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

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

549 [(3)] (2) Board of Examiners in Podiatry, established under section  
550 20-51;

551        [(4)] (3) Mobile Manufactured Home Advisory Council, established  
552        under section 21-84a;

553        [(5)] (4) Family support grant program of the Department of Social  
554        Services, established under section 17b-616;

555        [(6)] (5) State Commission on Capitol Preservation and Restoration,  
556        established under section 4b-60;

557        [(7)] (6) Council on Environmental Quality, established under  
558        section 22a-11; and

559        [(8)] (7) Police Officer Standards and Training Council, established  
560        under section 7-294b.

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

563        The Department of Public Health under the supervision of the  
564        [examining boards provided for by sections 20-8 and] Connecticut  
565        Medical Examining Board, established pursuant to section 20-8a shall  
566        hold examinations not less than twice each year at such places as the  
567        department designates. Applicants for licenses to practice medicine or  
568        surgery shall be examined in such medical subjects as the department  
569        may prescribe, with the advice and consent of the appropriate board,  
570        provided each applicant for examination shall be notified concerning  
571        the subjects in which he is to be examined. The Commissioner of  
572        Public Health, with advice and assistance from each board, shall make  
573        such rules and regulations for conducting examinations and for the  
574        operation of the board as, from time to time, he deems necessary.  
575        Passing scores for examinations shall be established by the department  
576        with the consent of the appropriate board. Each applicant for  
577        examination shall be examined with respect to the same school of  
578        practice in which the applicant was graduated except that an applicant  
579        for licensure in homeopathic medicine who is licensed as a physician  
580        or meets the requirements in section 20-10 may be examined in other  
581        than the school of practice in which such applicant was graduated.

582 Before being admitted to the examination, an applicant shall pay the  
583 sum of five hundred sixty-five dollars and an applicant rejected by the  
584 department may be reexamined at any subsequent examination, upon  
585 payment of the sum of five hundred sixty-five dollars for each  
586 appearance.

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

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

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

598 No provision of this section, sections [20-8,] 20-9 to 20-13, inclusive,  
599 as amended by this act, or 20-14a shall be construed to repeal or affect  
600 any of the provisions of any private charter, or to apply to licensed  
601 pharmacists. All physicians or surgeons and all physician assistants  
602 practicing under the provisions of this chapter shall, when requested,  
603 write a duplicate of their prescriptions in the English language. Any  
604 person who violates any provision of this section regarding  
605 prescriptions shall be fined ten dollars for each offense. Any person  
606 who violates any provision of section 20-9, as amended by this act,  
607 shall be fined not more than five hundred dollars or be imprisoned not  
608 more than five years or be both fined and imprisoned. For the  
609 purposes of this section, each instance of patient contact or  
610 consultation which is in violation of any provision of section 20-9, as  
611 amended by this act, shall constitute a separate offense. Failure to  
612 renew a license in a timely manner shall not constitute a violation for  
613 the purposes of this section. Any person who swears to any falsehood

614 in any statement required by section 20-10, 20-12, as amended by this  
615 act, 20-12b or 20-12c, as amended by this act, to be filed with the  
616 Department of Public Health shall be guilty of false statement.

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

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

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

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

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

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

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

634 (6) "Drug or drugs" means a controlled drug as defined in section  
635 21a-240;

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

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

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

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

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

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

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

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

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

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

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

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

686 (b) The Department of Public Health shall maintain and operate the  
687 Connecticut Tumor Registry. Said registry shall include a report of  
688 every occurrence of a reportable tumor that is diagnosed or treated in  
689 the state. Such reports shall be made to the department by any  
690 hospital, clinical laboratory and health care provider in the state. Such  
691 reports shall include, but not be limited to, pathology reports and  
692 information obtained from records of any person licensed as a health  
693 care provider and may include a collection of actual tissue samples  
694 and such information as the department may prescribe. Follow-up  
695 [data, demographic, diagnostic, treatment and] information shall also  
696 be contained in the report and shall include, when available: (1)  
697 Demographic data; (2) diagnostic, treatment and pathology reports; (3)  
698 operative reports, hematology, medical oncology and radiation  
699 therapy consults, or abstracts of such reports or consults in a format  
700 prescribed by the department; and (4) other medical information [shall  
701 also be included in the report in a form and manner] as the department  
702 may prescribe. Such information shall be reported to the department  
703 not later than six months after diagnosis or the first encounter for  
704 treatment of a reportable tumor, in the form and manner prescribed by

705 the department. The Commissioner of Public Health shall promulgate  
706 a list of required data items, which may be amended from time to time.  
707 Such reports shall include every occurrence of a reportable tumor that  
708 is diagnosed or treated during a calendar year. [Such reports shall be  
709 submitted to the department on or before July first, annually, in such  
710 manner as the department may prescribe.]

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

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

717 (1) "Nursing home facility" means any nursing home [or residential  
718 care home as defined in section 19a-490] or any rest home with nursing  
719 supervision [which provides, in addition to personal care required in a  
720 residential care home,] that provides nursing supervision under a  
721 medical director twenty-four hours per day, or any chronic and  
722 convalescent nursing home [which] that provides skilled nursing care  
723 under medical supervision and direction to carry out nonsurgical  
724 treatment and dietary procedures for chronic diseases, convalescent  
725 stages, acute diseases or injuries; ["department"]

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

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

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

734 Sec. 25. Subsection (c) of section 19a-490 of the general statutes is

735 repealed and the following is substituted in lieu thereof (*Effective July*  
736 *1, 2013*):

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

742 Sec. 26. Subsection (a) of section 17b-451 of the general statutes is  
743 repealed and the following is substituted in lieu thereof (*Effective July*  
744 *1, 2013*):

745 (a) Any physician or surgeon licensed under the provisions of  
746 chapter 370, any resident physician or intern in any hospital in this  
747 state, whether or not so licensed, any registered nurse, any nursing  
748 home administrator, nurse's aide or orderly in a nursing home facility  
749 or residential care home, any person paid for caring for a patient in a  
750 nursing home facility or residential care home, any staff person  
751 employed by a nursing home facility or residential care home, any  
752 patients' advocate and any licensed practical nurse, medical examiner,  
753 dentist, optometrist, chiropractor, podiatrist, social worker, clergyman,  
754 police officer, pharmacist, psychologist or physical therapist, who has  
755 reasonable cause to suspect or believe that any elderly person has been  
756 abused, neglected, exploited or abandoned, or is in a condition [which]  
757 that is the result of such abuse, neglect, exploitation or abandonment,  
758 or is in need of protective services, shall, not later than seventy-two  
759 hours after such suspicion or belief arose, report such information or  
760 cause a report to be made in any reasonable manner to the  
761 Commissioner of Social Services or to the person or persons  
762 designated by the commissioner to receive such reports. Any person  
763 required to report under the provisions of this section who fails to  
764 make such report within the prescribed time period shall be fined not  
765 more than five hundred dollars, except that, if such person  
766 intentionally fails to make such report within the prescribed time  
767 period, such person shall be guilty of a class C misdemeanor for the

768 first offense and a class A misdemeanor for any subsequent offense.

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

771 (a) Any person who is licensed to establish, conduct, operate or  
772 maintain a nursing home or residential care home shall notify the  
773 Commissioner of Public Health immediately if the owner, conductor,  
774 operator or maintainer of [the] such home, any person described in  
775 subdivision (3) of subsection (a) of section 19a-491a, or any nurse or  
776 nurse's aide has been convicted of (1) a felony, as defined in section  
777 53a-25, (2) cruelty to persons under section 53-20, or (3) assault of a  
778 victim sixty or older under section 53a-61a; or has been subject to any  
779 decision imposing disciplinary action by the licensing agency in any  
780 state, the District of Columbia, a United States possession or territory  
781 or a foreign jurisdiction. Failure to comply with the notification  
782 requirement shall subject the licensed person to a civil penalty of not  
783 more than one hundred dollars.

784 (b) Each nursing home and residential care home shall require a  
785 person described in subdivision (3) of subsection (a) of section 19a-  
786 491a or a nurse or nurse's aide to complete and sign an application  
787 form which contains questions as to whether the person has been  
788 convicted of any crime specified in subsection (a) of this section or has  
789 been subject to any decision imposing disciplinary action as described  
790 in said subsection. Any person seeking employment in a position  
791 connected with the provision of care in a nursing home or residential  
792 care home who makes a false written statement regarding such prior  
793 criminal convictions or disciplinary action shall be guilty of a Class A  
794 misdemeanor.

795 (c) The Commissioner of Public Health shall require each initial  
796 applicant described in subdivision (1) of subsection (a) of section 19a-  
797 491a to submit to state and national criminal history records checks.  
798 The criminal history records checks required by this subsection shall  
799 be conducted in accordance with section 29-17a.

800 Sec. 28. Subsection (a) of section 19a-491c of the general statutes is  
801 repealed and the following is substituted in lieu thereof (*Effective July*  
802 *1, 2013*):

803 (a) As used in this section:

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

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

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

821 (4) "Long-term care facility" means any facility, agency or provider  
822 that is a nursing home, as defined in section 19a-521, as amended by  
823 this act, a residential care home, as defined in section 19a-521, as  
824 amended by this act, a home health agency, as defined in section 19a-  
825 490, as amended by this act, an assisted living services agency, as  
826 defined in section 19a-490, as amended by this act, an intermediate  
827 care facility for the mentally retarded, as defined in 42 USC 1396d(d), a  
828 chronic disease hospital, as defined in section 19a-550, as amended by  
829 this act, or an agency providing hospice care which is licensed to  
830 provide such care by the Department of Public Health or certified to  
831 provide such care pursuant to 42 USC 1395x.

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

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

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

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

853 (d) (1) If the commissioner determines that a nursing home facility  
854 or residential care home is in noncompliance with this section or the  
855 regulations adopted pursuant to this section, for which a civil penalty  
856 is authorized by subsection (c) of this section, the commissioner may  
857 send to an authorized officer or agent of the nursing home facility or  
858 residential care home, by certified mail, return receipt requested, or  
859 personally serve upon such officer or agent, a notice that includes: [(1)]  
860 (A) A reference to this section or the section or sections of the  
861 regulations involved; [(2)] (B) a short and plain statement of the  
862 matters asserted or charged; [(3)] (C) a statement of the maximum civil  
863 penalty that may be imposed for such noncompliance; and [(4)] (D) a

864 statement of the party's right to request a hearing to contest the  
865 imposition of the civil penalty.

866 (2) A nursing home facility or residential care home may make  
867 written application for a hearing to contest the imposition of a civil  
868 penalty pursuant to this section not later than twenty days after the  
869 date such notice is mailed or served. All hearings under this section  
870 shall be conducted in accordance with the provisions of chapter 54. If a  
871 nursing home facility or residential care home fails to request a hearing  
872 or fails to appear at the hearing or if, after the hearing, the  
873 commissioner finds that the nursing home facility or residential care  
874 home is in noncompliance, the commissioner may, in the  
875 commissioner's discretion, order that a civil penalty be imposed that is  
876 not greater than the penalty stated in the notice. The commissioner  
877 shall send a copy of any order issued pursuant to this subsection by  
878 certified mail, return receipt requested, to the nursing home facility or  
879 residential care home named in such order.

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

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

893 Sec. 30. Subsection (d) of section 19a-498 of the general statutes is  
894 repealed and the following is substituted in lieu thereof (*Effective July*  
895 *1, 2013*):

896 (d) In addition, when the Commissioner of Social Services deems it  
897 necessary, said commissioner, or a designated representative of said  
898 commissioner, may examine and audit the financial records of any  
899 nursing home facility, as defined in section 19a-521, as amended by  
900 this act, any residential care home, as defined in section 19a-521, as  
901 amended by this act, or any nursing facility management services  
902 certificate holder, as defined in section 19a-561. Each nursing home  
903 facility, residential care home and nursing facility management  
904 services certificate holder shall retain all financial information, data  
905 and records relating to the operation of the nursing home facility or  
906 residential care home for a period of not less than ten years, and all  
907 financial information, data and records relating to any real estate  
908 transactions affecting such operation, for a period of not less than  
909 twenty-five years, which financial information, data and records shall  
910 be made available, upon request, to the Commissioner of Social  
911 Services or such designated representative at all reasonable times. In  
912 connection with any inquiry, examination or investigation, the  
913 commissioner or the commissioner's designated representative may  
914 issue subpoenas, order the production of books, records and  
915 documents, administer oaths and take testimony under oath. The  
916 Attorney General, upon request of said commissioner or the  
917 commissioner's designated representative, may apply to the Superior  
918 Court to enforce any such subpoena or order.

919 Sec. 31. Subsection (b) of section 19a-502 of the general statutes is  
920 repealed and the following is substituted in lieu thereof (*Effective July*  
921 *1, 2013*):

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

930 facility or residential care home may be revoked or suspended in the  
931 manner provided in section 19a-494, or both.

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

934 No nursing home facility, as defined in section 19a-521, as amended  
935 by this act, or residential care home, as defined in section 19a-521, as  
936 amended by this act, shall restrict any patient from obtaining  
937 prescription drugs through a prescription drug program or health plan  
938 offered by the United States Department of Veterans Affairs. If a  
939 nursing home facility or residential care home patient obtains  
940 prescription drugs through a prescription drug program or health plan  
941 offered by the United States Department of Veterans Affairs, the  
942 nursing home facility or residential care home may require such  
943 prescription drugs to be dispensed and administered according to [the]  
944 such facility's or home's policies, provided such policies conform to  
945 applicable state and federal laws. At the request of a patient, [a nursing  
946 home] such facility or home shall dispense and administer prescription  
947 drugs obtained through a prescription drug program or health plan  
948 operated by the United States Department of Veterans Affairs  
949 regardless of the form of the drugs' packaging. Nothing in this section  
950 shall prevent [a nursing home facility] such facility or home from  
951 dispensing and administering to a patient prescription drugs that are  
952 obtained from sources other than a prescription drug program or  
953 health plan operated by the United States Department of Veterans  
954 Affairs when the patient requires such drugs before the drugs can be  
955 obtained from such drug program or health plan.

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

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

962 dietary service, personnel qualifications and general operational  
963 conditions. The regulations shall: (1) Assure that each patient admitted  
964 to a nursing home facility is protected by adequate immunization  
965 against influenza and pneumococcal disease in accordance with the  
966 recommendations of the National Advisory Committee on  
967 Immunization Practices, established by the Secretary of Health and  
968 Human Services; (2) specify that each patient be protected annually  
969 against influenza and be vaccinated against pneumonia in accordance  
970 with the recommendations of the National Advisory Committee on  
971 Immunization; and (3) provide appropriate exemptions for patients for  
972 whom such immunizations are medically contraindicated and for  
973 patients who object to such immunization on religious grounds.

974 (b) Nursing home facilities or residential care homes may not charge  
975 the family or estate of a deceased self-pay patient beyond the date on  
976 which such patient dies. Nursing home facilities or residential care  
977 homes shall reimburse the estate of a deceased self-pay patient, within  
978 sixty days after the death of such patient, for any advance payments  
979 made by or on behalf of the patient covering any period beyond the  
980 date of death. Interest, in accordance with subsection (a) of section 37-  
981 1, on such reimbursement shall begin to accrue from the date of such  
982 patient's death.

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

985 (a) If, from the results of an inspection and investigation in  
986 accordance with section 19a-498, or upon receipt of a report or  
987 complaint from the Commissioner of Social Services, pursuant to  
988 section 17b-408, and upon such review and further investigation, as the  
989 Commissioner of Public Health deems necessary, the Commissioner of  
990 Public Health determines that such nursing home facility or residential  
991 care home has violated any provision of the Public Health Code  
992 relating to the operation or maintenance of a nursing home facility or  
993 residential care home, the Commissioner of Public Health may,  
994 notwithstanding the provisions of chapter 54, request the Attorney

995 General to seek a temporary or permanent injunction and such other  
996 relief as may be appropriate to enjoin such nursing home facility or  
997 residential care home from continuing such violation or violations. If  
998 the court determines such violation or violations exist, it may grant  
999 such injunctive relief and such other relief as justice may require and  
1000 may set a time period within which such nursing home facility or  
1001 residential care home shall comply with any such order.

1002 (b) Any appeal taken from any permanent injunction granted under  
1003 subsection (a) of this section shall not stay the operation of such  
1004 injunction unless the court is of the opinion that great and irreparable  
1005 injury will be done by not staying the operation of such injunction.

1006 Sec. 35. Section 19a-524 of the general statutes is repealed and the  
1007 following is substituted in lieu thereof (*Effective July 1, 2013*):

1008 If, upon review, investigation or inspection pursuant to section 19a-  
1009 498, as amended by this act, the Commissioner of Public Health  
1010 determines that a nursing home facility or residential care home has  
1011 violated any provision of section 17b-406, 19a-521 to 19a-529, inclusive,  
1012 as amended by this act, 19a-531 to 19a-551, inclusive, as amended by  
1013 this act, or 19a-553 to 19a-555, inclusive, as amended by this act,  
1014 section 19a-491a, 19a-491b, 19a-493a or 19a-528a or any regulation in  
1015 the Public Health Code or regulation relating to licensure or the Fire  
1016 Safety Code relating to the operation or maintenance of a nursing  
1017 home facility or residential care home, which violation has been  
1018 classified in accordance with section 19a-527, he or she shall  
1019 immediately issue or cause to be issued a citation to the licensee of  
1020 such nursing home facility or residential care home. Governmental  
1021 immunity shall not be a defense to any citation issued or civil penalty  
1022 imposed pursuant to sections 19a-524 to 19a-528, inclusive, as  
1023 amended by this act. Each such citation shall be in writing, shall  
1024 provide notice of the nature and scope of the alleged violation or  
1025 violations and shall be sent by certified mail to the licensee at the  
1026 address of the nursing home facility or residential care home in issue.  
1027 A copy of such citation shall also be sent to the licensed administrator

1028 at the address of the [facility] nursing home facility or residential care  
1029 home.

1030 Sec. 36. Section 19a-525 of the general statutes is repealed and the  
1031 following is substituted in lieu thereof (*Effective July 1, 2013*):

1032 (a) The administrator of the nursing home facility or residential care  
1033 home, or his or her designee, shall, within three days, excluding  
1034 Saturdays, Sundays and holidays, of receipt of the citation by the  
1035 licensee, notify the commissioner if the licensee contests the citation. If  
1036 the administrator fails to so notify the commissioner within such three-  
1037 day period, the citation shall be deemed a final order of the  
1038 commissioner, effective upon the expiration of said period.

1039 (b) If any administrator of a nursing home facility or residential care  
1040 home, or his or her designee, notifies the commissioner that the  
1041 licensee contests the citation, the commissioner shall provide within  
1042 five days of such notice, excluding Saturdays, Sundays and holidays,  
1043 an informal conference between the licensee and the commissioner. If  
1044 the licensee and commissioner fail to reach an agreement at such  
1045 conference, the commissioner shall set the matter down for a hearing  
1046 as a contested case in accordance with chapter 54, not more than five  
1047 nor less than three days after such conference, with notice of the date  
1048 of such hearing to the administrator not less than two days before such  
1049 hearing, provided the minimum time requirements may be waived by  
1050 agreement. The commissioner shall, [within] not later than three days,  
1051 excluding Saturdays, Sundays and holidays, after the conference if  
1052 agreement is reached at such conference, or after the hearing, issue a  
1053 final order, based on findings of fact, affirming, modifying or vacating  
1054 the citation.

