



House of Representatives

General Assembly

File No. 580

January Session, 2013

Substitute House Bill No. 6644

House of Representatives, April 18, 2013

The Committee on Public Health reported through REP. JOHNSON of the 49th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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 Section 19a-32c of the general statutes is repealed and the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] Two per cent of the total
21 available amount held in the trust fund shall be made available to the
22 Department of Public Health for administration expenses relating to
23 the trust fund and making the grants-in-aid. The Commissioner of
24 Public Health shall develop an application for grants-in-aid under this
25 section and may receive applications from eligible institutions for such
26 grants-in-aid. [on and after said date.] For purposes of this section,
27 "eligible institution" means an entity that has its principle place of
28 business located in the state and is (1) a nonprofit, tax-exempt
29 academic institution of higher education, or (2) a hospital that
30 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. Section 20-13c of the general statutes is repealed and the
207 following is substituted in lieu thereof (*Effective October 1, 2013*):

208 The board is authorized to restrict, suspend or revoke the license or
209 limit the right to practice of a physician or take any other action in

210 accordance with section 19a-17, for failure to conform to the accepted
211 standards of the profession that includes, but is not limited to, any of
212 the following: [reasons:] (1) Physical illness or loss of motor skill,
213 including, but not limited to, deterioration through the aging process;
214 (2) emotional disorder or mental illness; (3) abuse or excessive use of
215 drugs, including alcohol, narcotics or chemicals; (4) illegal,
216 incompetent or negligent conduct in the practice of medicine; (5)
217 possession, use, prescription for use, or distribution of controlled
218 substances or legend drugs, except for therapeutic or other medically
219 proper purposes; (6) misrepresentation or concealment of a material
220 fact in the obtaining or reinstatement of a license to practice medicine;
221 (7) failure to adequately supervise a physician assistant; (8) failure to
222 fulfill any obligation resulting from participation in the National
223 Health Service Corps; (9) failure to maintain professional liability
224 insurance or other indemnity against liability for professional
225 malpractice as provided in subsection (a) of section 20-11b; (10) failure
226 to provide information requested by the department for purposes of
227 completing a health care provider profile, as required by section 20-13j;
228 (11) engaging in any activity for which accreditation is required under
229 section 19a-690 or 19a-691 without the appropriate accreditation
230 required by section 19a-690 or 19a-691; (12) failure to provide evidence
231 of accreditation required under section 19a-690 or 19a-691 as requested
232 by the department pursuant to section 19a-690 or 19a-691; (13) failure
233 to comply with the continuing medical education requirements set
234 forth in section 20-10b; or (14) violation of any provision of this chapter
235 or any regulation established hereunder. In each case, the board shall
236 consider whether the physician poses a threat, in the practice of
237 medicine, to the health and safety of any person. If the board finds that
238 the physician poses such a threat, the board shall include such finding
239 in its final decision and act to suspend or revoke the license of said
240 physician.

241 Sec. 9. Section 20-29 of the general statutes is repealed and the
242 following is substituted in lieu thereof (*Effective October 1, 2013*):

243 The Board of Chiropractic Examiners may take any of the actions set

244 forth in section 19a-17 for failure to conform to the accepted standards
245 of the profession that includes, but is not limited to, any of the
246 following: [reasons:] The employment of fraud or deception in
247 obtaining a license, habitual intemperance in the use of ardent spirits,
248 narcotics or stimulants to such an extent as to incapacitate the user for
249 the performance of professional duties, violation of any provisions of
250 this chapter or regulations adopted hereunder, engaging in fraud or
251 material deception in the course of professional services or activities,
252 physical or mental illness, emotional disorder or loss of motor skill,
253 including, but not limited to, deterioration through the aging process,
254 illegal, incompetent or negligent conduct in the practice of
255 chiropractic, failure to maintain professional liability insurance or
256 other indemnity against liability for professional malpractice as
257 provided in subsection (a) of section 20-28b, failure to comply with the
258 continuing education requirements as set forth in section 20-32, or
259 failure to provide information to the Department of Public Health
260 required to complete a health care provider profile, as set forth in
261 section 20-13j. Any practitioner against whom any of the foregoing
262 grounds for action under said section 19a-17 are presented to said
263 board shall be furnished with a copy of the complaint and shall have a
264 hearing before said board. The hearing shall be conducted in
265 accordance with the regulations established by the Commissioner of
266 Public Health. Said board may, at any time within two years of such
267 action, by a majority vote, rescind such action. The Commissioner of
268 Public Health may order a license holder to submit to a reasonable
269 physical or mental examination if his physical or mental capacity to
270 practice safely is the subject of an investigation. Said commissioner
271 may petition the superior court for the judicial district of Hartford to
272 enforce such order or any action taken pursuant to section 19a-17.

273 Sec. 10. Section 20-40 of the general statutes is repealed and the
274 following is substituted in lieu thereof (*Effective October 1, 2013*):

275 Said department may refuse to grant a license to practice
276 natureopathy or may take any of the actions set forth in section 19a-17
277 for failure to conform to the accepted standards of the profession that

278 includes, but is not limited to, any of the following: [reasons:] The
279 employment of fraud or material deception in obtaining a license,
280 habitual intemperance in the use of ardent spirits, narcotics or
281 stimulants to such an extent as to incapacitate the user for the
282 performance of professional duties, violations of the provisions of this
283 chapter or regulations adopted hereunder, engaging in fraud or
284 material deception in the course of professional services or activities,
285 physical or mental illness, emotional disorder or loss of motor skill,
286 including, but not limited to, deterioration through the aging process,
287 illegal, incompetent or negligent conduct in his practice, failure to
288 maintain professional liability insurance or other indemnity against
289 liability for professional malpractice as provided in subsection (a) of
290 section 20-39a, or failure to provide information to the Department of
291 Public Health required to complete a health care provider profile, as
292 set forth in section 20-13j. Any applicant for a license to practice
293 natureopathy or any practitioner against whom any of the foregoing
294 grounds for refusing a license or action under said section 19a-17 are
295 presented to said board shall be furnished with a copy of the
296 complaint and shall have a hearing before said board in accordance
297 with the regulations adopted by the Commissioner of Public Health.
298 The Commissioner of Public Health may order a license holder to
299 submit to a reasonable physical or mental examination if his physical
300 or mental capacity to practice safely is the subject of an investigation.
301 Said commissioner may petition the superior court for the judicial
302 district of Hartford to enforce such order or any action taken pursuant
303 to section 19a-17.

304 Sec. 11. Section 20-45 of the general statutes is repealed and the
305 following is substituted in lieu thereof (*Effective October 1, 2013*):

306 The license of any licensed practitioner of the healing arts in this
307 state, except a physician as defined in section 20-13a, may be revoked,
308 suspended or annulled, or such practitioner may be reprimanded or
309 otherwise disciplined, after notice and hearing, on the
310 recommendation of the examining board representing the branch of
311 the healing arts practiced by such practitioner for any cause named