1055 Sec. 37. Section 19a-526 of the general statutes is repealed and the  
1056 following is substituted in lieu thereof (*Effective July 1, 2013*):

1057 (a) When, in the case of a class A or B violation, a final order  
1058 becomes effective, the citation, the order, if any, affirming or  
1059 modifying the citation and the finding shall be filed by the

1060 Commissioner of Public Health in the office of the clerk of the superior  
1061 court for the judicial district of Hartford. Said clerk shall cause said  
1062 citation, order, if any, and finding to be filed in said court. Upon such  
1063 filing, the civil penalty imposed may be enforced in the same manner  
1064 as a judgment of the Superior Court, provided if an appeal is taken in  
1065 accordance with section 19a-529, as amended by this act, the court or a  
1066 judge thereof may, in its or his discretion, stay execution of such order.

1067 (b) Civil penalties imposed pursuant to this section shall be paid not  
1068 later than fifteen days after the final date by which an appeal may be  
1069 taken as provided in section 19a-529, as amended by this act, or, if an  
1070 appeal is taken, not later than fifteen days after the final judgment on  
1071 such appeal. In the event such fines are not paid, the Commissioner of  
1072 Public Health shall notify the Commissioner of Social Services who is  
1073 authorized to immediately withhold from the nursing home's or  
1074 residential care home's next medical assistance payment, an amount  
1075 equal to the amount of the civil penalty.

1076 Sec. 38. Section 19a-527 of the general statutes is repealed and the  
1077 following is substituted in lieu thereof (*Effective July 1, 2013*):

1078 Citations issued pursuant to section 19a-524, as amended by this act,  
1079 shall be classified according to the nature of the violation and shall  
1080 state such classification and the amount of the civil penalty to be  
1081 imposed on the face thereof. The Commissioner of Public Health shall,  
1082 by regulation in accordance with chapter 54, classify violations as  
1083 follows:

1084 (a) Class A violations are conditions [which] that the Commissioner  
1085 of Public Health determines present an immediate danger of death or  
1086 serious harm to any patient in the nursing home facility or residential  
1087 care home. For each class A violation, a civil penalty of not more than  
1088 five thousand dollars may be imposed;

1089 (b) Class B violations are conditions [which] that the Commissioner  
1090 of Public Health determines present a probability of death or serious  
1091 harm in the reasonably foreseeable future to any patient in the nursing

1092 home facility or residential care home, but [which] that he or she does  
1093 not find constitute a class A violation. For each such violation, a civil  
1094 penalty of not more than three thousand dollars may be imposed.

1095 Sec. 39. Section 19a-528 of the general statutes is repealed and the  
1096 following is substituted in lieu thereof (*Effective July 1, 2013*):

1097 In imposing the civil penalties [which] that shall become due under  
1098 sections 19a-524 to 19a-528, inclusive, as amended by this act, the  
1099 commissioner may consider all factors [which he] that the  
1100 commissioner deems relevant, including, but not limited to, the  
1101 following:

1102 (1) The amount of assessment necessary to insure immediate and  
1103 continued compliance;

1104 (2) The character and degree of impact of the violation on the health,  
1105 safety and welfare of any patient in the nursing home facility or  
1106 residential care home;

1107 (3) The conduct of the person against whom the citation is issued in  
1108 taking all feasible steps or procedures necessary or appropriate to  
1109 comply or to correct the violation;

1110 (4) Any prior violations by the nursing home facility or residential  
1111 care home of statutes, regulations or orders administered, adopted or  
1112 issued by the Commissioner of Public Health.

1113 Sec. 40. Section 19a-529 of the general statutes is repealed and the  
1114 following is substituted in lieu thereof (*Effective July 1, 2013*):

1115 Any person aggrieved by a final order pursuant to sections 19a-524  
1116 to 19a-528, inclusive, as amended by this act, may appeal such order to  
1117 the superior court for the judicial district in which the nursing home  
1118 facility or residential care home is situated in accordance with section  
1119 4-183. Such appeal shall have precedence in the order of trial to the  
1120 same extent as provided in section 52-191. This section shall provide  
1121 the exclusive procedure for appealing any such order.

1122 Sec. 41. Section 19a-531 of the general statutes is repealed and the  
1123 following is substituted in lieu thereof (*Effective July 1, 2013*):

1124 Any employee of the Department of Public Health or the  
1125 Department of Social Services or any regional ombudsman who gives  
1126 or causes to be given any advance notice to any nursing home facility  
1127 or residential care home, directly or indirectly, that an investigation or  
1128 inspection is under consideration or is impending or gives any  
1129 information regarding any complaint submitted pursuant to section  
1130 17b-408 [.] or 19a-523, as amended by this act, prior to an on-the-scene  
1131 investigation or inspection of such facility, unless specifically  
1132 mandated by federal or state regulations to give advance notice, shall  
1133 be guilty of a class B misdemeanor and may be subject to dismissal,  
1134 suspension or demotion in accordance with chapter 67.

1135 Sec. 42. Section 19a-532 of the general statutes is repealed and the  
1136 following is substituted in lieu thereof (*Effective July 1, 2013*):

1137 No nursing home facility or residential care home shall discharge or  
1138 in any manner discriminate or retaliate against any patient in any  
1139 nursing home facility or residential care home, or any relative,  
1140 guardian, conservator or sponsoring agency thereof or against any  
1141 employee of any nursing home facility or residential care home or  
1142 against any other person because such patient, relative, guardian,  
1143 conservator, sponsoring agency, employee or other person has filed  
1144 any complaint or instituted or caused to be instituted any proceeding  
1145 under sections 17b-406, 17b-408, 19a-531 to 19a-534, inclusive, as  
1146 amended by this act, 19a-536 to 19a-539, inclusive, as amended by this  
1147 act, 19a-550, as amended by this act, 19a-553, as amended by this act,  
1148 and 19a-554, or has testified or is about to testify in any such  
1149 proceeding or because of the exercise by such patient, relative,  
1150 guardian, conservator, sponsoring agency, employee or other person  
1151 on behalf of himself, herself or others of any right afforded by said  
1152 sections. Notwithstanding any other provision of the general statutes,  
1153 any nursing home facility [which] or residential care home that  
1154 violates any provision of this section shall be liable to the injured party

1155 for treble damages.

1156 Sec. 43. Section 19a-534 of the general statutes is repealed and the  
1157 following is substituted in lieu thereof (*Effective July 1, 2013*):

1158 If the commissioner determines that there is imminent danger to the  
1159 health, safety or welfare of any patient in any nursing home facility or  
1160 residential care home, said commissioner may transfer or cause to be  
1161 transferred such patient to another nursing home facility, residential  
1162 care home or hospital, provided the commissioner promptly notifies  
1163 the spouse, relative, guardian or conservator or sponsoring agency of  
1164 such patient of the transfer and indicates the nursing home facility,  
1165 residential care home or hospital to which such patient has been  
1166 transferred.

1167 Sec. 44. Section 19a-534a of the general statutes is repealed and the  
1168 following is substituted in lieu thereof (*Effective July 1, 2013*):

1169 If the commissioner finds that the health, safety or welfare of any  
1170 patient or patients in any nursing home facility or residential care  
1171 home imperatively requires emergency action and incorporates a  
1172 finding to that effect in the order, the commissioner may issue a  
1173 summary order to the holder of a license issued pursuant to section  
1174 19a-493 pending completion of any proceedings conducted pursuant  
1175 to section 19a-494. Such proceedings shall be promptly instituted and  
1176 determined. The orders [which] that the commissioner may issue shall  
1177 include, but not be limited to: (1) Revoking or suspending the license;  
1178 (2) prohibiting the nursing home facility or residential care home from  
1179 admitting new patients or discharging current patients; (3) limiting the  
1180 license of a nursing home facility or residential care home in any  
1181 respect, including reducing the licensed patient capacity; and (4)  
1182 compelling compliance with the applicable statutes or regulations  
1183 administered or adopted by the department.

1184 Sec. 45. Section 19a-538 of the general statutes is repealed and the  
1185 following is substituted in lieu thereof (*Effective July 1, 2013*):

1186 On or before January 1, 1977, and annually thereafter, the  
1187 Department of Public Health shall publish a report, available to the  
1188 public, [which] that shall include, but not be limited to, a list of all  
1189 nursing home facilities and residential care homes in this state;  
1190 whether such nursing home facilities and residential care homes are  
1191 proprietary or nonproprietary; the classification of each such nursing  
1192 home facility and residential care home; the name of the owner or  
1193 owners, including the name of any partnership, corporation, trust,  
1194 individual proprietorship or other legal entity [which] that owns or  
1195 controls, directly or indirectly, such facility or residential care homes;  
1196 the total number of beds; the number of private and semiprivate  
1197 rooms; the religious affiliation, and religious services offered, if any, in  
1198 the nursing home facility or residential care home; the cost per diem  
1199 for private patients; the languages spoken by the administrator and  
1200 staff of such nursing home facility or residential care home; the  
1201 number of full-time employees and their professions; whether or not  
1202 such nursing home facility or residential care home accepts Medicare  
1203 and Medicaid patients; recreational and other programs available and  
1204 the number and nature of any class A or class B citation issued against  
1205 such nursing home facility or residential care home in the previous  
1206 year.

1207 Sec. 46. Section 19a-541 of the general statutes is repealed and the  
1208 following is substituted in lieu thereof (*Effective July 1, 2013*):

1209 As used in this section and sections 19a-542 to 19a-549, inclusive,  
1210 unless the context otherwise requires:

1211 (1) "Nursing home facility" shall have the same meaning as  
1212 provided in section 19a-521, as amended by this act;

1213 (2) "Emergency" means a situation, physical condition or one or  
1214 more practices, methods or operations which presents imminent  
1215 danger of death or serious physical or mental harm to residents of a  
1216 nursing home facility;

1217 (3) "Transfer trauma" means the medical and psychological

1218 reactions to physical transfer that increase the risk of death, or grave  
1219 illness, or both, in elderly persons; [and]

1220 (4) "Substantial violation" means a violation of law [which] that  
1221 presents a reasonable likelihood of serious physical or mental harm to  
1222 residents of a nursing home facility [.] or residential care home; and

1223 (5) "Residential care home" shall have the same meaning as  
1224 provided in section 19a-521, as amended by this act.

1225 Sec. 47. Section 19a-542 of the general statutes is repealed and the  
1226 following is substituted in lieu thereof (*Effective July 1, 2013*):

1227 (a) An application to appoint a receiver for a nursing home facility  
1228 or residential care home may be filed in the Superior Court by the  
1229 Commissioner of Social Services, the Commissioner of Public Health or  
1230 the director of the Office of Protection and Advocacy for Persons with  
1231 Disabilities. A resident of [a facility] such facility or home, or such  
1232 resident's legally liable relative, conservator or guardian may file a  
1233 written complaint with the Commissioner of Public Health specifying  
1234 conditions at [the] such facility [which] or home that warrant an  
1235 application to appoint a receiver. If the Commissioner of Public Health  
1236 fails to resolve such complaint [within] not later than forty-five days  
1237 [of] after its receipt or, in the case of a nursing home facility [which] or  
1238 residential care home that intends to close, [within] not later than  
1239 seven days [of] after its receipt, the person who filed the complaint  
1240 may file an application in the Superior Court for the appointment of a  
1241 receiver for such facility or home. Said court shall immediately notify  
1242 the Attorney General of such application. The court shall hold a  
1243 hearing not later than ten days after the date the application is filed.  
1244 Notice of such hearing shall be given to the owner of such facility or  
1245 residential care home, or such owner's agent for service of process, not  
1246 less than five days prior to such hearing. Such notice shall be posted by  
1247 the court in a conspicuous place inside such facility for not less than  
1248 three days prior to such hearing.

1249 (b) A resident of a nursing home facility or residential care home for

1250 which an application to appoint a receiver has been filed or such  
1251 resident's legally liable relative, conservator or guardian may appear  
1252 as a party to the proceedings.

1253 (c) Notwithstanding the provisions of subsection (a) of this section  
1254 the court may appoint a receiver upon an ex parte motion when  
1255 affidavits, testimony or any other evidence presented indicates that  
1256 there is a reasonable likelihood an emergency exists in such facility or  
1257 home which must be remedied immediately to insure the health, safety  
1258 and welfare of the patients of such facility or home. Notice of the  
1259 application and order shall be served on the owner or [his] or the  
1260 owner's agent for service of process and shall be posted in a  
1261 conspicuous place inside [the] such facility or home not later than  
1262 twenty-four hours after issuance of such order. A hearing on the  
1263 application shall be held not later than five days after the issuance of  
1264 such order unless the owner consents to a later date.

1265 Sec. 48. Section 19a-543 of the general statutes is repealed and the  
1266 following is substituted in lieu thereof (*Effective July 1, 2013*):

1267 The court shall grant an application for the appointment of a  
1268 receiver for a nursing home facility or residential care home upon a  
1269 finding of any of the following: (1) Such facility or home is operating  
1270 without a license issued pursuant to this chapter or such facility's or  
1271 home's license has been suspended or revoked pursuant to section 19a-  
1272 494; (2) such facility or home intends to close and adequate  
1273 arrangements for relocation of its residents have not been made at least  
1274 thirty days prior to closing; (3) such facility or home has sustained a  
1275 serious financial loss or failure which jeopardizes the health, safety and  
1276 welfare of the patients or there is a reasonable likelihood of such loss  
1277 or failure; or (4) there exists in such facility a condition in substantial  
1278 violation of the Public Health Code, or any other applicable state  
1279 statutes, or Title XVIII or XIX of the federal Social Security Act, 42 USC  
1280 301, as amended, or any regulation adopted pursuant to such state or  
1281 federal laws.

1282 Sec. 49. Section 19a-544 of the general statutes is repealed and the  
1283 following is substituted in lieu thereof (*Effective July 1, 2013*):

1284 It shall be a sufficient defense to a receivership application if any  
1285 owner of a nursing home facility or residential care home establishes  
1286 that, (1) [he] the owner did not have knowledge or could not  
1287 reasonably have known that any conditions in violation of section 19a-  
1288 543 existed, or (2) [he] the owner did not have a reasonable time in  
1289 which to correct such violations, or (3) the violations listed in the  
1290 application do not, in fact, exist or, in the event the grounds upon  
1291 which the petition is based are those set forth in subdivision (2) of  
1292 section 19a-543, as amended by this act, [the] such facility or home  
1293 does not intend to close.

1294 Sec. 50. Subsection (a) of section 19a-545 of the general statutes is  
1295 repealed and the following is substituted in lieu thereof (*Effective July*  
1296 *1, 2013*):

1297 (a) A receiver appointed pursuant to the provisions of sections 19a-  
1298 541 to 19a-549, inclusive, as amended by this act, in operating [such] a  
1299 nursing home facility or residential care home, shall have the same  
1300 powers as a receiver of a corporation under section 52-507, except as  
1301 provided in subsection (c) of this section and shall exercise such  
1302 powers to remedy the conditions [which] that constituted grounds for  
1303 the imposition of receivership, assure adequate health care for the  
1304 residents and preserve the assets and property of the owner. If [a] such  
1305 facility or home is placed in receivership it shall be the duty of the  
1306 receiver to notify each resident and each resident's guardian or  
1307 conservator, if any, or legally liable relative or other responsible party,  
1308 if known. Such receiver may correct or eliminate any deficiency in the  
1309 structure or furnishings of [the] such facility [which] or home that  
1310 endangers the safety or health of the residents while they remain in  
1311 [the] such facility or home, provided the total cost of correction does  
1312 not exceed three thousand dollars. The court may order expenditures  
1313 for this purpose in excess of three thousand dollars on application  
1314 from such receiver. If any resident is transferred or discharged such

1315 receiver shall provide for: (1) Transportation of the resident and such  
1316 resident's belongings and medical records to the place where such  
1317 resident is being transferred or discharged; (2) aid in locating an  
1318 alternative placement and discharge planning in accordance with  
1319 section 19a-535; (3) preparation for transfer to mitigate transfer trauma,  
1320 including but not limited to, participation by the resident or the  
1321 resident's guardian in the selection of the resident's alternative  
1322 placement, explanation of alternative placements and orientation  
1323 concerning the placement chosen by the resident or the resident's  
1324 guardian; and (4) custodial care of all property or assets of residents  
1325 [which] that are in the possession of an owner of [the] such facility or  
1326 home. The receiver shall preserve all property, assets and records of  
1327 residents [which] that the receiver has custody of and shall provide for  
1328 the prompt transfer of the property, assets and records to the  
1329 alternative placement of any transferred resident. In no event may the  
1330 receiver transfer all residents and close [a] such facility or home  
1331 without a court order and without complying with the notice and  
1332 discharge plan requirements for each resident in accordance with  
1333 section 19a-535.

1334 Sec. 51. Subsection (a) of section 19a-546 of the general statutes is  
1335 repealed and the following is substituted in lieu thereof (*Effective July*  
1336 *1, 2013*):

1337 (a) A receiver may not be required to honor any lease, mortgage,  
1338 secured transaction or other contract entered into by the owner of [the]  
1339 a nursing home facility or residential care home if, upon application to  
1340 the Superior Court, said court determines that: (1) The person seeking  
1341 payment under the agreement was an owner or controlling  
1342 stockholder of [the] such facility or home or was an affiliate of such  
1343 owner or controlling stockholder at the time the agreement was made;  
1344 or (2) the rental, price or rate of interest required to be paid under the  
1345 agreement was substantially in excess of a reasonable rental, price or  
1346 rate of interest at the time the contract was entered into.

1347 Sec. 52. Section 19a-547 of the general statutes is repealed and the

1348 following is substituted in lieu thereof (*Effective July 1, 2013*):

1349 (a) The court may appoint any responsible individual whose name  
1350 is proposed by the Commissioner of Public Health and the  
1351 Commissioner of Social Services to act as a receiver. [Such] For a  
1352 nursing home facility, such individual shall be a nursing home facility  
1353 administrator licensed in the state of Connecticut with substantial  
1354 experience in operating Connecticut nursing homes. [On or before July  
1355 1, 2004, the] For a residential care home, such individual shall have  
1356 experience as a residential care home administrator or, if there is no  
1357 such individual, such individual shall have experience in the state  
1358 similar to that of a residential care home administrator. The  
1359 Commissioner of Social Services shall adopt regulations governing  
1360 qualifications for proposed receivers consistent with this subsection.  
1361 No state employee or owner, administrator or other person with a  
1362 financial interest in the [facility] nursing home facility or residential  
1363 care home may serve as a receiver for that [facility] nursing home  
1364 facility or residential care home. No person appointed to act as a  
1365 receiver shall be permitted to have a current financial interest in the  
1366 [facility] nursing home facility or residential care home; nor shall such  
1367 person appointed as a receiver be permitted to have a financial interest  
1368 in the [facility] nursing home facility or residential care home for a  
1369 period of five years from the date the receivership ceases.

1370 (b) The court may remove such receiver in accordance with section  
1371 52-513. A nursing home facility or residential care home receiver  
1372 appointed pursuant to this section shall be entitled to a reasonable  
1373 receiver's fee as determined by the court. The receiver shall be liable  
1374 only in [his] the receiver's official capacity for injury to person and  
1375 property by reason of the conditions of the nursing home [. He] facility  
1376 or residential care home. The receiver shall not be personally liable,  
1377 except for acts or omissions constituting gross, wilful or wanton  
1378 negligence.