312 below. Proceedings relative to the revocation, suspension or
313 annulment of a license or toward disciplinary action may be begun by
314 the filing of written charges, verified by affidavit, by the Commissioner
315 of Public Health with the examining board representing the branch of
316 the healing arts practiced by the practitioner. [The causes for which a]
317 A license may be revoked, suspended or annulled or [for which] a
318 practitioner may be reprimanded or otherwise disciplined [are as
319 follows:] for failure to conform to the accepted standards of the
320 profession that includes, but is not limited to: (1) Conviction in a court
321 of competent jurisdiction, either within or without this state, of any
322 crime in the practice of his profession; (2) fraudulent or deceptive
323 conduct in the course of professional services or activities; (3) illegal,
324 incompetent or negligent conduct in the practice of the healing arts; (4)
325 habitual intemperance in the use of spirituous stimulants or addiction
326 to the use of morphine, cocaine or other habit-forming drugs; (5)
327 aiding or abetting the unlawful practice of any branch of the healing
328 arts; (6) failure to record a license as required by law; (7) physical or
329 mental illness, emotional disorder or loss of motor skill, including, but
330 not limited to, deterioration through the aging process of the
331 practitioner; (8) fraud or material deception in obtaining a license; or
332 (9) violation of any applicable statute or regulation. The clerk of any
333 court in this state in which a person practicing any profession under
334 the jurisdiction of any of the examining boards for the healing arts has
335 been convicted of any crime as described in this section shall,
336 immediately after such conviction, transmit a certified copy, in
337 duplicate, of the information and judgment, without charge, to the
338 Department of Public Health, containing the name and address of the
339 practitioner, the crime of which he was convicted and the date of
340 conviction. The Commissioner of Public Health may order a
341 practitioner to submit to a reasonable physical or mental examination
342 if his physical or mental capacity to practice safely is the subject of an
343 investigation. Said commissioner may petition the superior court for
344 the judicial district of Hartford to enforce such order or any action
345 taken pursuant to section 19a-17.

346 Sec. 12. Section 20-59 of the general statutes is repealed and the

347 following is substituted in lieu thereof (*Effective October 1, 2013*):

348 The board may take any of the actions set forth in section 19a-17 for
349 failure to conform to the accepted standards of the profession that
350 includes, but is not limited to, any of the following: [reasons:] (1)
351 Procurement of a license by fraud or material deception; (2) conviction
352 in a court of competent jurisdiction, either within or without this state,
353 of any crime in the practice of podiatry; (3) fraudulent or deceptive
354 conduct in the course of professional services or activities; (4) illegal or
355 incompetent or negligent conduct in the practice of podiatry; (5)
356 habitual intemperance in the use of spirituous stimulants or addiction
357 to the use of morphine, cocaine or other drugs having a similar effect;
358 (6) aiding and abetting the practice of podiatry by an unlicensed
359 person or a person whose license has been suspended or revoked; (7)
360 mental illness or deficiency of the practitioner; (8) physical illness or
361 loss of motor skill, including, but not limited to, deterioration through
362 the aging process, of the practitioner; (9) undertaking or engaging in
363 any medical practice beyond the privileges and rights accorded to the
364 practitioner of podiatry by the provisions of this chapter; (10) failure to
365 maintain professional liability insurance or other indemnity against
366 liability for professional malpractice as provided in subsection (a) of
367 section 20-58a; (11) independently engaging in the performance of
368 ankle surgery procedures without a permit, in violation of section 20-
369 54; (12) violation of any provision of this chapter or any regulation
370 adopted hereunder; or (13) failure to provide information to the
371 Department of Public Health required to complete a health care
372 provider profile, as set forth in section 20-13j. The Commissioner of
373 Public Health may order a license holder to submit to a reasonable
374 physical or mental examination if his physical or mental capacity to
375 practice safely is the subject of an investigation. Said commissioner
376 may petition the superior court for the judicial district of Hartford to
377 enforce such order or any action taken pursuant to section 19a-17. The
378 clerk of any court in this state in which a person practicing podiatry
379 has been convicted of any crime shall, upon such conviction, make
380 written report, in duplicate, to the Department of Public Health of the
381 name and residence of such person, the crime of which such person

382 was convicted and the date of conviction; and said department shall
383 forward one of such duplicate reports to the board.

384 Sec. 13. Subsection (a) of section 20-73a of the general statutes is
385 repealed and the following is substituted in lieu thereof (*Effective*
386 *October 1, 2013*):

387 (a) The Board of Examiners for Physical Therapists shall have
388 jurisdiction to hear all charges of conduct that fails to conform to the
389 accepted standards of the practice of physical therapy brought against
390 any person licensed as a physical therapist or physical therapist
391 assistant and, after holding a hearing, written notice of which shall be
392 given to the person complained of, the board, if it finds such person to
393 be guilty, may revoke or suspend such person's license or take any of
394 the actions set forth in section 19a-17. Any proceedings relative to such
395 action may be begun by the filing of written charges with the
396 Commissioner of Public Health. [The causes for which such action may
397 be taken are as follows] Conduct that fails to conform to the accepted
398 standards of the practice of physical therapy includes, but is not
399 limited to: (1) Conviction in a court of competent jurisdiction, either
400 within or without this state, of any crime in the practice of such
401 person's profession; (2) illegal, incompetent or negligent conduct in the
402 practice of physical therapy or in the supervision of a physical
403 therapist assistant; (3) aiding or abetting the unlawful practice of
404 physical therapy; (4) treating human ailments by physical therapy
405 without the oral or written referral by a person licensed in this state or
406 in a state having licensing requirements meeting the approval of the
407 appropriate examining board in this state to practice medicine and
408 surgery, podiatry, natureopathy, chiropractic or dentistry if such
409 referral is required pursuant to section 20-73; (5) failure to register with
410 the Department of Public Health as required by law; (6) fraud or
411 deception in obtaining a license; (7) engaging in fraud or material
412 deception in the course of professional services or activities; (8) failure
413 to comply with the continuing education requirements of section 20-
414 73b; (9) violation of any provision of this chapter, or any regulation
415 adopted under this chapter; or (10) failure to provide information to

416 the Department of Public Health required to complete a health care
417 provider profile, as set forth in section 20-13j.

418 Sec. 14. Section 20-74g of the general statutes is repealed and the
419 following is substituted in lieu thereof (*Effective October 1, 2013*):

420 The commissioner may refuse to renew, suspend or revoke a
421 license, or may impose probationary conditions, where the licensee or
422 applicant for a license has been guilty of unprofessional conduct
423 [which] that has endangered or is likely to endanger the health,
424 welfare or safety of the public. Such unprofessional conduct shall
425 include, [:] but need not be limited to: (1) Obtaining a license by means
426 of fraud, misrepresentation or concealment of material facts; (2) being
427 guilty of unprofessional conduct as defined by the rules established by
428 the commissioner, or violating the code of ethics adopted and
429 published by the commissioner; or (3) being convicted of a crime other
430 than minor offenses defined as "infractions", "violations", or "offenses"
431 in any court if, in accordance with the provisions of section 46a-80, the
432 acts for which the applicant or licensee was convicted are found by the
433 commissioner to have a direct bearing on whether he should be
434 entrusted to serve the public in the capacity of an occupational
435 therapist or occupational therapy assistant. The clerk of any court in
436 this state in which a person practicing occupational therapy has been
437 convicted of any crime as described in this section shall, immediately
438 after such conviction, transmit a certified copy, in duplicate, of the
439 information and judgment, without charge, to the department
440 containing the name and address of the occupational therapist, the
441 crime of which he has been convicted and the date of conviction. The
442 hearing on such charges shall be conducted in accordance with
443 regulations adopted by the commissioner pursuant to section 20-74i. If
444 any registration is revoked or suspended, notification of such action
445 shall be sent to the department. Any person aggrieved by a final
446 decision of the commissioner may appeal therefrom in accordance
447 with the provisions of section 4-183. Such appeal shall have precedence
448 over nonprivileged cases in respect to order of trial. The Attorney
449 General shall act as attorney in the public interest in defending against

450 such an appeal. One year from the date of the revocation of a license,
451 application for reinstatement may be made to the commissioner. The
452 commissioner may accept or reject an application for reinstatement
453 and may, but shall not be required to, hold a hearing to consider such
454 reinstatement.