1379 (c) The court, in its discretion, may require a bond of such receiver  
1380 in accordance with section 52-506.

1381 (d) The court may require the Commissioner of Public Health to  
1382 provide for the payment of any receiver's fees authorized in subsection  
1383 (a) of this section upon a showing by such receiver to the satisfaction of  
1384 the court that (1) the assets of the nursing home facility or residential  
1385 care home are not sufficient to make such payment, and (2) no other  
1386 source of payment is available, including the submission of claims in a  
1387 bankruptcy proceeding. The state shall have a claim for any court-  
1388 ordered fees and expenses of the receiver [which] that shall have  
1389 priority over all other claims of secured and unsecured creditors and  
1390 other persons whether or not [the] such nursing home facility or  
1391 residential care home is in bankruptcy, to the extent allowed under  
1392 state or federal law.

1393 Sec. 53. Section 19a-548 of the general statutes is repealed and the  
1394 following is substituted in lieu thereof (*Effective July 1, 2013*):

1395 Each receiver shall, during the first week in January, April, July and  
1396 October in each year, sign, swear to and file with the clerk of the court  
1397 by which [he] the receiver was appointed a full and detailed account of  
1398 his or her doings as such receiver for the three months next preceding,  
1399 together with a statement of all court orders passed during such three  
1400 months and the present condition and prospects of the nursing home  
1401 facility or residential care home in [his] the receiver's charge, and cause  
1402 a motion for a hearing and approval of the same to be placed on the  
1403 short calendar.

1404 Sec. 54. Section 19a-549 of the general statutes is repealed and the  
1405 following is substituted in lieu thereof (*Effective July 1, 2013*):

1406 The Superior Court, upon a motion by the receiver or the owner of  
1407 [such] the nursing home facility or residential care home, may  
1408 terminate the receivership if it finds that such facility or home has been  
1409 rehabilitated so that the violations complained of no longer exist or if  
1410 such receivership was instituted pursuant to subdivision (2) of section  
1411 19a-543, as amended by this act, the orderly transfer of the patients has  
1412 been completed and such facility or home is ready to be closed. Upon

1413 such finding, the court may terminate the receivership and return such  
1414 facility or home to its owner. In its termination order the court may  
1415 include such terms as it deems necessary to prevent the conditions  
1416 complained of from recurring.

1417 Sec. 55. Section 19a-550 of the general statutes is repealed and the  
1418 following is substituted in lieu thereof (*Effective July 1, 2013*):

1419 (a) (1) As used in this section, (A) "nursing home facility" shall have  
1420 the same meaning as provided in section 19a-521, as amended by this  
1421 act, [and] (B) "residential care home" shall have the same meaning as  
1422 provided in section 19a-521, as amended by this act, and (C) "chronic  
1423 disease hospital" means a long-term hospital having facilities, medical  
1424 staff and all necessary personnel for the diagnosis, care and treatment  
1425 of chronic diseases; and (2) for the purposes of subsections (c) and (d)  
1426 of this section, and subsection (b) of section 19a-537, "medically  
1427 contraindicated" means a comprehensive evaluation of the impact of a  
1428 potential room transfer on the patient's physical, mental and  
1429 psychosocial well-being, which determines that the transfer would  
1430 cause new symptoms or exacerbate present symptoms beyond a  
1431 reasonable adjustment period resulting in a prolonged or significant  
1432 negative outcome that could not be ameliorated through care plan  
1433 intervention, as documented by a physician in a patient's medical  
1434 record.

1435 (b) There is established a patients' bill of rights for any person  
1436 admitted as a patient to any nursing home facility, residential care  
1437 home or chronic disease hospital. The patients' bill of rights shall be  
1438 implemented in accordance with the provisions of Sections 1919(b),  
1439 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security  
1440 Act. The patients' bill of rights shall provide that each such patient: (1)  
1441 Is fully informed, as evidenced by the patient's written  
1442 acknowledgment, prior to or at the time of admission and during the  
1443 patient's stay, of the rights set forth in this section and of all rules and  
1444 regulations governing patient conduct and responsibilities; (2) is fully  
1445 informed, prior to or at the time of admission and during the patient's

1446 stay, of services available in [the] such facility or chronic disease  
1447 hospital, and of related charges including any charges for services not  
1448 covered under Titles XVIII or XIX of the Social Security Act, or not  
1449 covered by basic per diem rate; (3) in such facility or hospital is  
1450 entitled to choose the patient's own physician and is fully informed, by  
1451 a physician, of the patient's medical condition unless medically  
1452 contraindicated, as documented by the physician in the patient's  
1453 medical record, and is afforded the opportunity to participate in the  
1454 planning of the patient's medical treatment and to refuse to participate  
1455 in experimental research; (4) in a residential care home or a chronic  
1456 disease hospital is transferred from one room to another within [the  
1457 facility] such home or chronic disease hospital only for medical  
1458 reasons, or for the patient's welfare or that of other patients, as  
1459 documented in the patient's medical record and such record shall  
1460 include documentation of action taken to minimize any disruptive  
1461 effects of such transfer, except a patient who is a Medicaid recipient  
1462 may be transferred from a private room to a nonprivate room,  
1463 provided no patient may be involuntarily transferred from one room  
1464 to another within [the facility] such home or chronic disease hospital if  
1465 (A) it is medically established that the move will subject the patient to  
1466 a reasonable likelihood of serious physical injury or harm, or (B) the  
1467 patient has a prior established medical history of psychiatric problems  
1468 and there is psychiatric testimony that as a consequence of the  
1469 proposed move there will be exacerbation of the psychiatric problem  
1470 [which] that would last over a significant period of time and require  
1471 psychiatric intervention; and in the case of an involuntary transfer  
1472 from one room to another within [the facility] such home or chronic  
1473 disease hospital, the patient and, if known, the patient's legally liable  
1474 relative, guardian or conservator or a person designated by the patient  
1475 in accordance with section 1-56r, is given [at least] not less than thirty  
1476 days' and [no] not more than sixty days' written notice to ensure  
1477 orderly transfer from one room to another within [the facility] such  
1478 home or chronic disease hospital, except where the health, safety or  
1479 welfare of other patients is endangered or where immediate transfer  
1480 from one room to another within [the facility] such home or chronic

1481 disease hospital is necessitated by urgent medical need of the patient  
1482 or where a patient has resided in [the facility] such home or chronic  
1483 disease hospital for less than thirty days, in which case notice shall be  
1484 given as many days before the transfer as practicable; (5) is encouraged  
1485 and assisted, throughout the patient's period of stay, to exercise the  
1486 patient's rights as a patient and as a citizen, and to this end, has the  
1487 right to be fully informed about patients' rights by state or federally  
1488 funded patient advocacy programs, and may voice grievances and  
1489 recommend changes in policies and services to nursing home facility,  
1490 residential care home or chronic disease hospital staff or to outside  
1491 representatives of the patient's choice, free from restraint, interference,  
1492 coercion, discrimination or reprisal; (6) shall have prompt efforts made  
1493 by [the facility] such nursing home facility, residential care home or  
1494 chronic disease hospital to resolve grievances the patient may have,  
1495 including those with respect to the behavior of other patients; (7) may  
1496 manage the patient's personal financial affairs, and is given a quarterly  
1497 accounting of financial transactions made on the patient's behalf; (8) is  
1498 free from mental and physical abuse, corporal punishment,  
1499 involuntary seclusion and any physical or chemical restraints imposed  
1500 for purposes of discipline or convenience and not required to treat the  
1501 patient's medical symptoms. Physical or chemical restraints may be  
1502 imposed only to ensure the physical safety of the patient or other  
1503 patients and only upon the written order of a physician that specifies  
1504 the type of restraint and the duration and circumstances under which  
1505 the restraints are to be used, except in emergencies until a specific  
1506 order can be obtained; (9) is assured confidential treatment of the  
1507 patient's personal and medical records, and may approve or refuse  
1508 their release to any individual outside the facility, except in case of the  
1509 patient's transfer to another health care institution or as required by  
1510 law or third-party payment contract; (10) receives quality care and  
1511 services with reasonable accommodation of individual needs and  
1512 preferences, except where the health or safety of the individual would  
1513 be endangered, and is treated with consideration, respect, and full  
1514 recognition of the patient's dignity and individuality, including  
1515 privacy in treatment and in care for the patient's personal needs; (11) is

1516 not required to perform services for the nursing home facility,  
1517 residential care home or chronic disease hospital that are not included  
1518 for therapeutic purposes in the patient's plan of care; (12) may  
1519 associate and communicate privately with persons of the patient's  
1520 choice, including other patients, send and receive the patient's  
1521 personal mail unopened and make and receive telephone calls  
1522 privately, unless medically contraindicated, as documented by the  
1523 patient's physician in the patient's medical record, and receives  
1524 adequate notice before the patient's room or roommate in [the] such  
1525 facility, home or chronic disease hospital is changed; (13) is entitled to  
1526 organize and participate in patient groups in [the] such facility, home  
1527 or chronic disease hospital and to participate in social, religious and  
1528 community activities that do not interfere with the rights of other  
1529 patients, unless medically contraindicated, as documented by the  
1530 patient's physician in the patient's medical records; (14) may retain and  
1531 use the patient's personal clothing and possessions unless to do so  
1532 would infringe upon rights of other patients or unless medically  
1533 contraindicated, as documented by the patient's physician in the  
1534 patient's medical record; (15) is assured privacy for visits by the  
1535 patient's spouse or a person designated by the patient in accordance  
1536 with section 1-56r and, if the patient is married and both the patient  
1537 and the patient's spouse are inpatients in the facility, they are  
1538 permitted to share a room, unless medically contraindicated, as  
1539 documented by the attending physician in the medical record; (16) is  
1540 fully informed of the availability of and may examine all current state,  
1541 local and federal inspection reports and plans of correction; (17) may  
1542 organize, maintain and participate in a patient-run resident council, as  
1543 a means of fostering communication among residents and between  
1544 residents and staff, encouraging resident independence and  
1545 addressing the basic rights of nursing home facility, residential care  
1546 home and chronic disease hospital patients and residents, free from  
1547 administrative interference or reprisal; (18) is entitled to the opinion of  
1548 two physicians concerning the need for surgery, except in an  
1549 emergency situation, prior to such surgery being performed; (19) is  
1550 entitled to have the patient's family or a person designated by the

1551 patient in accordance with section 1-56r meet in [the] such facility,  
1552 residential care home or chronic disease hospital with the families of  
1553 other patients in the facility to the extent [the] such facility, residential  
1554 care home or chronic disease hospital has existing meeting space  
1555 available [which] that meets applicable building and fire codes; (20) is  
1556 entitled to file a complaint with the Department of Social Services and  
1557 the Department of Public Health regarding patient abuse, neglect or  
1558 misappropriation of patient property; (21) is entitled to have  
1559 psychopharmacologic drugs administered only on orders of a  
1560 physician and only as part of a written plan of care developed in  
1561 accordance with Section 1919(b)(2) of the Social Security Act and  
1562 designed to eliminate or modify the symptoms for which the drugs are  
1563 prescribed and only if, at least annually, an independent external  
1564 consultant reviews the appropriateness of the drug plan; (22) is  
1565 entitled to be transferred or discharged from the facility only pursuant  
1566 to section 19a-535, 19a-535a or [section] 19a-535b, as applicable; (23) is  
1567 entitled to be treated equally with other patients with regard to  
1568 transfer, discharge and the provision of all services regardless of the  
1569 source of payment; (24) shall not be required to waive any rights to  
1570 benefits under Medicare or Medicaid or to give oral or written  
1571 assurance that the patient is not eligible for, or will not apply for  
1572 benefits under Medicare or Medicaid; (25) is entitled to be provided  
1573 information by the nursing home facility or chronic disease hospital as  
1574 to how to apply for Medicare or Medicaid benefits and how to receive  
1575 refunds for previous payments covered by such benefits; (26) on or  
1576 after October 1, 1990, shall not be required to give a third-party  
1577 guarantee of payment to the facility as a condition of admission to, or  
1578 continued stay in, [the] such facility; (27) is entitled to have [the] such  
1579 facility not charge, solicit, accept or receive any gift, money, donation,  
1580 third-party guarantee or other consideration as a precondition of  
1581 admission or expediting the admission of the individual to [the] such  
1582 facility or as a requirement for the individual's continued stay in [the]  
1583 such facility; and (28) shall not be required to deposit the patient's  
1584 personal funds in [the] such facility, home or chronic disease hospital.

1585 (c) The patients' bill of rights shall provide that a patient in a rest  
1586 home with nursing supervision or a chronic and convalescent nursing  
1587 home may be transferred from one room to another within [a facility]  
1588 such home only for the purpose of promoting the patient's well-being,  
1589 except as provided pursuant to subparagraph (C) or (D) of this  
1590 subsection or subsection (d) of this section. Whenever a patient is to be  
1591 transferred, [the facility] such home shall effect the transfer with the  
1592 least disruption to the patient and shall assess, monitor and adjust care  
1593 as needed subsequent to the transfer in accordance with subdivision  
1594 (10) of subsection (b) of this section. When a transfer is initiated by [the  
1595 facility] such home and the patient does not consent to the transfer,  
1596 [the facility] such home shall establish a consultative process that  
1597 includes the participation of the attending physician, a registered  
1598 nurse with responsibility for the patient and other appropriate staff in  
1599 disciplines as determined by the patient's needs, and the participation  
1600 of the patient, the patient's family, a person designated by the patient  
1601 in accordance with section 1-56r or other representative. The  
1602 consultative process shall determine: (1) What caused consideration of  
1603 the transfer; (2) whether the cause can be removed; and (3) if not,  
1604 whether [the facility] such home has attempted alternatives to transfer.  
1605 The patient shall be informed of the risks and benefits of the transfer  
1606 and of any alternatives. If subsequent to the completion of the  
1607 consultative process a patient still does not wish to be transferred, the  
1608 patient may be transferred without the patient's consent, unless  
1609 medically contraindicated, only (A) if necessary to accomplish physical  
1610 plant repairs or renovations that otherwise could not be accomplished;  
1611 provided, if practicable, the patient, if the patient wishes, shall be  
1612 returned to the patient's room when the repairs or renovations are  
1613 completed; (B) due to irreconcilable incompatibility between or among  
1614 roommates, which is actually or potentially harmful to the well-being  
1615 of a patient; (C) if [the facility] such home has two vacancies available  
1616 for patients of the same sex in different rooms, there is no applicant of  
1617 that sex pending admission in accordance with the requirements of  
1618 section 19a-533 and grouping of patients by the same sex in the same  
1619 room would allow admission of patients of the opposite sex, [which]

1620 that otherwise would not be possible; (D) if necessary to allow access  
1621 to specialized medical equipment no longer needed by the patient and  
1622 needed by another patient; or (E) if the patient no longer needs the  
1623 specialized services or programming that is the focus of the area of [the  
1624 facility] such home in which the patient is located. In the case of an  
1625 involuntary transfer, [the facility] such home shall, subsequent to  
1626 completion of the consultative process, provide the patient and the  
1627 patient's legally liable relative, guardian or conservator if any or other  
1628 responsible party if known, with at least fifteen days' written notice of  
1629 the transfer, which shall include the reason for the transfer, the  
1630 location to which the patient is being transferred, and the name,  
1631 address and telephone number of the regional long-term care  
1632 ombudsman, except that in the case of a transfer pursuant to  
1633 subparagraph (A) of this subsection at least thirty days' notice shall be  
1634 provided. Notwithstanding the provisions of this subsection, a patient  
1635 may be involuntarily transferred immediately from one room to  
1636 another within [a facility] such home to protect the patient or others  
1637 from physical harm, to control the spread of an infectious disease, to  
1638 respond to a physical plant or environmental emergency that threatens  
1639 the patient's health or safety or to respond to a situation that presents a  
1640 patient with an immediate danger of death or serious physical harm.  
1641 In such a case, disruption of patients shall be minimized; the required  
1642 notice shall be provided [within] not later than twenty-four hours after  
1643 the transfer; if practicable, the patient, if the patient wishes, shall be  
1644 returned to the patient's room when the threat to health or safety  
1645 [which] that prompted the transfer has been eliminated; and, in the  
1646 case of a transfer effected to protect a patient or others from physical  
1647 harm, the consultative process shall be established on the next business  
1648 day.

1649 (d) Notwithstanding the provisions of subsection (c) of this section,  
1650 unless medically contraindicated, a patient who is a Medicaid recipient  
1651 may be transferred from a private to a nonprivate room. In the case of  
1652 such a transfer, the nursing home facility shall (1) give [at least] not  
1653 less than thirty days' written notice to the patient and the patient's

1654 legally liable relative, guardian or conservator, if any, a person  
1655 designated by the patient in accordance with section 1-56r or other  
1656 responsible party, if known, which notice shall include the reason for  
1657 the transfer, the location to which the patient is being transferred and  
1658 the name, address and telephone number of the regional long-term  
1659 care ombudsman; and (2) establish a consultative process to effect the  
1660 transfer with the least disruption to the patient and assess, monitor  
1661 and adjust care as needed subsequent to the transfer in accordance  
1662 with subdivision (10) of subsection (b) of this section. The consultative  
1663 process shall include the participation of the attending physician, a  
1664 registered nurse with responsibility for the patient and other  
1665 appropriate staff in disciplines as determined by the patient's needs,  
1666 and the participation of the patient, the patient's family, a person  
1667 designated by the patient in accordance with section 1-56r or other  
1668 representative.

1669 (e) Any nursing home facility, residential care home or chronic  
1670 disease hospital that negligently deprives a patient of any right or  
1671 benefit created or established for the well-being of the patient by the  
1672 provisions of this section shall be liable to such patient in a private  
1673 cause of action for injuries suffered as a result of such deprivation.  
1674 Upon a finding that a patient has been deprived of such a right or  
1675 benefit, and that the patient has been injured as a result of such  
1676 deprivation, damages shall be assessed in the amount sufficient to  
1677 compensate such patient for such injury. The rights or benefits  
1678 specified in subsections (b) to (d), inclusive, of this section may not be  
1679 reduced, rescinded or abrogated by contract. In addition, where the  
1680 deprivation of any such right or benefit is found to have been wilful or  
1681 in reckless disregard of the rights of the patient, punitive damages may  
1682 be assessed. A patient may also maintain an action pursuant to this  
1683 section for any other type of relief, including injunctive and  
1684 declaratory relief, permitted by law. Exhaustion of any available  
1685 administrative remedies shall not be required prior to commencement  
1686 of suit under this section.

1687 (f) In addition to the rights specified in subsections (b), (c) and (d) of

1688 this section, a patient in a nursing home facility is entitled to have the  
1689 facility manage the patient's funds as provided in section 19a-551, as  
1690 amended by this act.

1691 Sec. 56. Section 19a-551 of the general statutes is repealed and the  
1692 following is substituted in lieu thereof (*Effective July 1, 2013*):

1693 Each nursing home facility shall: (1) On or before the admission of  
1694 each patient provide such patient or such patient's legally liable  
1695 relative, guardian or conservator with a written statement explaining  
1696 such patient's rights regarding the patient's personal funds and listing  
1697 the charges [which] that may be deducted from such funds. Such  
1698 statement shall explain that the nursing home facility shall on and after  
1699 October 1, 1992, pay interest at a rate not less than four per cent per  
1700 annum and on and after October 1, 1994, pay interest at a rate not less  
1701 than five and one-half per cent per annum on any security deposit or  
1702 other advance payment required of such patient prior to admission to  
1703 the nursing home facility. In the case of patients receiving benefits  
1704 under Title XVIII or XIX of the federal Social Security Act the  
1705 statement shall include a list of charges not covered by said titles and  
1706 not covered by the basic per diem rate provided by said titles. Upon  
1707 delivery of such statement the person in charge of the nursing home  
1708 facility shall obtain a signed receipt acknowledging such delivery; (2)  
1709 upon written consent or request of the patient or the patient's legally  
1710 liable relative, guardian or conservator, manage such patient's  
1711 personal funds, provided such consent by a patient shall not be  
1712 effective unless cosigned by the patient's legally liable relative or  
1713 guardian if such patient has been determined by a physician to be  
1714 mentally incapable of understanding and no conservator has been  
1715 appointed. As manager of such personal funds the nursing home  
1716 facility shall: (A) Either maintain separate accounts for each patient or  
1717 maintain an aggregate trust account for patients' funds to prevent  
1718 commingling the personal funds of patients with the funds of [the]  
1719 such facility. [The] Such facility shall notify in writing each patient  
1720 receiving Medicaid assistance or such patient's legally liable relative,  
1721 guardian or conservator when the amount in the patient's account

1722 reaches two hundred dollars less than the dollar amount determined  
1723 under the Medicaid program as the maximum for eligibility under the  
1724 program and advise the patient or such patient's legally liable relative,  
1725 guardian or conservator that if the amount in the account plus the  
1726 value of the patient's other nonexempt resources reaches the maximum  
1727 the patient may lose his or her Medicaid eligibility; (B) obtain signed  
1728 receipts for each expenditure from each patient's personal funds; (C)  
1729 maintain an individual itemized record of income and expenditures  
1730 for each patient, including quarterly accountings; and (D) permit the  
1731 patient or the patient's legally liable relative, guardian or conservator,  
1732 and the regional long-term care ombudsman, and representatives from  
1733 the Departments of Social Services and Public Health, access to such  
1734 record; and (3) (A) refund any overpayment or deposit from a former  
1735 patient or such patient's legally liable relative, guardian or conservator  
1736 [within] not later than thirty days [of] after the patient's discharge and  
1737 (B) refund any deposit from an individual planning to be admitted to  
1738 [the] such facility [within] not later than thirty days of receipt of  
1739 written notification that the individual is no longer planning to be  
1740 admitted. A refund issued after thirty days shall include interest at a  
1741 rate of ten per cent per annum. For the purposes of this section  
1742 "deposit" shall include liquidated damages under any contract for  
1743 pending admission.

1744 Sec. 57. Subsection (a) of section 20-101a of the general statutes is  
1745 repealed and the following is substituted in lieu thereof (*Effective July*  
1746 *1, 2013*):

1747 (a) A registered nurse, licensed under this chapter, in charge in a  
1748 hospice, [or] nursing home facility, as defined in section 19a-521, as  
1749 amended by this act, residential care home, as defined in section 19a-  
1750 521, as amended by this act, or a registered nurse, licensed under this  
1751 chapter or a registered nurse employed by a home health care agency  
1752 licensed by the state of Connecticut, in a home or residence may make  
1753 the actual determination and pronouncement of death of a patient  
1754 provided that the following conditions are satisfied: (1) The death is an  
1755 anticipated death; (2) the registered nurse attests to such

1756 pronouncement on the certificate of death; and (3) the registered nurse,  
1757 an advanced practice registered nurse licensed under this chapter, or a  
1758 physician licensed under chapter 370 certifies the death and signs the  
1759 certificate of death [no] not later than twenty-four hours after the  
1760 pronouncement.

1761 Sec. 58. Subsection (a) of section 45a-644 of the general statutes is  
1762 repealed and the following is substituted in lieu thereof (*Effective July*  
1763 *1, 2013*):

1764 (a) "Conservator of the estate" means a person, a municipal or state  
1765 official, or a private profit or nonprofit corporation except a hospital,  
1766 [or] nursing home facility, as defined in section 19a-521, as amended  
1767 by this act, or residential care home, as defined in section 19a-521, as  
1768 amended by this act, appointed by the Court of Probate under the  
1769 provisions of sections 45a-644 to 45a-663, inclusive, as amended by this  
1770 act, to supervise the financial affairs of a person found to be incapable  
1771 of managing his or her own affairs or of a person who voluntarily asks  
1772 the Court of Probate for the appointment of a conservator of the estate,  
1773 and includes a temporary conservator of the estate appointed under  
1774 the provisions of section 45a-654.

1775 Sec. 59. Subsection (a) of section 45a-669 of the general statutes is  
1776 repealed and the following is substituted in lieu thereof (*Effective July*  
1777 *1, 2013*):

1778 (a) "Plenary guardian of a person with intellectual disability" means  
1779 a person, legally authorized state official, or private nonprofit  
1780 corporation, except a hospital, [or] nursing home facility, as defined in  
1781 section 19a-521, as amended by this act, or residential care home, as  
1782 defined in section 19a-521, as amended by this act, appointed by a  
1783 court of probate pursuant to the provisions of sections 45a-669 to 45a-  
1784 684, inclusive, as amended by this act, to supervise all aspects of the  
1785 care of an adult person, as enumerated in subsection (d) of section 45a-  
1786 677, for the benefit of such adult, who by reason of the severity of his  
1787 or her intellectual disability, has been determined to be totally unable

1788 to meet essential requirements for his physical health or safety and  
1789 totally unable to make informed decisions about matters related to his  
1790 or her care.

1791 Sec. 60. Subdivision (6) of section 46a-11a of the general statutes is  
1792 repealed and the following is substituted in lieu thereof (*Effective July*  
1793 *1, 2013*):

1794 (6) "Facility" means any public or private hospital, nursing home  
1795 facility, residential care home, training school, regional facility, group  
1796 home, community companion home, school or other program serving  
1797 persons with intellectual disability;

1798 Sec. 61. Section 19a-524 of the general statutes is repealed and the  
1799 following is substituted in lieu thereof (*Effective October 1, 2013*):

1800 If, upon review, investigation or inspection pursuant to section 19a-  
1801 498, the Commissioner of Public Health determines that a nursing  
1802 home facility has violated any provision of section 17b-406, 19a-521 to  
1803 19a-529, inclusive, as amended by this act, 19a-531 to 19a-551,  
1804 inclusive, as amended by this act, or 19a-553 to 19a-555, inclusive,  
1805 section 19a-491a, 19a-491b, as amended by this act, 19a-491c, as  
1806 amended by this act, 19a-493a or 19a-528a or any regulation in the  
1807 Public Health Code or regulation relating to licensure or the Fire Safety  
1808 Code relating to the operation or maintenance of a nursing home  
1809 facility, which violation has been classified in accordance with section  
1810 19a-527, as amended by this act, he shall immediately issue or cause to  
1811 be issued a citation to the licensee of such nursing home facility.  
1812 Governmental immunity shall not be a defense to any citation issued  
1813 or civil penalty imposed pursuant to sections 19a-524 to 19a-528,  
1814 inclusive, as amended by this act. Each such citation shall be in  
1815 writing, shall provide notice of the nature and scope of the alleged  
1816 violation or violations and shall be sent by certified mail to the licensee  
1817 at the address of the nursing home facility in issue. A copy of such  
1818 citation shall also be sent to the licensed administrator at the address of  
1819 the facility.

1820 Sec. 62. Subsection (b) of section 22a-403 of the general statutes is  
1821 repealed and the following is substituted in lieu thereof (*Effective*  
1822 *October 1, 2013*):

1823 (b) The commissioner or [his] the commissioner's representative,  
1824 engineer or consultant shall determine the impact of the construction  
1825 work on the environment, on the safety of persons and property and  
1826 on the inland wetlands and watercourses of the state in accordance  
1827 with the provisions of sections 22a-36 to 22a-45, inclusive, and shall  
1828 further determine the need for a fishway in accordance with the  
1829 provisions of section 26-136, and shall examine the documents and  
1830 inspect the site, and, upon approval thereof, the commissioner shall  
1831 issue a permit authorizing the proposed construction work under such  
1832 conditions as the commissioner may direct. The commissioner shall  
1833 send a copy of the permit to the town clerk in any municipality in  
1834 which the structure is located or any municipality which will be  
1835 affected by the structure. An applicant for a permit issued under this  
1836 section to construct a dam for a public drinking water supply shall  
1837 notify the Commissioner of Public Health of such application. An  
1838 applicant for a permit issued under this section to alter, rebuild, repair  
1839 or remove an existing dam shall not be required to obtain a permit  
1840 under sections 22a-36 to 22a-45a, inclusive, or section 22a-342 or 22a-  
1841 368. An applicant for a permit issued under this section to construct a  
1842 new dam shall not be required to obtain a permit under sections 22a-36  
1843 to 22a-45a, inclusive, for such construction.

1844 Sec. 63. Section 52-146o of the general statutes is repealed and the  
1845 following is substituted in lieu thereof (*Effective October 1, 2013*):

1846 (a) Except as provided in sections 52-146c to 52-146j, inclusive,  
1847 sections 52-146p, 52-146q and 52-146s, and subsection (b) of this  
1848 section, in any civil action or any proceeding preliminary thereto or in  
1849 any probate, legislative or administrative proceeding, a physician or  
1850 surgeon, [as defined in subsection (b) of section 20-7b] licensed  
1851 pursuant to section 20-9, as amended by this act, or other licensed  
1852 health care provider, shall not disclose (1) any communication made to

1853 him or her by, or any information obtained by him or her from, a  
1854 patient or the conservator or guardian of a patient with respect to any  
1855 actual or supposed physical or mental disease or disorder, or (2) any  
1856 information obtained by personal examination of a patient, unless the  
1857 patient or [his] that patient's authorized representative explicitly  
1858 consents to such disclosure.

1859 (b) Consent of the patient or [his] the patient's authorized  
1860 representative shall not be required for the disclosure of such  
1861 communication or information (1) pursuant to any statute or  
1862 regulation of any state agency or the rules of court, (2) by a physician,  
1863 surgeon or other licensed health care provider against whom a claim  
1864 has been made, or there is a reasonable belief will be made, in such  
1865 action or proceeding, to [his] the physician's, surgeon's or other  
1866 licensed health care provider's attorney or professional liability insurer  
1867 or such insurer's agent for use in the defense of such action or  
1868 proceeding, (3) to the Commissioner of Public Health for records of a  
1869 patient of a physician, surgeon or health care provider in connection  
1870 with an investigation of a complaint, if such records are related to the  
1871 complaint, or (4) if child abuse, abuse of an elderly individual, abuse of  
1872 an individual who is physically disabled or incompetent or abuse of an  
1873 individual with intellectual disability is known or in good faith  
1874 suspected.

1875 Sec. 64. Section 10a-22b of the general statutes is repealed and the  
1876 following is substituted in lieu thereof (*Effective July 1, 2013*):

1877 (a) No person, board, association, partnership, corporation, limited  
1878 liability company or other entity shall offer instruction in any form or  
1879 manner in any trade or in any industrial, commercial, service,  
1880 professional or other occupation unless such person, board,  
1881 association, partnership, corporation, limited liability company or  
1882 other entity first receives from the executive director a certificate  
1883 authorizing the occupational instruction to be offered.

1884 (b) Except for initial authorizations, the executive director shall

1885 accept institutional accreditation by an accrediting agency recognized  
1886 by the United States Department of Education, in satisfaction of the  
1887 requirements of this section and section 10a-22d, including the  
1888 evaluation and attendance requirement, unless the executive director  
1889 finds reasonable cause not to rely upon such accreditation.

1890 (c) Each person, board, association, partnership, corporation, limited  
1891 liability company or other entity which seeks to offer occupational  
1892 instruction shall submit to the executive director, or the executive  
1893 director's designee, in such manner as the executive director, or the  
1894 executive director's designee, prescribes, an application for a certificate  
1895 of authorization which includes, but need not be limited to, (1) the  
1896 proposed name of the school; (2) ownership and organization of the  
1897 school including the names and addresses of all principals, officers,  
1898 members and directors; (3) names and addresses of all stockholders of  
1899 the school, except for applicants which are listed on a national  
1900 securities exchange; (4) addresses of any building or premises on  
1901 which the school will be located; (5) description of the occupational  
1902 instruction to be offered; (6) the proposed student enrollment  
1903 agreement, which includes for each program of occupational  
1904 instruction offered a description, in plain language, of any  
1905 requirements for employment in such occupation or barriers to such  
1906 employment pursuant to state law or regulations; (7) the proposed  
1907 school catalog, which includes for each program of occupational  
1908 instruction offered a description of any requirements for employment  
1909 in such occupation or barriers to such employment pursuant to state  
1910 law or regulations; (8) financial statements detailing the financial  
1911 condition of the school pursuant to subsection (d) of this section and  
1912 subsection (g) of section 10a-22d prepared by management and  
1913 reviewed or audited by an independent licensed certified public  
1914 accountant or independent licensed public accountant; and (9) an  
1915 agent for service of process. Each application for initial authorization  
1916 shall be accompanied by a nonrefundable application fee made  
1917 payable to the private occupational school student protection account  
1918 in the amount of two thousand dollars for the private occupational

1919 school and two hundred dollars for each branch of a private  
1920 occupational school in this state.

1921 (d) Each person, board, association, partnership, corporation,  
1922 limited liability company or other entity seeking to offer occupational  
1923 instruction shall have a net worth consisting of sufficient liquid assets  
1924 or produce other evidence of fiscal soundness to demonstrate the  
1925 ability of the proposed private occupational school to operate, achieve  
1926 all of its objectives and meet all of its obligations, including those  
1927 concerning staff and students, during the period of time for which the  
1928 authorization is sought.

1929 (e) Upon receipt of a complete application pursuant to subsection (c)  
1930 of this section, the executive director shall cause to be conducted an  
1931 evaluation of the applicant school. Thereafter, the executive director  
1932 shall advise the applicant of authorization or nonauthorization not  
1933 later than one hundred twenty days following the completed  
1934 appointment of an evaluation team pursuant to subsection (e) of this  
1935 section. The executive director may consult with the Labor Department  
1936 and may request the advice of any other state agency which may be of  
1937 assistance in making a determination. In the event of nonauthorization  
1938 by the executive director, he shall set forth the reasons therefor in  
1939 writing and the applicant school may request in writing a hearing  
1940 before the executive director. Such hearing shall be held in accordance  
1941 with the provisions of chapter 54.

1942 (f) For purposes of an evaluation of an applicant school, the  
1943 executive director, or the executive director's designee, shall appoint  
1944 an evaluation team which shall include (1) at least two members  
1945 representing the Office of Higher Education, and (2) at least one  
1946 member for each of the areas of occupational instruction for which  
1947 authorization is sought who shall be experienced in such occupation.  
1948 The applicant school shall have the right to challenge any proposed  
1949 member of the evaluation team for good cause shown. A written  
1950 challenge shall be filed with the executive director within ten business  
1951 days following the appointment of such evaluation team. In the event

1952 of a challenge, a decision shall be made thereon by the executive  
1953 director within ten business days from the date such challenge is filed,  
1954 and if the challenge is upheld the executive director shall appoint a  
1955 replacement. Employees of the state or any political subdivision of the  
1956 state may be members of evaluation teams. The executive director, or  
1957 the executive director's designee, shall not appoint any person to an  
1958 evaluation team unless the executive director, or such designee, has  
1959 received from such person a statement that the person has no interest  
1960 which is in conflict with the proper discharge of the duties of  
1961 evaluation team members as described in this section. The statement  
1962 shall be on a form prescribed by the executive director and shall be  
1963 signed under penalty of false statement. Members of the evaluation  
1964 team shall serve without compensation. Except for any member of the  
1965 evaluation team who is a state employee, members shall be reimbursed  
1966 for actual expenses, which expenses shall be charged to and paid by  
1967 the applicant school.

1968 (g) The evaluation team appointed pursuant to subsection (f) of this  
1969 section shall: (1) Conduct an on-site inspection; (2) submit a written  
1970 report outlining any evidence of noncompliance; (3) give the school  
1971 sixty days from the date of the report to provide evidence of  
1972 compliance; and (4) submit to the executive director a written report  
1973 recommending authorization or nonauthorization not later than one  
1974 hundred twenty days after the on-site inspection. The evaluation team  
1975 shall determine whether (A) the quality and content of each course or  
1976 program of instruction, including, but not limited to, residential, on-  
1977 line, home study and correspondence, training or study shall  
1978 reasonably and adequately achieve the stated objective for which such  
1979 course or program is offered; (B) the school has adequate space,  
1980 equipment, instructional materials and personnel for the instruction  
1981 offered; (C) the qualifications of directors, administrators, supervisors  
1982 and instructors shall reasonably and adequately assure that students  
1983 receive education consistent with the stated objectives for which a  
1984 course or program is offered; (D) students and other interested persons  
1985 shall be provided with a catalog or similar publication describing the

1986 courses and programs offered, course and program objectives, length  
1987 of courses and programs, schedule of tuition, fees and all other charges  
1988 and expenses necessary for completion of the course or program, and  
1989 termination, withdrawal and refund policies; (E) upon satisfactory  
1990 completion of the course or program, each student shall be provided  
1991 appropriate educational credentials by the school; (F) adequate records  
1992 shall be maintained by the school to show attendance and grades, or  
1993 other indicators of student progress, and standards shall be enforced  
1994 relating to attendance and student performance; (G) the applicant  
1995 school shall be financially sound and capable of fulfilling its  
1996 commitments to students; (H) any student housing owned, leased,  
1997 rented or otherwise maintained by the applicant school shall be safe  
1998 and adequate; and (I) the school and any branch of the school in this  
1999 state has a director located at the school or branch who is responsible  
2000 for daily oversight of the school's or branch's operations. The  
2001 evaluation team may also indicate in its report such recommendations  
2002 as may improve the operation of the applicant school.

2003 (h) Any hospital offering instruction in any form or manner in any  
2004 trade, industrial, commercial, service, professional or other occupation  
2005 for any remuneration, consideration, reward or promise, except to  
2006 hospital employees, members of the medical staff and training for  
2007 contracted workers, shall obtain a certificate of authorization from the  
2008 executive director for the occupational instruction offered. Each  
2009 hospital-based occupational school submitting an application for initial  
2010 authorization shall pay an application fee of two hundred dollars  
2011 made payable to the private occupational school student protection  
2012 account. The executive director shall develop a process for prioritizing  
2013 the authorization of hospital-based occupational schools based on size  
2014 and scope of occupational instruction offered. Such schools shall be in  
2015 compliance with this section when required pursuant to the executive  
2016 director's process, or by 2012, whichever is earlier.