455 Sec. 15. Subsection (a) of section 20-114 of the general statutes is
456 repealed and the following is substituted in lieu thereof (*Effective*
457 *October 1, 2013*):

458 (a) The Dental Commission may take any of the actions set forth in
459 section 19a-17 for failure to conform to the accepted standards of the
460 profession that includes, but is not limited to, any of the following:
461 [causes:] (1) The presentation to the department of any diploma,
462 license or certificate illegally or fraudulently obtained, or obtained
463 from an institution that is not reputable or from an unrecognized or
464 irregular institution or state board, or obtained by the practice of any
465 fraud or deception; (2) proof that a practitioner has become unfit or
466 incompetent or has been guilty of cruelty, incompetence, negligence or
467 indecent conduct toward patients; (3) conviction of the violation of any
468 of the provisions of this chapter by any court of criminal jurisdiction,
469 provided no action shall be taken under section 19a-17 because of such
470 conviction if any appeal to a higher court has been filed until the
471 appeal has been determined by the higher court and the conviction
472 sustained; (4) the employment of any unlicensed person for other than
473 mechanical purposes in the practice of dental medicine or dental
474 surgery subject to the provisions of section 20-122a; (5) the violation of
475 any of the provisions of this chapter or of the regulations adopted
476 hereunder or the refusal to comply with any of said provisions or
477 regulations; (6) the aiding or abetting in the practice of dentistry,
478 dental medicine or dental hygiene of a person not licensed to practice
479 dentistry, dental medicine or dental hygiene in this state; (7)
480 designating a limited practice, except as provided in section 20-106a;
481 (8) engaging in fraud or material deception in the course of
482 professional activities; (9) the effects of physical or mental illness,
483 emotional disorder or loss of motor skill, including, but not limited to,

484 deterioration through the aging process, upon the license holder; (10)
485 abuse or excessive use of drugs, including alcohol, narcotics or
486 chemicals; (11) failure to comply with the continuing education
487 requirements set forth in section 20-126c; (12) failure of a holder of a
488 dental anesthesia or conscious sedation permit to successfully
489 complete an on-site evaluation conducted pursuant to subsection (c) of
490 section 20-123b; (13) failure to provide information to the Department
491 of Public Health required to complete a health care provider profile, as
492 set forth in section 20-13j; or (14) failure to maintain professional
493 liability insurance or other indemnity against liability for professional
494 malpractice as provided in section 20-126d. A violation of any of the
495 provisions of this chapter by any unlicensed employee in the practice
496 of dentistry or dental hygiene, with the knowledge of the employer,
497 shall be deemed a violation by the employer. The Commissioner of
498 Public Health may order a license holder to submit to a reasonable
499 physical or mental examination if his or her physical or mental
500 capacity to practice safely is the subject of an investigation. Said
501 commissioner may petition the superior court for the judicial district of
502 Hartford to enforce such order or any action taken pursuant to section
503 19a-17.

504 Sec. 16. Subsection (a) of section 20-126o of the general statutes is
505 repealed and the following is substituted in lieu thereof (*Effective*
506 *October 1, 2013*):

507 (a) The Department of Public Health may take any of the actions set
508 forth in section 19a-17 for failure to conform to the accepted standards
509 of the profession that includes, but is not limited to, any of the
510 following: [causes:] (1) The presentation to the department of any
511 diploma, license or certificate illegally or fraudulently obtained, or
512 obtained from an institution that is not accredited or from an
513 unrecognized or irregular institution or state board, or obtained by the
514 practice of any fraud or deception; (2) illegal conduct; (3) negligent,
515 incompetent or wrongful conduct in professional activities; (4)
516 conviction of the violation of any of the provisions of sections 20-126h
517 to 20-126w, inclusive, by any court of criminal jurisdiction; (5) the