2017 (i) Any program, school or other entity offering instruction in any  
2018 form or manner in barbering or hairdressing for any remuneration,  
2019 consideration, reward or promise shall obtain a certificate of

2020 authorization from the executive director of the Office of Higher  
2021 Education for the occupational instruction offered. Each program,  
2022 school or entity approved on or before July 1, 2013, by the Connecticut  
2023 Examining Board for Barbers, Hairdressers and Cosmeticians pursuant  
2024 to chapter 368 or 387 that submits an application for initial  
2025 authorization shall pay an application fee of five hundred dollars  
2026 made payable to the private occupational school student protection  
2027 account. The executive director of the Office of Higher Education shall  
2028 develop a process for prioritizing the authorization of such barber and  
2029 hairdressing programs, schools and entities. Such programs, schools  
2030 and entities shall be in compliance with this section on or before July 1,  
2031 2015, or when required pursuant to the executive director's process,  
2032 whichever is earlier. No person, board, association, partnership  
2033 corporation, limited liability company or other entity shall establish a  
2034 new program, school or other entity that offers instruction in any form  
2035 or manner in barbering or hairdressing on or after July 1, 2013, unless  
2036 such person, board, association, partnership, corporation, limited  
2037 liability company or other entity first receives from the executive  
2038 director of the Office of Higher Education a certificate authorizing the  
2039 barbering or hairdressing occupational instruction to be offered in  
2040 accordance with the provisions of this section.

2041 Sec. 65. Subdivision (10) of subsection (b) of section 1 of substitute  
2042 house bill 5979 of the current session, as amended by house  
2043 amendment schedule A, is repealed and the following is substituted in  
2044 lieu thereof (*Effective from passage*):

2045 (10) The Commissioners of Social Services, Public Health,  
2046 Developmental Services, and Emergency Services and Public  
2047 Protection, the Commissioner on Aging and the Labor Commissioner  
2048 and Banking Commissioner, or said commissioners' designees; and

2049 Sec. 66. (NEW) (*Effective July 1, 2013*) (a) As used in this section,  
2050 "nuclear medicine technologist" means a person who holds and  
2051 maintains current certification in good standing as a nuclear medicine  
2052 technologist with the Nuclear Medicine Technology Certification

2053 Board or the American Registry of Radiologic Technologists.

2054 (b) The practice of nuclear medicine technology includes the use of  
2055 sealed and unsealed radioactive materials, as well as pharmaceuticals,  
2056 adjunctive medications and imaging modalities with or without  
2057 contrast as part of diagnostic evaluation and therapy. The  
2058 responsibilities of a nuclear medicine technologist include, but are not  
2059 limited to, patient care, quality control, diagnostic procedures and  
2060 testing, administration of radiopharmaceutical and adjunctive  
2061 medications, in vitro diagnostic testing, radionuclide therapy and  
2062 radiation safety.

2063 (c) A nuclear medicine technologist may perform nuclear medicine  
2064 procedures under the supervision and direction of a physician licensed  
2065 pursuant to chapter 370 of the general statutes provided: (1) The  
2066 physician is satisfied as to the ability and competency of the nuclear  
2067 medicine technologist; (2) such delegation is consistent with the health  
2068 and welfare of the patient and in keeping with sound medical practice;  
2069 and (3) such procedures are performed under the oversight, control  
2070 and direction of the physician.

2071 (d) Nothing in this section shall be construed to apply to the  
2072 activities and services of a person who is enrolled in a nuclear  
2073 medicine technology educational program acceptable to the Nuclear  
2074 Medicine Technology Certification Board or the American Registry of  
2075 Radiologic Technologists, provided such activities and services are  
2076 incidental to the course of study.

2077 (e) A nuclear medicine technologist shall not: (1) Operate a stand-  
2078 alone computed tomography imaging system, except as provided in  
2079 section 20-74ee of the general statutes, as amended by this act; or (2)  
2080 independently perform a nuclear cardiology stress test, except the  
2081 nuclear medicine technologist may administer adjunct medications  
2082 and radio pharmaceuticals during the nuclear cardiology stress test  
2083 and perform the imaging portion of the nuclear cardiology stress test.

2084 Sec. 67. Subsection (b) of section 20-9 of the general statutes is

2085 repealed and the following is substituted in lieu thereof (*Effective July*  
2086 *1, 2013*):

2087 (b) The provisions of this chapter shall not apply to:

2088 (1) Dentists while practicing dentistry only;

2089 (2) Any person in the employ of the United States government while  
2090 acting in the scope of his employment;

2091 (3) Any person who furnishes medical or surgical assistance in cases  
2092 of sudden emergency;

2093 (4) Any person residing out of this state who is employed to come  
2094 into this state to render temporary assistance to or consult with any  
2095 physician or surgeon who has been licensed in conformity with the  
2096 provisions of this chapter;

2097 (5) Any physician or surgeon residing out of this state who holds a  
2098 current license in good standing in another state and who is employed  
2099 to come into this state to treat, operate or prescribe for any injury,  
2100 deformity, ailment or disease from which the person who employed  
2101 such physician, or the person on behalf of whom such physician is  
2102 employed, is suffering at the time when such nonresident physician or  
2103 surgeon is so employed, provided such physician or surgeon may  
2104 practice in this state without a Connecticut license for a period not to  
2105 exceed thirty consecutive days;

2106 (6) Any person rendering service as (A) an advanced practice  
2107 registered nurse if such service is rendered in collaboration with a  
2108 licensed physician, or (B) an advanced practice registered nurse  
2109 maintaining classification from the American Association of Nurse  
2110 Anesthetists if such service is under the direction of a licensed  
2111 physician;

2112 (7) Any nurse-midwife practicing nurse-midwifery in accordance  
2113 with the provisions of chapter 377;

2114 (8) Any podiatrist licensed in accordance with the provisions of  
2115 chapter 375;

2116 (9) Any Christian Science practitioner who does not use or prescribe  
2117 in his practice any drugs, poisons, medicines, chemicals, nostrums or  
2118 surgery;

2119 (10) Any person licensed to practice any of the healing arts named  
2120 in section 20-1, who does not use or prescribe in his practice any drugs,  
2121 medicines, poisons, chemicals, nostrums or surgery;

2122 (11) Any graduate of any school or institution giving instruction in  
2123 the healing arts who has been issued a permit in accordance with  
2124 subsection (a) of section 20-11a and who is serving as an intern,  
2125 resident or medical officer candidate in a hospital;

2126 (12) Any student participating in a clinical clerkship program who  
2127 has the qualifications specified in subsection (b) of section 20-11a;

2128 (13) Any person, otherwise qualified to practice medicine in this  
2129 state except that he is a graduate of a medical school located outside of  
2130 the United States or the Dominion of Canada which school is  
2131 recognized by the American Medical Association or the World Health  
2132 Organization, to whom the Connecticut Medical Examining Board,  
2133 subject to such regulations as the Commissioner of Public Health, with  
2134 advice and assistance from the board, prescribes, has issued a permit  
2135 to serve as an intern or resident in a hospital in this state for the  
2136 purpose of extending his education;

2137 (14) Any person rendering service as a physician assistant licensed  
2138 pursuant to section 20-12b, a registered nurse, a licensed practical  
2139 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,  
2140 acting within the scope of regulations adopted pursuant to section 19a-  
2141 179, if such service is rendered under the supervision, control and  
2142 responsibility of a licensed physician;

2143 (15) Any student enrolled in an accredited physician assistant

2144 program or paramedic program approved in accordance with  
2145 regulations adopted pursuant to section 19a-179, who is performing  
2146 such work as is incidental to his course of study;

2147 (16) Any person who, on June 1, 1993, has worked continuously in  
2148 this state since 1979 performing diagnostic radiology services and who,  
2149 as of October 31, 1997, continued to render such services under the  
2150 supervision, control and responsibility of a licensed physician solely  
2151 within the setting where such person was employed on June 1, 1993;

2152 (17) Any person practicing athletic training, as defined in section 20-  
2153 65f;

2154 (18) When deemed by the Connecticut Medical Examining Board to  
2155 be in the public's interest, based on such considerations as academic  
2156 attainments, specialty board certification and years of experience, to a  
2157 foreign physician or surgeon whose professional activities shall be  
2158 confined within the confines of a recognized medical school;

2159 (19) Any technician engaging in tattooing in accordance with the  
2160 provisions of section 19a-92a and any regulations adopted thereunder;

2161 (20) Any person practicing perfusion, as defined in section 20-162aa;  
2162 [or]

2163 (21) Any foreign physician or surgeon (A) participating in  
2164 supervised clinical training under the direct supervision and control of  
2165 a physician or surgeon licensed in accordance with the provisions of  
2166 this chapter, and (B) whose professional activities are confined to a  
2167 licensed hospital that has a residency program accredited by the  
2168 Accreditation Council for Graduate Medical Education or that is a  
2169 primary affiliated teaching hospital of a medical school accredited by  
2170 the Liaison Committee on Medical Education. Such hospital shall  
2171 verify that the foreign physician or surgeon holds a current valid  
2172 license in another country; or

2173 (22) Any person practicing as a nuclear medicine technologist, as

2174 defined in section 66 of this act, while performing under the  
2175 supervision and direction of a physician licensed in accordance with  
2176 the provisions of this chapter.

2177 Sec. 68. Subsection (a) of section 20-74ee of the general statutes is  
2178 repealed and the following is substituted in lieu thereof (*Effective July*  
2179 *1, 2013*):

2180 (a) (1) Nothing in subsection (c) of section 19a-14, as amended by  
2181 this act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2182 construed to require licensure as a radiographer or to limit the  
2183 activities of a physician licensed pursuant to chapter 370, a  
2184 chiropractor licensed pursuant to chapter 372, a natureopath licensed  
2185 pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375,  
2186 a dentist licensed pursuant to chapter 379 or a veterinarian licensed  
2187 pursuant to chapter 384.

2188 (2) Nothing in subsection (c) of section 19a-14, as amended by this  
2189 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2190 construed to require licensure as a radiographer or to limit the  
2191 activities of a dental hygienist licensed pursuant to chapter 379a,  
2192 provided such dental hygienist is engaged in the taking of dental x-  
2193 rays under the general supervision of a dentist licensed pursuant to  
2194 chapter 379.

2195 (3) Nothing in subsection (c) of section 19a-14, as amended by this  
2196 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2197 construed to require licensure as a radiographer or to limit the  
2198 activities of: (A) A dental assistant as defined in section 20-112a,  
2199 provided such dental assistant is engaged in the taking of dental x-rays  
2200 under the supervision and control of a dentist licensed pursuant to  
2201 chapter 379 and can demonstrate successful completion of the dental  
2202 radiography portion of an examination prescribed by the Dental  
2203 Assisting National Board, or (B) a dental assistant student, intern or  
2204 trainee pursuing practical training in the taking of dental x-rays  
2205 provided such activities constitute part of a supervised course or

2206 training program and such person is designated by a title which  
2207 clearly indicates such person's status as a student, intern or trainee.

2208 (4) Nothing in subsection (c) of section 19a-14, as amended by this  
2209 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2210 construed to [require licensure as a radiographer or to limit the  
2211 activities of a technologist certified by the International Society for  
2212 Clinical Densitometry or the American Registry of Radiologic  
2213 Technologists, provided such individual is engaged in the operation of  
2214 a bone densitometry system under the supervision, control and  
2215 responsibility of a physician licensed pursuant to chapter 370] prohibit  
2216 a nuclear medicine technologist, as defined in section 66 of this act,  
2217 who (A) has successfully completed the individual certification exam  
2218 for computed tomography or magnetic resonance imaging  
2219 administered by the American Registry of Radiologic Technologists,  
2220 and (B) holds and maintains in good standing, computed tomography  
2221 or magnetic resonance imaging certification by the American Registry  
2222 of Radiologic Technologists, from fully operating a computed  
2223 tomography or magnetic resonance imaging portion of a hybrid-fusion  
2224 imaging system, including diagnostic imaging, in conjunction with a  
2225 positron emission tomography or single-photon emission computed  
2226 tomography imaging system.

2227 (5) Nothing in subsection (c) of section 19a-14, as amended by this  
2228 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2229 construed to require licensure as a radiographer or to limit the  
2230 activities of a podiatric medical assistant, provided such podiatric  
2231 assistant is engaged in taking of podiatric x-rays under the supervision  
2232 and control of a podiatrist licensed pursuant to chapter 375 and can  
2233 demonstrate successful completion of the podiatric radiography exam  
2234 as prescribed by the Connecticut Board of Podiatry Examiners.

2235 (6) Nothing in subsection (c) of section 19a-14, as amended by this  
2236 act, sections 20-74aa to 20-74cc, inclusive, and this section shall be  
2237 construed to require licensure as a radiographer or to limit the  
2238 activities of a physician assistant, licensed and supervised pursuant to

2239 chapter 370, who is engaged in the use of fluoroscopy for guidance of  
2240 diagnostic and therapeutic procedures or from positioning and  
2241 utilizing a mini C-arm in conjunction with fluoroscopic procedures.

2242 Sec. 69. (*Effective from passage*) (a) From October 1, 2013, to  
2243 September 30, 2014, inclusive, each hospital, as defined in section 19a-  
2244 631 of the general statutes, that has obtained a certificate of need from  
2245 the Office of Health Care Access that permits such hospital to provide  
2246 coronary angioplasty services in an emergency situation but does not  
2247 permit such services on an elective basis, shall report to the  
2248 Department of Public Health once each month in the form and manner  
2249 prescribed by the Commissioner of Public Health concerning: (1) The  
2250 number of persons upon whom the hospital performed an emergency  
2251 coronary angioplasty and who were discharged to another hospital in  
2252 order to receive an elective coronary angioplasty; and (2) the number  
2253 of persons upon whom the hospital performed an emergency coronary  
2254 angioplasty and who were discharged by such hospital to another  
2255 hospital in order to receive open-heart surgery.

2256 (b) Not later than January 15, 2015, the Commissioner of Public  
2257 Health shall report, in accordance with the provisions of section 11-4a  
2258 of the general statutes, to the joint standing committee of the General  
2259 Assembly having cognizance of matters relating to public health  
2260 concerning the information received pursuant to this subsection.

2261 Sec. 70. Subsection (a) of section 20-195c of the general statutes is  
2262 repealed and the following is substituted in lieu thereof (*Effective*  
2263 *October 1, 2013*):

2264 (a) Each applicant for licensure as a marital and family therapist  
2265 shall present to the department satisfactory evidence that such  
2266 applicant has: (1) Completed a graduate degree program specializing  
2267 in marital and family therapy from a regionally accredited college or  
2268 university or an accredited postgraduate clinical training program  
2269 [approved] accredited by the Commission on Accreditation for  
2270 Marriage and Family Therapy Education [and recognized by the

2271 United States Department of Education] offered by a regionally  
2272 accredited institution of higher education; (2) completed a supervised  
2273 practicum or internship with emphasis in marital and family therapy  
2274 supervised by the program granting the requisite degree or by an  
2275 accredited postgraduate clinical training program, [approved]  
2276 accredited by the Commission on Accreditation for Marriage and  
2277 Family Therapy Education [recognized by the United States  
2278 Department of Education] offered by a regionally accredited  
2279 institution of higher education in which the student received a  
2280 minimum of five hundred direct clinical hours that included one  
2281 hundred hours of clinical supervision; (3) completed a minimum of  
2282 twelve months of relevant postgraduate experience, including at least  
2283 (A) one thousand hours of direct client contact offering marital and  
2284 family therapy services subsequent to being awarded a master's degree  
2285 or doctorate or subsequent to the training year specified in subdivision  
2286 (2) of this subsection, and (B) one hundred hours of postgraduate  
2287 clinical supervision provided by a licensed marital and family  
2288 therapist; and (4) passed an examination prescribed by the  
2289 department. The fee shall be three hundred fifteen dollars for each  
2290 initial application.

2291 Sec. 71. Subsections (d) and (e) of section 501 of substitute senate bill  
2292 1070 of the current session, as amended by senate amendment  
2293 schedule B, are repealed and the following is substituted in lieu thereof  
2294 (*Effective from passage*):

2295 (d) The Commissioner of Public Health, or the commissioner's  
2296 designee, shall be an ex-officio, nonvoting member of the [task force]  
2297 advisory council and shall attend all meetings of the advisory council.

2298 (e) Any member of the [task force appointed] advisory council  
2299 under subsection (c) of this section may be a member of the General  
2300 Assembly.

2301 Sec. 72. Subsection (j) of section 1 of house bill 6406 of the current  
2302 session, as amended by house amendment schedule A, is repealed and

2303 the following is substituted in lieu thereof (*Effective from passage*):

2304 (j) (1) The commissioner shall, within available appropriations,  
2305 establish an electronic prescription drug monitoring program to  
2306 collect, by electronic means, prescription information for schedules II,  
2307 III, IV and V controlled substances, as defined in subdivision (9) of  
2308 section 21a-240, that are dispensed by pharmacies, nonresident  
2309 pharmacies, as defined in section 20-627, outpatient pharmacies in  
2310 hospitals or institutions or by any other dispenser, as defined in  
2311 section 21a-240. The program shall be designed to provide information  
2312 regarding the prescription of controlled substances in order to prevent  
2313 the improper or illegal use of the controlled substances and shall not  
2314 infringe on the legitimate prescribing of a controlled substance by a  
2315 prescribing practitioner acting in good faith and in the course of  
2316 professional practice.

2317 (2) The commissioner may identify other products or substances to  
2318 be included in the electronic prescription drug monitoring program  
2319 established pursuant to subdivision (1) of this subsection.

2320 (3) Each pharmacy, nonresident [pharmacies] pharmacy, as defined  
2321 in section 20-627, outpatient pharmacy in a hospital or institution and  
2322 dispenser, as defined in section 21a-240, shall report to the  
2323 commissioner, at least weekly, by electronic means or, if a pharmacy or  
2324 outpatient pharmacy does not maintain records electronically, in a  
2325 format approved by the commissioner, the following information for  
2326 all controlled substance prescriptions dispensed by such pharmacy or  
2327 outpatient pharmacy: (A) Dispenser identification number; (B) the date  
2328 the prescription for the controlled substance was filled; (C) the  
2329 prescription number; (D) whether the prescription for the controlled  
2330 substance is new or a refill; (E) the national drug code number for the  
2331 drug dispensed; (F) the amount of the controlled substance dispensed  
2332 and the number of days' supply of the controlled substance; (G) a  
2333 patient identification number; (H) the patient's first name, last name  
2334 and street address, including postal code; (I) the date of birth of the  
2335 patient; (J) the date the prescription for the controlled substance was

2336 issued by the prescribing practitioner and the prescribing practitioner's  
2337 Drug Enforcement Agency's identification number; and (K) the type of  
2338 payment.

2339 (4) The commissioner may contract with a vendor for purposes of  
2340 electronically collecting such controlled substance prescription  
2341 information. The commissioner and any such vendor shall maintain  
2342 the information in accordance with the provisions of chapter 400j.

2343 (5) The commissioner and any such vendor shall not disclose  
2344 controlled substance prescription information reported pursuant to  
2345 subdivision (3) of this subsection, except as authorized pursuant to the  
2346 provisions of sections 21a-240 to 21a-283, inclusive. Any person who  
2347 knowingly violates any provision of this subdivision or subdivision (4)  
2348 of this subsection shall be guilty of a class D felony.

2349 (6) The commissioner shall provide, upon request, controlled  
2350 substance prescription information obtained in accordance with  
2351 subdivision (3) of this subsection to the following: (A) The prescribing  
2352 practitioner who is treating or has treated a specific patient, provided  
2353 the information is obtained for purposes related to the treatment of the  
2354 patient, including the monitoring of controlled substances obtained by  
2355 the patient; (B) the prescribing practitioner with whom a patient has  
2356 made contact for the purpose of seeking medical treatment, provided  
2357 the request is accompanied by a written consent, signed by the  
2358 prospective patient, for the release of controlled substance prescription  
2359 information; or (C) the pharmacist who is dispensing controlled  
2360 substances for a patient, provided the information is obtained for  
2361 purposes related to the scope of the pharmacist's practice and  
2362 management of the patient's drug therapy, including the monitoring of  
2363 controlled substances obtained by the patient. The prescribing  
2364 practitioner or pharmacist shall submit a written and signed request to  
2365 the commissioner for controlled substance prescription information.  
2366 Such prescribing practitioner or pharmacist shall not disclose any such  
2367 request except as authorized pursuant to sections 20-570 to 20-630,  
2368 inclusive, or sections 21a-240 to 21a-283, inclusive.

2369 (7) No person or employer shall prohibit, discourage or impede a  
2370 prescribing practitioner or pharmacist from requesting controlled  
2371 substance prescription information pursuant to this subsection.

2372 (8) The commissioner shall adopt regulations, in accordance with  
2373 chapter 54, concerning the reporting, evaluation, management and  
2374 storage of electronic controlled substance prescription information.

2375 (9) The provisions of this section shall not apply to (A) samples of  
2376 controlled substances dispensed by a physician to a patient, or (B) any  
2377 controlled substances dispensed to hospital inpatients.

2378 (10) The provisions of this section shall not apply to any  
2379 institutional pharmacy or pharmacist's drug room operated by a  
2380 facility, licensed under section 19a-495 of the general statutes and  
2381 regulations adopted pursuant to said section 19a-495, that dispenses or  
2382 administers directly to a patient opioid antagonists for treatment of a  
2383 substance use disorder.

2384 Sec. 73. (NEW) (*Effective from passage*) Any person, firm or  
2385 corporation engaged in the growing of swine that are to be used or  
2386 disposed of elsewhere than on the premises where such swine are  
2387 grown shall register with the Commissioner of Agriculture on forms  
2388 furnished by the commissioner. The commissioner may make orders  
2389 and adopt regulations, in accordance with the provisions of chapter 54  
2390 of the general statutes, concerning examination, quarantine,  
2391 disinfection, preventive treatment, disposition, transportation,  
2392 importation, feeding and sanitation for the protection of swine from  
2393 contagious and infectious disease. Said commissioner shall, at once,  
2394 cause an investigation of all cases of such diseases coming to the  
2395 commissioner's knowledge and shall use all proper means to  
2396 exterminate and prevent spread of the same. Instructions shall be  
2397 issued, in writing, by the commissioner or the commissioner's agent  
2398 that shall contain directions for quarantine and disinfection of the  
2399 premises where such disease exists. No swine shall be brought into  
2400 Connecticut by any individual, corporation or common carrier, unless

2401 the same originate from a herd that is validated as brucellosis-free and  
2402 qualified pseudorabies-negative, and are accompanied by a permit  
2403 issued by the commissioner and an official health certificate showing  
2404 such animals to be free from any contagious or infectious disease,  
2405 except that swine brought into this state for the purpose of immediate  
2406 slaughter upon premises where federal inspection is maintained need  
2407 not be accompanied by an official health certificate and the owner of  
2408 each establishment where federal inspection is maintained shall report  
2409 weekly to the commissioner, upon forms furnished by the  
2410 commissioner, the number of such swine imported. Such permit shall  
2411 accompany all waybills or, if animals are driven or carted over  
2412 highways, shall be in the possession of the person in charge of swine.  
2413 In addition to any other requirements of this section, all swine  
2414 imported for other than immediate slaughter that are over three  
2415 months of age, other than barrows, shall be negative as to a blood test  
2416 for brucellosis and pseudorabies within thirty days of importation.  
2417 With approval of the State Veterinarian, a thirty-day blood test may  
2418 not be required for swine originating from, and residing for at least  
2419 thirty days prior to importation in, a state that is validated as  
2420 brucellosis-free and stage V pseudorabies-free, or for swine originating  
2421 from any herd which the State Veterinarian determines to be  
2422 pathogen-free. With such approval, swine may be imported pursuant  
2423 to an import permit and a current official health certificate. All swine  
2424 brought into the state for immediate slaughter shall be killed in an  
2425 approved slaughterhouse under veterinary inspection.

2426 Sec. 74. Section 10-297 of the general statutes is repealed and the  
2427 following is substituted in lieu thereof (*Effective October 1, 2013*):

2428 The Commissioner of Rehabilitation Services is authorized to aid in  
2429 securing employment for capable blind or partially blind persons in  
2430 industrial and mercantile establishments and in other positions which  
2431 offer financial returns. Said commissioner may aid needy blind  
2432 persons in such way as said commissioner deems expedient,  
2433 expending for such purpose such sum as the General Assembly  
2434 appropriates, provided the maximum expenditure for any one person

2435 shall not exceed the sum of nine hundred [and] sixty dollars in a fiscal  
2436 year, but, if said maximum amount is insufficient to furnish necessary  
2437 medical or hospital treatment to a beneficiary, said commissioner may  
2438 authorize payment of such additional costs as the commissioner deems  
2439 necessary and reasonable.

2440 Sec. 75. Section 19a-109 of the general statutes is repealed and the  
2441 following is substituted in lieu thereof (*Effective October 1, 2013*):

2442 When any building or part thereof is occupied as a home or place of  
2443 residence or as an office or place of business, either mercantile or  
2444 otherwise, a temperature of less than sixty-five degrees Fahrenheit in  
2445 such building or part thereof shall, for the purpose of this section, be  
2446 deemed injurious to the health of the occupants thereof, except that the  
2447 Commissioner of Public Health may adopt regulations establishing a  
2448 temperature higher than sixty-five degrees Fahrenheit when the  
2449 health, comfort or safety of the occupants of any such building or part  
2450 thereof so requires. In any such building or part thereof where,  
2451 because of physical characteristics or the nature of the business being  
2452 conducted, a temperature of sixty-five degrees Fahrenheit cannot  
2453 reasonably be maintained in certain areas, the Labor Commissioner  
2454 may grant a variance for such areas. The owner of any building or the  
2455 agent of such owner having charge of such property, or any lessor or  
2456 his agent, manager, superintendent or janitor of any building, or part  
2457 thereof, the lease or rental agreement whereof by its terms, express or  
2458 implied, requires the furnishing of heat, cooking gas, electricity, hot  
2459 water or water to any occupant of such building or part thereof, who,  
2460 wilfully and intentionally, fails to furnish such heat to the degrees  
2461 herein provided, cooking gas, electricity, hot water or water and  
2462 thereby interferes with the cooking gas, electricity, hot water or water  
2463 and thereby interferes with the comfortable or quiet enjoyment of the  
2464 premises, at any time when the same are necessary to the proper or  
2465 customary use of such building or part thereof, shall be guilty of a  
2466 class D misdemeanor. No public service company or electric supplier,  
2467 as defined in section 16-1, shall, at the request of any such owner,  
2468 agent, lessor, manager, superintendent or janitor, cause heat, cooking

2469 gas, electricity, hot water or water services to be terminated with  
2470 respect to any such leased or rented property unless the owner or  
2471 lessor furnishes a statement signed by the lessee agreeing to such  
2472 termination or a notarized statement signed by the lessor to the effect  
2473 that the premises are vacant.

2474 Sec. 76. Subsection (b) of section 20-10b of the general statutes is  
2475 repealed and the following is substituted in lieu thereof (*Effective*  
2476 *October 1, 2013*):

2477 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
2478 this section, a licensee applying for license renewal shall earn a  
2479 minimum of fifty contact hours of continuing medical education  
2480 within the preceding twenty-four-month period. Such continuing  
2481 medical education shall (1) be in an area of the physician's practice; (2)  
2482 reflect the professional needs of the licensee in order to meet the health  
2483 care needs of the public; and (3) include at least one contact hour of  
2484 training or education in each of the following topics: (A) Infectious  
2485 diseases, including, but not limited to, acquired immune deficiency  
2486 syndrome and human immunodeficiency virus, (B) risk management,  
2487 (C) sexual assault, (D) domestic violence, and (E) cultural competency.  
2488 For purposes of this section, qualifying continuing medical education  
2489 activities include, but are not limited to, courses offered or approved  
2490 by the American Medical Association, American Osteopathic Medical  
2491 Association, Connecticut Hospital Association, Connecticut State  
2492 Medical Society, county medical societies or equivalent organizations  
2493 in another jurisdiction, educational offerings sponsored by a hospital  
2494 or other health care institution or courses offered by a regionally  
2495 accredited academic institution or a state or local health department.  
2496 The commissioner may grant a waiver for not more than ten contact  
2497 hours of continuing medical education for a physician who: [(1)] (i)  
2498 Engages in activities related to the physician's service as a member of  
2499 the Connecticut Medical Examining Board, established pursuant to  
2500 section 20-8a; [(2)] (ii) engages in activities related to the physician's  
2501 service as a member of a medical hearing panel, pursuant to section 20-  
2502 8a; or [(3)] (iii) assists the department with its duties to boards and

2503 commissions as described in section 19a-14, as amended by this act.

2504 Sec. 77. Section 19a-490 of the general statutes is repealed and the  
2505 following is substituted in lieu thereof (*Effective January 1, 2014*):

2506 As used in this chapter and sections 17b-261e, 38a-498b and 38a-  
2507 525b:

2508 (a) "Institution" means a hospital, residential care home, health care  
2509 facility for the handicapped, nursing home, rest home, home health  
2510 care agency, homemaker-home health aide agency, mental health  
2511 facility, assisted living services agency, substance abuse treatment  
2512 facility, outpatient surgical facility, outpatient clinic, an infirmary  
2513 operated by an educational institution for the care of students enrolled  
2514 in, and faculty and employees of, such institution; a facility engaged in  
2515 providing services for the prevention, diagnosis, treatment or care of  
2516 human health conditions, including facilities operated and maintained  
2517 by any state agency, except facilities for the care or treatment of  
2518 mentally ill persons or persons with substance abuse problems; and a  
2519 residential facility for the mentally retarded licensed pursuant to  
2520 section 17a-227 and certified to participate in the Title XIX Medicaid  
2521 program as an intermediate care facility for the mentally retarded;

2522 (b) "Hospital" means an establishment for the lodging, care and  
2523 treatment of persons suffering from disease or other abnormal physical  
2524 or mental conditions and includes inpatient psychiatric services in  
2525 general hospitals;

2526 (c) "Residential care home", "nursing home" or "rest home" means an  
2527 establishment which furnishes, in single or multiple facilities, food and  
2528 shelter to two or more persons unrelated to the proprietor and, in  
2529 addition, provides services which meet a need beyond the basic  
2530 provisions of food, shelter and laundry;

2531 (d) "Home health care agency" means a public or private  
2532 organization, or a subdivision thereof, engaged in providing  
2533 professional nursing services and the following services, available

2534 twenty-four hours per day, in the patient's home or a substantially  
2535 equivalent environment: Homemaker-home health aide services as  
2536 defined in this section, physical therapy, speech therapy, occupational  
2537 therapy or medical social services. The agency shall provide  
2538 professional nursing services and at least one additional service  
2539 directly and all others directly or through contract. An agency shall be  
2540 available to enroll new patients seven days a week, twenty-four hours  
2541 per day;

2542 (e) "Homemaker-home health aide agency" means a public or  
2543 private organization, except a home health care agency, which  
2544 provides in the patient's home or a substantially equivalent  
2545 environment supportive services which may include, but are not  
2546 limited to, assistance with personal hygiene, dressing, feeding and  
2547 incidental household tasks essential to achieving adequate household  
2548 and family management. Such supportive services shall be provided  
2549 under the supervision of a registered nurse and, if such nurse  
2550 determines appropriate, shall be provided by a social worker, physical  
2551 therapist, speech therapist or occupational therapist. Such supervision  
2552 may be provided directly or through contract;

2553 (f) "Homemaker-home health aide services" as defined in this  
2554 section shall not include services provided to assist individuals with  
2555 activities of daily living when such individuals have a disease or  
2556 condition that is chronic and stable as determined by a physician  
2557 licensed in the state of Connecticut;

2558 (g) "Mental health facility" means any facility for the care or  
2559 treatment of mentally ill or emotionally disturbed persons, or any  
2560 mental health outpatient treatment facility that provides treatment to  
2561 persons sixteen years of age or older who are receiving services from  
2562 the Department of Mental Health and Addiction Services, but does not  
2563 include family care homes for the mentally ill;

2564 (h) "Alcohol or drug treatment facility" means any facility for the  
2565 care or treatment of persons suffering from alcoholism or other drug

2566 addiction;

2567 (i) "Person" means any individual, firm, partnership, corporation,  
2568 limited liability company or association;

2569 (j) "Commissioner" means the Commissioner of Public Health;

2570 (k) "Home health agency" means an agency licensed as a home  
2571 health care agency or a homemaker-home health aide agency; and

2572 (l) "Assisted living services agency" means an agency that provides,  
2573 among other things, nursing services and assistance with activities of  
2574 daily living to a population that is chronic and stable.

2575 (m) "Outpatient clinic" means an organization operated by a  
2576 municipality or a corporation, other than a hospital, that provides (1)  
2577 ambulatory medical care, including preventive and health promotion  
2578 services, (2) dental care, or (3) mental health services in conjunction  
2579 with medical or dental care for the purpose of diagnosing or treating a  
2580 health condition that does not require the patient's overnight care.

2581 Sec. 78. (NEW) (*Effective January 1, 2014*) (a) The Commissioner of  
2582 Public Health shall license outpatient clinics, as defined in section 19a-  
2583 490 of the general statutes, as amended by this act.

2584 (b) The commissioner may adopt regulations, in accordance with  
2585 the provisions of chapter 54 of the general statutes, to implement the  
2586 provisions of this section. The commissioner may waive any provision  
2587 of the regulations for outpatient clinics. The commissioner may  
2588 implement policies and procedures necessary to administer the  
2589 provisions of this section while in the process of adopting such policies  
2590 and procedures as regulations, provided notice of intent to adopt  
2591 regulations is published in the Connecticut Law Journal not later than  
2592 twenty days after the date of implementation. Policies and procedures  
2593 implemented pursuant to this section shall be valid until the time final  
2594 regulations are adopted.

2595 Sec. 79. Subdivision (7) of subsection (b) of section 19a-14 and

2596 section 20-8 of the general statutes are repealed. (*Effective October 1,*  
2597 *2013*)

|   |  |               |
|---|--|---------------|
| This act shall take effect as follows and shall amend the following sections: |  |               |
| Section 1   | <i>October 1, 2013</i>   | 19a-32c       |
| Sec. 2  | <i>January 1, 2014</i>   | 19a-266       |
| Sec. 3  | <i>October 1, 2013</i>   | 19a-491c(c)   |
| Sec. 4  | <i>October 1, 2013</i>   | 19a-490(a)    |
| Sec. 5  | <i>October 1, 2013</i>   | 19a-491(c)    |
| Sec. 6  | <i>October 1, 2013</i>   | 19a-87b(b)    |
| Sec. 7  | <i>October 1, 2013</i>   | 19a-496       |
| Sec. 8  | <i>October 1, 2013</i>   | 19a-522f(b)   |
| Sec. 9  | <i>October 1, 2013</i>   | 19a-750(c)(1) |
| Sec. 10   | <i>October 1, 2013</i>   | 20-195o(b)    |
| Sec. 11   | <i>October 1, 2013</i>   | 20-12c(d)     |
| Sec. 12   | <i>October 1, 2013</i>   | 20-128a(c)    |
| Sec. 13   | <i>October 1, 2013, and applicable to registration periods beginning on or after October 1, 2014</i> | 20-132a       |
| Sec. 14   | <i>October 1, 2013</i>   | 20-126l(g)    |
| Sec. 15   | <i>October 1, 2013</i>   | 20-126l       |
| Sec. 16   | <i>October 1, 2013</i>   | 20-12n(c)     |
| Sec. 17   | <i>October 1, 2013</i>   | 19a-14(c)     |
| Sec. 18   | <i>October 1, 2013</i>   | 2c-2h(b)      |
| Sec. 19   | <i>October 1, 2013</i>   | 20-11         |
| Sec. 20   | <i>October 1, 2013</i>   | 20-12(d)      |
| Sec. 21   | <i>October 1, 2013</i>   | 20-14         |
| Sec. 22   | <i>October 1, 2013</i>   | 17a-680       |
| Sec. 23   | <i>from passage</i>  | 19a-72(b)     |
| Sec. 24   | <i>July 1, 2013</i>  | 19a-521       |
| Sec. 25   | <i>July 1, 2013</i>  | 19a-490(c)    |
| Sec. 26   | <i>July 1, 2013</i>  | 17b-451(a)    |
| Sec. 27   | <i>July 1, 2013</i>  | 19a-491b      |
| Sec. 28   | <i>July 1, 2013</i>  | 19a-491c(a)   |
| Sec. 29   | <i>July 1, 2013</i>  | 19a-497       |
| Sec. 30   | <i>July 1, 2013</i>  | 19a-498(d)    |
| Sec. 31   | <i>July 1, 2013</i>  | 19a-502(b)    |
| Sec. 32   | <i>July 1, 2013</i>  | 19a-521c      |

|         |                 |                                      |
|---------|-----------------|--------------------------------------|
| Sec. 33 | July 1, 2013    | 19a-522                              |
| Sec. 34 | July 1, 2013    | 19a-523                              |
| Sec. 35 | July 1, 2013    | 19a-524                              |
| Sec. 36 | July 1, 2013    | 19a-525                              |
| Sec. 37 | July 1, 2013    | 19a-526                              |
| Sec. 38 | July 1, 2013    | 19a-527                              |
| Sec. 39 | July 1, 2013    | 19a-528                              |
| Sec. 40 | July 1, 2013    | 19a-529                              |
| Sec. 41 | July 1, 2013    | 19a-531                              |
| Sec. 42 | July 1, 2013    | 19a-532                              |
| Sec. 43 | July 1, 2013    | 19a-534                              |
| Sec. 44 | July 1, 2013    | 19a-534a                             |
| Sec. 45 | July 1, 2013    | 19a-538                              |
| Sec. 46 | July 1, 2013    | 19a-541                              |
| Sec. 47 | July 1, 2013    | 19a-542                              |
| Sec. 48 | July 1, 2013    | 19a-543                              |
| Sec. 49 | July 1, 2013    | 19a-544                              |
| Sec. 50 | July 1, 2013    | 19a-545(a)                           |
| Sec. 51 | July 1, 2013    | 19a-546(a)                           |
| Sec. 52 | July 1, 2013    | 19a-547                              |
| Sec. 53 | July 1, 2013    | 19a-548                              |
| Sec. 54 | July 1, 2013    | 19a-549                              |
| Sec. 55 | July 1, 2013    | 19a-550                              |
| Sec. 56 | July 1, 2013    | 19a-551                              |
| Sec. 57 | July 1, 2013    | 20-101a(a)                           |
| Sec. 58 | July 1, 2013    | 45a-644(a)                           |
| Sec. 59 | July 1, 2013    | 45a-669(a)                           |
| Sec. 60 | July 1, 2013    | 46a-11a(6)                           |
| Sec. 61 | October 1, 2013 | 19a-524                              |
| Sec. 62 | October 1, 2013 | 22a-403(b)                           |
| Sec. 63 | October 1, 2013 | 52-146o                              |
| Sec. 64 | July 1, 2013    | 10a-22b                              |
| Sec. 65 | from passage    | sHB 5979 (current session), 1(b)(10) |
| Sec. 66 | July 1, 2013    | New section                          |
| Sec. 67 | July 1, 2013    | 20-9(b)                              |
| Sec. 68 | July 1, 2013    | 20-74ee(a)                           |
| Sec. 69 | from passage    | New section                          |
| Sec. 70 | October 1, 2013 | 20-195c(a)                           |

|         |                        |  |
|---------|------------------------|--|
| Sec. 71 | <i>from passage</i>    | sSB 1070 (current session), 501(d) and (e) |
| Sec. 72 | <i>from passage</i>    | HB 6406 (current session), 1(j)            |
| Sec. 73 | <i>from passage</i>    | New section                                |
| Sec. 74 | <i>October 1, 2013</i> | 10-297                                     |
| Sec. 75 | <i>October 1, 2013</i> | 19a-109                                    |
| Sec. 76 | <i>October 1, 2013</i> | 20-10b(b)                                  |
| Sec. 77 | <i>January 1, 2014</i> | 19a-490                                    |
| Sec. 78 | <i>January 1, 2014</i> | New section                                |
| Sec. 79 | <i>October 1, 2013</i> | Repealer section                           |

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

| Agency Affected      | Fund-Effect                 | FY 14 \$      | FY 15 \$      |
|----------------------|-----------------------------|---------------|---------------|
| Higher Ed., Off.     | GF - See Below              | See Below     | See Below     |
| Public Health, Dept. | GF - Potential Revenue Gain | 1,000         | 500           |
| Public Health, Dept. | GF - Revenue Gain           | up to 150,000 | up to 120,000 |

**Municipal Impact:** None

**Explanation**

The bill results in a potential General Fund (GF) revenue gain of \$1,000 in FY 14 and \$500 in FY 15 from the licensing of two short-term hospital special hospices or hospice inpatient facilities in FY 14 and one in FY 15 and a GF revenue gain of approximately \$150,000 in FY 14 and \$120,000 in FY 15 to the Department of Public Health (DPH) from requiring that up to 2% of the balance of the Biomedical Research Trust Fund be made available to DPH for administrative purposes.

The bill also adds barbering or hairdressing schools to the Private Occupational School Account (POSA) under the Office of Higher Education. It is anticipated that there are approximately 80 schools that will be added to the POSA, which will result in additional revenue of approximately \$39,500 in application fees and \$16,000 in annual fees. As the addition of the barbering and hairdressing schools to the POSA will double the number of institutions administered by Private Occupational Schools, it is anticipated that the POSA will require two additional staff, one in FY 14 and one in FY 15, with an average annual salary of \$75,000, to accommodate the increased workload. The \$150,000 cost across both fiscal years will be offset by application fees,

annual fees, and the statutorily required 0.5% of each school's annual tuition revenue. The total revenue of which is unknown at this time, as it is not currently collected. The FY 13 balance in the POSA is approximately \$5.9 million.

Short-term hospital special hospices or hospice inpatient facilities are added as categories of a health care institution under the bill, extending to these entities statutory requirements for health care institutions. As such, these institutions would be required to be licensed by the Department of Public Health (DPH), resulting in a General Fund revenue gain from associated fees. As the number of such facilities seeking licensure is small, approximately three facilities every two years, no cost to DPH is anticipated to issue these licenses. The biannual fee for short-term hospital special hospice licensure is \$940 and \$7.5 per bed and the fee is \$440 and \$5 per bed for a hospice inpatient facility. It is estimated that there are three short-term hospital special hospices or hospice inpatient facilities that would seek licensure in the two fiscal years following passage of this bill resulting in a potential GF revenue gain of \$1,000 in FY 14 and \$500 in FY 15.

By requiring that up to 2% of the Biomedical Research Trust Fund be made available to DPH for administration purpose<sup>1</sup>, it is anticipated that up to \$150,000 in FY 14 and up to \$120,000 will be provided to DPH. As the balance of the Biomedical Research Trust Fund will be reduced by this transfer of funds to DPH, the amount available for grants-in-aid under the Fund would likewise be reduced.<sup>2</sup>

House "A" adds barbering or hairdressing schools to POSA under the Office of Higher Education resulting in the fiscal impact described above.

### ***The Out Years***

---

<sup>1</sup>Since the first Biomedical Research Trust Fund awards were made in 2005, no amount has been made available to DPH for administering the Fund. DPH has done so within its existing resources.

<sup>2</sup>Grants-in-aid are not to exceed 50% of the total amount held in the Fund on the date grants are approved.

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of the short-term hospital special hospices or hospice inpatient facilities, the balance of the Biomedical Research Trust Fund and the POSA revenue generated by application fees, annual fees and the statutorily required 0.5% of each school's annual tuition revenue offsetting costs for staff.

**OLR Bill Analysis****sHB 6644 (as amended by House "A")\******AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.*****SUMMARY:**

This bill makes numerous substantive and minor changes to Department of Public Health (DPH)-related statutes and programs. For example, the bill requires licensed health care institutions to submit to DPH corrective action plans after the department finds the institution to be noncompliant with state laws or regulations.

The bill limits required background checks for long-term care facility volunteers with direct patient access to only those volunteers reasonably expected to regularly perform duties substantially similar to those of employees with direct patient access. It eliminates the Connecticut Homeopathic Medical Examining Board, transferring responsibility for disciplining homeopathic physicians from the board to DPH.

The bill makes changes affecting several health care professions and institutions, including master social workers, physician assistants, marital and family therapists, nuclear medicine technologists, optometrists, dental hygienists, certified water treatment plant professionals, hospice and nursing home facilities, residential care homes (RCHs), outpatient clinics, family day care homes, barber and hairdresser schools, and hospitals.

The bill also makes changes affecting the Connecticut Tumor Registry, the Breast and Cervical Cancer Early Detection and Treatment Referral Program, the Biomedical Research Trust Fund, the Health Information Technology Exchange of Connecticut, permits for

public water supply dam construction, disclosure of patient information by certain health care providers, statutory definitions related to addiction services, the registration of swine growers, the state's electronic prescription drug monitoring program, the Alzheimer's Disease and Dementia Task Force established by sHB 5979 as amended, and the PANDAS/PANS advisory council established by sSB 1070, as amended.

\*House Amendment "A" (1) removes the provisions allowing DPH and professional regulatory boards to take disciplinary actions against specified health professionals for failing to conform to accepted professional standards; (2) makes minor changes to the provisions regarding the Biomedical Research Trust Fund and Connecticut Tumor Registry; (3) extends, from October 1, 2013 to October 1, 2015, the date by which DPH may issue a master social work license without examination to qualified applicants; and (4) applies the optometrist continuing education provisions to registration periods on or after October 1, 2014.

It also adds the provisions regarding (1) the statutory definition of RCHs; (2) nursing home and RCH citations for violations of the state's long-term care criminal history and patient abuse background search program; (3) applications to construct public water supply dams; (4) disclosure of patient information by DPH-licensed health care professionals; (5) the Alzheimer's Disease and Dementia Task Force; (6) nuclear medicine technologists; (7) hospital coronary angioplasty reporting requirements; (8) DPH's PANDAS/PANS advisory council; (9) the registration of swine growers; (10) the electronic prescription drug monitoring program; (11) outpatient clinics; and (12) technical corrections to the public health statutes.

EFFECTIVE DATE: October 1, 2013, except that the provisions on the (1) Connecticut Tumor Registry, Alzheimer's Disease and Dementia Task Force, PANDAS/PANS advisory council, coronary angioplasty hospital reports, registration of swine growers, and electronic prescription drug monitoring program take effect upon

passage; (2) Breast and Cervical Cancer Early Detection and Treatment Referral Program and outpatient clinics take effect January 1, 2014; (3) nuclear medicine technologists and the definition of RCHs take effect July 1, 2013; and (4) optometrists' continuing education requirements apply to registration periods on and after October 1, 2014.

### **§ 1 — BIOMEDICAL RESEARCH TRUST FUND**

By law, DPH awards grants from the Biomedical Research Trust fund for biomedical research in heart disease, cancer, other tobacco-related diseases, Alzheimer's disease, and diabetes. The bill codifies existing practice by making up to 2% of the fund's total amount available to DPH for related administrative expenses.

Existing law limits the total amount of grants awarded during a fiscal year to 50% of the fund's total amount on the date the grants are approved. The bill specifies that each fiscal year, the DPH commissioner must use all monies deposited in the fund to award the grants, provided the grants do not exceed this amount.

Current law allows DPH to award the grants to (1) nonprofit, tax-exempt colleges or universities or (2) hospitals that conduct biomedical research. The bill limits grant eligibility to such entities whose principal place of business is in Connecticut.

### **§ 2 — BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT REFERRAL PROGRAM**

The bill increases the income limit, from 200% to 250% of the federal poverty level, for DPH's Breast and Cervical Cancer Early Detection and Treatment Referral Program. It retains the existing requirement that participants also (1) be 21 to 64 years old and (2) lack health insurance coverage for breast cancer screening mammography or cervical cancer screening services.

The bill removes a requirement that the program's contracted providers report to DPH the names of the insurer of each such woman being tested to facilitate recoupment of clinical service expenses to the department.

By law, the program provides, within existing appropriations, participants with (1) clinical breast exams, (2) screening mammograms and pap tests, and (3) a pap test every six months for women who have tested HIV positive.

### **§ 3 — BACKGROUND CHECKS FOR LONG-TERM CARE FACILITY VOLUNTEERS**

Under current law, a long-term care facility must require any person offered a volunteer position involving direct patient access to submit to a background search, which includes (1) state and national criminal history record checks, (2) a review of DPH's nurse's aide registry, and (3) a review of any other registry that DPH specifies.

The bill conforms to federal law by limiting the background search requirement to only those volunteers the facility reasonably expects to regularly perform duties substantially similar to those of an employee with direct patient access.

The law, unchanged by the bill, does not require the background search if the person provides the facility evidence that a background search carried out within three years of applying for the volunteer position revealed no disqualifying offense.

### **§§ 4 & 5 — INPATIENT HOSPICE FACILITIES**

The bill adds to the statutory definition of health care "institution" a "short-term hospital special hospice" and "hospice inpatient facility." The terms are not defined in statute but appear in the department's hospice regulations (see BACKGROUND). Thus, the bill extends to these entities statutory requirements for health care institutions regarding, among other things, workplace safety committees, access to patient records, disclosure of HIV-related information, and smoking prohibitions.

The bill also establishes biennial licensing and inspection fees for these entities, as follows:

1. for short-term hospitals special hospice, \$940 per site and \$7.50

per bed (DPH currently charges these facilities the same renewal fees as hospitals, which equal these amounts) and

2. for hospice inpatient facilities, \$440 per site and \$5 per bed.

## **§ 6 — FAMILY DAY CARE HOME STAFF**

The bill makes a conforming change to the family day care home statutes, reducing the application fee, from \$20 to \$15, for assistant or substitute staff members. The law requires these individuals to apply for and obtain DPH approval before working in a family day care home.

## **§ 7 — CORRECTIVE ACTION PLANS FOR LICENSED HEALTH CARE INSTITUTIONS**

The bill removes the one-year time limit within which DPH-licensed health care institutions must comply with any regulations the department adopts. It retains the current requirement that they comply within a reasonable time (the bill does not define this term).

The bill allows DPH to inspect a licensed health care institution to determine whether it is in compliance with state statutes and regulations (the law already allows this). The department must notify an institution in writing if it finds it to be noncompliant. Within 10 days of receiving the notice, the bill requires the institution to submit to DPH a written corrective action plan that includes the:

1. corrective measures or systemic changes the institution intends to implement to prevent a recurrence of each identified non-compliance issue;
2. effective date of each corrective measure or systemic change;
3. 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. title of the institution's staff member responsible for ensuring its compliance with the plan.

Under the bill, the corrective action plan is deemed the institution's representation of compliance with the statutes and regulations identified in the department's noncompliance notice. An institution failing to submit a corrective action plan that meets the above requirements may be subject to disciplinary action.

### **§ 8 — NURSING HOME IV THERAPY PROGRAMS**

The bill allows a licensed physician assistant employed or contracted by a nursing home that operates an IV therapy program to administer a peripherally-inserted central catheter (PICC) as part of the home's IV therapy program. The law already allows an IV therapy nurse to do this. A PICC is a tube that is inserted into a peripheral vein, typically in the upper arm, and advanced until the catheter tip ends in a large vein in the chest near the heart to obtain intravenous access.

DPH must adopt regulations to implement this change.

### **§ 9 — HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT (HITE-CT)**

The bill requires the governor to select the chairperson of HITE-CT's 20-member board of directors, rather than having the DPH commissioner or her designee serve as the chair.

HITE-CT is a quasi-public agency designated as the state's lead agency for health information exchange. It is responsible for, among other things, (1) developing a statewide health information exchange to share electronic health information among health care facilities, health care professionals, public and private payors, and patients; (2) providing grants to advance health information technology and exchange in the state; and (3) implementing and periodically revising the state's health information technology plan.

### **§ 10 — MASTER SOCIAL WORK LICENSURE WITHOUT EXAMINATION**

The bill extends, from October 1, 2012 to October 1, 2015, the date by which the DPH commissioner may issue a master social work license

without examination. To receive such a license, an applicant must satisfactorily demonstrate that on or before October 1, 2013, instead of October 1, 2010 as under current law, he or she (1) held a master's degree from a social work program accredited by the Council on Social Work Education or (2) if educated outside of the U.S. or its territories, completed a program the council deemed equivalent.

PA 10-38 established, within available appropriations, a new DPH licensure program for master level social workers, which the department has not yet implemented.

### **§ 11 — ACTIVE DUTY PHYSICIAN ASSISTANTS**

The bill allows a physician assistant who is (1) licensed in another state and (2) an active member of the Connecticut Army or Air National Guard to provide patient services under the supervision, control, responsibility, and direction of a Connecticut-licensed physician while in the state.

### **§§ 12 & 13 — CONTINUING EDUCATION FOR OPTOMETRISTS**

The bill allows, rather than requires, DPH to adopt regulations regarding continuing education (CE) requirements for optometrists and establishes these requirements in statute. Current law requires DPH to adopt regulations requiring at least 20 hours of CE during each registration period (i.e., the 12 month period for which a license is renewed).

#### ***CE Requirements***

Starting with registration periods on or after October 1, 2014, the bill generally requires a licensee actively engaged in the practice of optometry to complete at least 20 hours of CE each registration period. It defines "actively engaged in the practice of optometry" as treating one or more patients during a registration period.

The bill requires CE subject matter to reflect the licensee's professional needs in order to meet the public's health care needs. It must include at least six hours in (1) pathology, diabetes detection, or

ocular treatment and (2) treatment related to the use of ocular agents-T (see BACKGROUND). It cannot include more than six hours in practice management.

Coursework must be provided through direct, live instruction physically attended by the licensee either (1) individually, (2) as part of a group of participants, or (3) through formal home study or a distance learning program. But, a licensee can only complete up to six hours of CE through the latter.

### ***Qualifying CE Activities***

Under the bill, qualifying CE activities include courses offered or approved by (1) the Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (COPE); (2) the American Optometric Association (AOA) or affiliated state or local optometry associations and societies; (3) a hospital or other health care institution; (4) an optometry school or college or other higher education institution accredited or recognized by COPE or AOA; (5) a state or local health department; or (6) a national, state, or local medical association.

### ***License Renewal***

The bill requires that each licensee applying for renewal sign a statement attesting that he or she completed the CE requirements on a form DPH prescribes.

Each licensee must get an attendance record or certificate of completion from the continuing education provider for all hours successfully completed. He or she must retain this documentation for at least three years following the date the CE was completed or the license was renewed. The licensee must submit the documentation to DPH within 45 days of the department's request.

A licensee failing to comply with these requirements may be subject to DPH disciplinary action, including license revocation or suspension, censure, letter of reprimand, placement on probation, or a civil

penalty.

### ***CE Exemptions and Waivers***

A licensee applying for his or her first renewal is exempt from the CE requirements. A licensee not actively engaged in the practice of optometry is also exempt, provided he or she submits a notarized exemption application before the end of the registration period on a form DPH prescribes. In this case, the licensee cannot resume practicing optometry until completing the CE requirements.

DPH may also grant a waiver from the requirements or an extension of time for a licensee who has a medical disability or illness. The licensee must apply for a waiver or time extension to DPH and submit (1) a licensed physician's certification of the disability or illness and (2) any documentation the department requires. The waiver or extension cannot exceed one registration period. DPH may grant additional waivers or extensions if the initial reason for the waiver or extension continues beyond the waiver or extension period and the licensee applies.

### ***Licensure Reinstatement***

A licensee who applies for licensure reinstatement after his or her license was voided must submit evidence that he or she completed 20 contact hours (the bill does not define this term) of CE within one year immediately preceding the application. It applies to an optometrist whose license was voided for failing to pay the renewal fee and renew the license within 90 days after the renewal date.

## **§§ 14 & 15 — DENTAL HYGIENISTS CONTINUING EDUCATION AND LICENSE RENEWAL**

The bill removes the requirement that DPH adopt regulations on CE requirements for dental hygienists and instead establishes the requirements in statute.

### ***CE Requirements***

The bill generally requires each licensee applying for renewal to

complete at least 16 hours of CE within the preceding two years (the same requirement as under current DPH regulations). The CE subject matter must reflect the licensee's professional needs in order to meet the public's health care needs. CE activities must provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene.

A licensee may substitute eight hours of volunteer dental practice at a public health facility for one hour of CE, up to a maximum of five hours in one two-year period. Up to four hours of CE may be earned through an online or distance learning program.

***Qualifying CE Activities***

Under the bill, qualifying CE activities include courses, including those online, that are offered or approved by:

1. dental schools and other higher education institutions accredited or recognized by the Council on Dental Accreditation;
1. a regional accrediting organization;
2. the American Dental Association or an affiliated state, district, or local dental association or society;
3. the National Dental Association;
4. the American Dental Hygienists Association or an affiliated state, district, or local dental hygiene association or society;
5. the Academy of General Dentistry or the Academy of Dental Hygiene;
6. the American Red Cross or American Heart Association, when sponsoring programs in cardiopulmonary resuscitation or cardiac life support;
7. the Veterans Administration and Armed Forces, when conducting programs at U.S. government facilities;

8. a hospital or other health care institution;
9. agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation;
10. local state, or national medical associations; or
11. a state or local health department.

Under the bill, activities that do not qualify toward meeting CE requirements include (1) professional organizational business meetings, (2) speeches delivered at luncheons or banquets, and (3) reading books, articles, or professional journals.

#### ***License Renewal; CE Exemptions and Waivers***

The bill's CE documentation requirements, exemptions, and waivers for dental hygienists are the same as those for optometrists (see § 13 above).

#### ***Licensure Reinstatement***

A licensee who applies for licensure reinstatement after his or her license was voided must submit evidence that he or she successfully completed: (1) for licenses voided for two years or less, 24 contact hours of CE within the two years immediately preceding the application or (2) for licenses voided for more than two years, the National Board of Dental Hygiene Examination or the Northeast Regional Board of Dental Examiners' Examination in Dental Hygiene during the year immediately preceding the application. It applies to a dental hygienist whose license was voided for failing to pay the renewal fee and renew the license within 90 days after the renewal date.

### **§§ 16–21 & 24 — HOMEOPATHIC PHYSICIANS**

#### ***Connecticut Homeopathic Medical Examining Board***

The bill eliminates the five-member Connecticut Homeopathic Medical Examining Board, thus transferring responsibility for taking disciplinary action against homeopathic physicians from the board to

DPH. It makes technical and conforming changes related to the board's elimination.

Under current law, the board is responsible for (1) hearing and deciding matters concerning homeopathic physician licensure suspension or revocation, (2) adjudicating complaints against homeopathic physicians, and (3) imposing sanctions, when appropriate.

### ***Homeopathic Physician Licensure Requirements***

By law, a homeopathic physician must be licensed as a physician and complete at least 120 hours of post-graduate medical training in homeopathy at an institution or under the direct supervision of a licensed homeopathic physician.

The bill requires training completed at an institution to be approved only by the American Institute of Homeopathy (AIH), instead of by either AIH or the Connecticut Homeopathic Medical Examining Board. It requires training completed under a physician's supervision to be approved by DPH, instead of the board.

### **§ 17 — CERTIFIED WATER TREATMENT PLANT PROFESSIONALS**

The bill specifies that no regulatory board may exist for the following DPH-certified professionals:

1. water treatment plant operators;
2. distribution and small water system operators;
3. backflow prevention device testers;
4. cross connection survey inspectors, including limited operators;
5. conditional operators; and
6. operators in training.

Thus, it specifies that DPH is responsible for regulating and

disciplining these health professionals.

## **§ 22 — ADDICTION SERVICES STATUTORY DEFINITIONS**

The bill makes a technical change to the definitions of “alcohol-dependent person” and “drug-dependent person” in the Department of Mental Health and Addiction Services-related statutes to reflect updated terminology in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which took effect in May 2013.

## **§ 23 — CONNECTICUT TUMOR REGISTRY**

The bill requires that reports to the Connecticut Tumor Registry include, along with other information required by existing law, available follow-up information on (1) pathology reports and (2) operative reports and hematology, medical oncology, and radiation therapy consults, or abstracts of these reports or consults.

By law, the Connecticut Tumor Registry includes reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. Hospitals, various health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry. The bill requires the reports to be submitted to DPH within six months after the diagnosis or first treatment of a reportable tumor, instead of by each July 1<sup>st</sup> as under current law.

## **§§ 25-61 — DEFINITION OF RESIDENTIAL CARE HOMES**

The bill removes RCHs from the statutory definition of “nursing home facility” and establishes a separate definition for these homes. The bill redefines an RCH as an establishment that (1) furnishes, in single or multiple facilities, food and shelter to two or more people unrelated to the proprietor and (2) provides services that meet a need beyond the basic provisions of food, shelter, and laundry.

Current law defines a “nursing home facility” as (1) any nursing home, RCH, or rest home with nursing supervision (RHNS) that, in addition to personal care required in a RCH, provides nursing

supervision under a medical director 24 hours per day or (2) any chronic and convalescent nursing home (CCNH) that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, or injuries. Although RCHs are included in this definition, they do not provide nursing care. In practice, DPH licenses nursing homes at two levels of care: CCNH, which provides skilled nursing care and RHNS, which provides intermediate care.

The bill applies statutory provisions to RCHs that currently apply to nursing home facilities, except for those provisions that appear to apply only to nursing homes. Table 1 lists the statutory provisions that reference the current definition of nursing home facilities. Under the bill these provisions no longer apply to RCHs because they reference the bill’s new definition.

**Table 1: Statutory Provisions That No Longer Apply To RCHs**

| Statute      | Description  |
|--------------|--|
| § 12-170aa   | Circuit breaker property tax exemption for the elderly and totally disabled; relates to the income of the applicant’s spouse   |
| § 12-170d    | Rental rebate program for the elderly and totally disabled; relates to the income of the applicant’s spouse  |
| § 12-170v    | Municipal option property tax exemption; relates to the income of the applicant’s spouse   |
| § 17b-262    | Authority for the Department of Social Services (DSS) commissioner to adopt Medicaid regulations, including those requiring DSS to monitor admissions and prohibit admission of people with a primary psychiatric diagnosis if such admission would jeopardize federal reimbursement |
| § 17b-347    | Termination of Medicaid provider agreements by nursing home facilities and the determination of these facilities’ self-pay patient rates   |
| § 17b-372    | Small house nursing home pilot program   |
| § 19a-522(a) | DPH regulations regarding the health, safety, and welfare of nursing home facility residents, including medical staff and personnel qualifications; nursing and dietary services; classification of violations; patients’ immunizations; and general operational conditions          |
| § 19a-536    | Requires nursing home administrators to allow patients and their relatives and legal representatives to access facility inspection reports   |
| § 19a-539    | Disclosures of additional costs to patients and enforcement of surety contracts related to Medicaid long-term care applicants  |

|                      |   |
|----------------------|---|
| §§ 19a-551 & 19a-552 | Management of nursing home facility patient funds and associated penalties for non-compliance   |
| § 19a-553            | Requires nursing home administrators to notify law enforcement of any crimes committed by patients and establishes penalties for failure to do so |

The bill applies to RCHs the following statutory provisions that currently apply only to nursing homes:

1. requiring nursing home licensees to immediately notify the DPH commissioner of any criminal convictions or disciplinary actions involving owners and specified employees (CGS § 19a-491b) and
2. excluding nursing homes from the definition of “plenary guardian” in the statutes regarding the appointment and authority of guardians for individuals with intellectual disabilities (CGS § 45a-669).

The bill also adds to the nursing home patients’ bill of rights, the right of each RCH resident to be transferred or discharged from the home in accordance with state law. The law already provides this right to nursing home and chronic disease hospital patients.

## **§ 62 — NURSING HOME FACILITY AND RCH CITATIONS**

The bill requires the DPH commissioner to issue a citation against any nursing home facility or RCH that violates the state’s long-term care criminal history and patient abuse background search program. The law already requires the commissioner to do this for facilities and homes that violate a statute or regulation relating to their licensure, operation, and maintenance. By law, there are two types of citations, which are based on the nature of the violation.

Class A violations are those that present an immediate danger of death or serious harm to a nursing home facility or RCH resident, and carry a penalty of up to \$5,000. Class B violations present a probability of death or serious harm to a resident in the reasonably foreseeable

future, and carry a penalty of up to \$3,000.

### **§ 63 — APPLICATIONS TO CONSTRUCT PUBLIC WATER SUPPLY DAMS**

The bill requires a person who applies to the Department of Energy and Environmental Protection commissioner for a permit to construct a dam for a public drinking water supply to notify the DPH commissioner of the application.

### **§ 64 — DISCLOSURE OF PATIENT INFORMATION BY PHYSICIANS AND SURGEONS**

The bill (1) adds a reference to DPH-licensed health care providers erroneously deleted in 1996 from the statute pertaining to the disclosure of patient information by DPH-licensed physicians and surgeons and (2) makes related technical changes.

By law, physicians and surgeons cannot disclose any patient information or communications without the consent of the patient or his or her authorized representative except:

1. according to statute, regulation, or court rule;
2. to a physician's or surgeon's attorney or liability insurer for use in the provider's defense of an actual or reasonably likely malpractice claim;
3. to DPH as part of an investigation or complaint, if the records are related; or
4. if the physician or surgeon knows, or has a good faith suspicion, that a child, senior, or person with a disability is being abused.

The bill specifies that these disclosure requirements apply to all DPH-licensed health care providers except for psychologists, psychiatrists, professional counselors, social workers, marital and family therapists, DMHAS-contracted providers, and researchers, each of which have their own statutory disclosure requirements.

**§ 65 — HAIRDRESSER AND BARBER SCHOOLS**

The bill requires any program, school, or entity (hereafter referred to as entity) that offers instruction in barbering or hairdressing for remuneration to obtain a certificate of authorization from the Office of Higher Education's (OHE) executive director.

Under the bill, each entity approved on or before July 1, 2013 by the Connecticut Examining Board for Barbers, Hairdressers, and Cosmeticians that applies to OHE for initial authorization must pay a \$500 application fee. The fee must be made payable to the General Fund's Private Occupational School Student Protection Account.

OHE's executive director must develop a process for prioritizing the authorization of these entities. They must comply with the bill's provisions by the earlier of (1) July 1, 2015 or (2) when required by the executive director's authorization process.

Presumably, these entities would be subject to OHE's existing initial and renewal fees for private occupational school authorization certificates (\$2,000 for initial application if not previously authorized by the board, \$200 for a renewal, and \$200 for each initial and renewal branch authorization). Authorizations are renewable annually for the first three years, after which they are renewable for up to five years (CGS §§ 10a-22b(c) and 10a-22d).

The bill prohibits an individual or entity from establishing a new barber or hairdressing entity on or after July 1, 2013 without first obtaining a certificate of authorization from OHE's executive director.

Existing law requires an individual or business to apply to OHE for authorization to operate a private occupational school, revise its authorization, and establish branches. Private occupational schools are defined as those that provide instruction in trade, industrial, commercial, service, and other occupations. Although barber and hairdressing schools appear to fall within this statutory definition, in practice they are regulated by DPH, in consultation with the

Connecticut Examining Board for Barbers, Hairdressers, and Cosmeticians.

### **§ 66 — TASK FORCE ON ALZHEIMER’S DISEASE AND DEMENTIA**

The bill increases, from 23 to 24, the membership of the Task Force on Alzheimer’s Disease and Dementia established under sHB 5979 as amended by House “A,” by adding the Department of Developmental Services commissioner, or his designee.

Task force members include, among others, the commissioners of social services, public health, emergency services and public protection, aging, labor, and banking.

### **§§ 67-69 — NUCLEAR MEDICINE TECHNOLOGISTS**

The bill (1) establishes a statutory definition of “nuclear medicine technologist,” (2) defines the practice of nuclear medicine technology, and (3) makes related technical changes. Under the bill, as under existing law, DPH does not license or certify these health care professionals.

#### ***Definition of Nuclear Medicine Technologist***

The bill defines a “nuclear medicine technologist” as a person who holds and maintains current certification in good standing with the (1) Nuclear Medicine Technology Certification Board (NMTCB) or (2) American Registry of Radiologic Technologists (ARRT).

#### ***Scope of Practice***

Under the bill, 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 technologist’s responsibilities include patient care, quality control, diagnostic procedures and testing, administration of radiopharmaceutical and adjunctive medications, in vitro diagnostic testing, radionuclide therapy, and radiation therapy.

The bill allows a nuclear medicine technologist to perform nuclear medicine procedures under the supervision and direction of a DPH-licensed physician if (1) the physician is satisfied with the technologist's ability and competency; (2) such delegation is consistent with the patient's health and welfare and in keeping with sound medical practice; and (3) such procedures are performed under the physician's oversight, control, and direction.

The bill's provisions do not apply to the activities and services of a person enrolled in a nuclear medicine technology educational program if the (1) program is acceptable to the NMTCB or ARRT and (2) activities or services are incidental to the student's course of study.

### ***Prohibited Activities***

The bill prohibits a nuclear medicine technologist from (1) operating a stand-alone computed tomography imaging system (CT scan), except as provided below or (2) independently performing a nuclear cardiology stress test, except that the technologist can perform the imaging portion of the test and administer adjunct medications and radio pharmaceuticals.

### ***Computed Tomography Imaging Systems***

Current law specifies that a radiographer license is not required for a nuclear medicine technologist certified by the International Society for Clinical Densitometry or the ARRT if the technologist is operating a bone densitometry system under a licensed physician's supervision, control, and responsibility.

The bill instead specifies that the radiographer licensure statutes do not prohibit a nuclear medicine technologist from fully operating a CT or magnetic resonance imaging (MRI) portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a (1) positron emission tomography or (2) single-photon emission CT imaging system. The nuclear medicine technologist must (1) have successfully completed the individual certification exam for CT or MRI administered by the ARRT and (2) hold and maintain in good standing

CT or MRI certification by the ARRT.

### **§ 70 — HOSPITAL CORONARY ANGIOPLASTY REPORTS**

The bill establishes a new reporting requirement for hospitals that obtained a certificate of need from DPH's Office of Health Care Access to provide emergency, but not elective, coronary angioplasty services. From October 1, 2013 to September 30, 2014, these hospitals must report monthly to DPH on the number of people who received an emergency coronary angioplasty and were then discharged to another hospital to receive (1) an elective coronary angioplasty or (2) open-heart surgery.

The DPH commissioner must report, by January 15, 2015 to the Public Health Committee on information received in the hospitals' monthly reports.

### **§ 71 — MARITAL AND FAMILY THERAPIST LICENSURE**

By law, applicants for licensure as a marital and family therapist must, among other things, complete a graduate degree program and a supervised practicum or internship with an accredited (1) college or university or (2) post-graduate clinical training program. Currently, the post-graduate clinical training program must be approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and recognized by the U.S. Department of Education. This bill instead requires that the training program be (1) accredited by COAMFTE and (2) offered by a regionally accredited institution of higher education.

### **§ 72 — PANDAS/PANS ADVISORY COUNCIL**

The bill makes a technical change to sSB 1070 as amended by Senate Amendment "B," which establishes a DPH advisory council on pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS) and pediatric acute neuropsychiatric syndrome (PANS). It substitutes the words "advisory council" for "task force" for consistency and accuracy.

**§ 73 — ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM**

The bill amends a provision in HB 6406, as amended by House Amendment “A,” which, among other things, expands the reporting requirements under the Department of Consumer Protection’s electronic prescription drug monitoring program. The bill exempts from the program’s reporting requirements:

1. hospitals, when dispensing controlled substances to inpatients and
2. institutional pharmacies or pharmacist’s drug rooms operated by a DPH-licensed health care institution, when dispensing or administering opioid antagonists directly to a patient to treat a substance use disorder.

HB 6406, as amended by House Amendment “A,” already exempts physicians from having to report dispensing samples of controlled substances to patients.

**§ 74 — REGISTRATION OF SWINE GROWERS**

The bill reenacts a section of law that was repealed in 2012 relating to the registration of swine growers with the Department of Agriculture (DoAg) and the control of swine diseases. It:

1. requires anyone growing swine in one location for use or disposal at a different location to register with the DoAg commissioner;
2. authorizes the commissioner to issue orders and regulations for protecting swine from contagious and infectious diseases;
3. requires the commissioner to investigate swine diseases and issue instructions for quarantines and disinfection of diseased premises;
4. requires most imported swine to be disease-free, as certified by a health official and accompanied by a DoAg permit; and

5. requires swine brought into the state for immediate slaughter to be killed in an approved slaughterhouse under veterinarian inspection.

By law, the penalty for diseased animal violations is a class D misdemeanor, subject to a fine of up to \$500, up to three months' imprisonment, or both (CGS § 22-321).

### ***Importing and Testing Swine***

Under the bill, as under the repealed law, swine cannot be imported into Connecticut unless they come from a validated brucellosis-free and pseudorabies-negative herd. Imported swine must come with a permit from the DoAg commissioner and an official health certificate that certifies the swine are free of infectious or contagious disease. Swine that are imported for immediate slaughter on federally inspected premises do not need a health certificate, but the owner of the premises must report to the commissioner weekly the number of such swine imported.

Swine imported for other than immediate slaughter that are older than three months old, other than a barrow (i.e., castrated swine), must pass a brucellosis and pseudorabies blood test within 30 days of being imported. The state veterinarian may waive the 30-day blood test for swine imports from (1) a state validated to be brucellosis- and stage V pseudorabies-free, if the swine spent at least 30 days there before importation, or (2) a herd he determines is pathogen free.

### **§§ 75-77 —TECHNICAL CORRECTIONS**

The bill makes technical corrections to the following public health-related statutes:

1. the rehabilitation services commissioner's authorization to aid in securing certain employment for capable blind or partially blind individuals (CGS § 10-297),
2. minimum temperature standards for residential and commercial buildings (CGS § 19-109), and

3. continuing medical education requirements for DPH-licensed physicians and surgeons (CGS § 20-10b).

### **§§ 78-79 — OUTPATIENT CLINICS**

The bill establishes a statutory definition for “outpatient clinics” (these clinics are defined in DPH regulations) and adds them to the statutory list of health care institutions. In doing so, it extends to these clinics statutory requirements for health care institutions regarding, among other things, workplace safety committees, access to patient records, disclosure of HIV-related information, and smoking prohibitions.

The bill defines an “outpatient clinic” as an organization operated by a municipality or 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.

The bill requires DPH to license outpatient clinics (they already do this). The commissioner may adopt related regulations and waive any provision of these regulations for outpatient clinics. The bill allows the commissioner to implement policies and procedures while in the process of adopting them in regulation, provided she prints notice of intent to adopt the regulations in the *Connecticut Law Journal* within 20 days of implementation. The policies and procedures are valid until final regulations take effect.

### **BACKGROUND**

#### ***DPH Hospice Regulations (§§ 4 & 5)***

DPH regulates hospices that are considered free-standing or established as a distinct unit within a health care facility (e.g., inpatient

hospice facilities). DPH regulations define “hospice” under the broader category of “short-term hospital special hospice.” Inpatient hospice facilities must meet a variety of requirements concerning their physical plants, administration, staffing, records, and infection control.

In 2012, DPH amended its hospice regulations, creating a second licensure category called “inpatient hospice facilities.” The regulations keep the existing “short-term hospital special hospice” licensure category so that facilities that want to continue to provide hospice services at a hospital level of care may do so. The new “hospice facility” licensure category allows entities to create new facilities under regulations based on Medicare’s minimum regulatory requirements for inpatient hospital facilities (42 C. F. R. § 418.110). These requirements are less stringent than DPH’s short-term hospital special hospice regulations. (Conn. Agencies Reg., §§ 19a-495-5a to 19a-495-6m).

### ***Ocular Agents-T (§§ 12 & 13)***

“Ocular agents-T” are (1) topically administered ophthalmic agents and orally administered antibiotics, antihistamines, and antiviral agents used for treating or alleviating the effects of eye disease or abnormal conditions of the eye or eyelid, excluding the lacrimal drainage system and glands (tears) and structures behind the iris, but including the treatment of iritis and (2) orally administered analgesic agents for alleviating pain caused by these diseases or conditions.

### ***Related Bills***

SB 63 (PA 13-18), signed by the governor on May 28, allows DPH to award Biomedical Research Trust Fund grants for biomedical research related to strokes.

SB 1135 (File 584), reported favorably by the Public Health Committee, (1) requires the DPH commissioner, by January 1, 2014, to report to the Public Health Committee on the licensing of nuclear medicine technologists and (2) allows hospitals that obtained a certificate of need to provide emergency coronary angioplasty services

to also provide such services electively under certain conditions.

sHB 6317 (File 102), reported favorably by the Environment Committee reenacts the same section of law that was repealed in 2012 relating to the registration of swine growers and the control of swine diseases.

HB 6390 (File 83), reported favorably by the Public Health Committee, makes the same technical corrections to the public health statutes.

HB 6646 (File 555), passed by the House on May 8, also requires postgraduate clinical training programs completed by marital and family therapist licensure applicants to be approved by COAMFTE.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (04/02/2013)

Finance, Revenue and Bonding Committee

Joint Favorable

Yea 37 Nay 13 (05/01/2013)