518 violation of any of the provisions of said sections or of the regulations
519 adopted hereunder or the refusal to comply with any of said
520 provisions or regulations; (6) the aiding or abetting in the practice of
521 dental hygiene of a person not licensed to practice dental hygiene in
522 this state; (7) engaging in fraud or material deception in the course of
523 professional activities; (8) the effects of physical or mental illness,
524 emotional disorder or loss of motor skill, including, but not limited to,
525 deterioration through the aging process, upon the license holder; (9)
526 abuse or excessive use of drugs, including alcohol, narcotics or
527 chemicals; or (10) failure to provide information to the Department of
528 Public Health required to complete a health care provider profile, as
529 set forth in section 20-13j. A violation of any of the provisions of
530 sections 20-126h to 20-126w, inclusive, by any unlicensed employee in
531 the practice of dental hygiene, with the knowledge of his employer,
532 shall be deemed a violation thereof by his employer. The
533 Commissioner of Public Health may order a license holder to submit to
534 a reasonable physical or mental examination if his physical or mental
535 capacity to practice safely is the subject of an investigation. Said
536 commissioner may petition the superior court for the judicial district of
537 Hartford to enforce such order or any action taken pursuant to said
538 section 19a-17.

539 Sec. 17. Section 20-133 of the general statutes is repealed and the
540 following is substituted in lieu thereof (*Effective October 1, 2013*):

541 The board may take any of the actions set forth in section 19a-17
542 after notice and hearing, for failure to conform to the accepted
543 standards of the profession that may include, but need not be limited
544 to, any of the following: [reasons:] (1) Conviction in a court of
545 competent jurisdiction, either within or without this state, of any crime
546 in the practice of optometry; (2) illegal or incompetent or negligent
547 conduct in the practice of optometry; (3) publication or circulation of
548 any fraudulent or misleading statement; (4) aiding or abetting the
549 practice of optometry by an unlicensed person or a person whose
550 license has been suspended or revoked; (5) presentation to the
551 department of any diploma, license or certificate illegally or

552 fraudulently obtained, or from an unrecognized or irregular institution
553 or state board, or obtained by the practice of any fraud or deception;
554 (6) violation of any provision of this chapter or any regulation adopted
555 hereunder; (7) the effects of physical or mental illness, emotional
556 disorder or loss of motor skill, including, but not limited to,
557 deterioration through the aging process, upon the practitioner; (8)
558 abuse or excessive use of drugs, including alcohol, narcotics or
559 chemicals; (9) failure to maintain professional liability insurance or
560 other indemnity against liability for professional malpractice as
561 required by section 20-133b; or (10) failure to provide information to
562 the Department of Public Health required to complete a health care
563 provider profile, as set forth in section 20-13j. The Commissioner of
564 Public Health may order a license holder to submit to a reasonable
565 physical or mental examination if his physical or mental capacity to
566 practice safely is the subject of an investigation. Said commissioner
567 may petition the superior court for the judicial district of Hartford to
568 enforce such order or any action taken pursuant to section 19a-17. The
569 license of any optometrist who peddles optical goods, or solicits orders
570 therefor, from door to door, or who establishes a temporary office, may
571 be revoked, and said department may refuse to renew such license.
572 The license of any optometrist who employs solicitors or obtains
573 money by fraud or misrepresentation in connection with the conduct
574 of the profession of optometry shall be revoked, and said department
575 shall not renew such license. The violation of any of the provisions of
576 this chapter by any unlicensed employee in the employ of an
577 optometrist, with the knowledge of his employer, shall be deemed to
578 be a violation thereof by his employer; and continued violation by
579 such an unlicensed employee shall be deemed prima facie knowledge
580 on the part of such employer. Nothing herein contained shall be
581 construed as prohibiting the conducting of clinics or visual surveys
582 when they are conducted without profit.

583 Sec. 18. Section 20-154 of the general statutes is repealed and the
584 following is substituted in lieu thereof (*Effective October 1, 2013*):

585 The Commissioner of Public Health, with advice and assistance

586 from said board, may make regulations concerning the licensing of any
587 optician, the granting of any permit to any optical department or the
588 certification of any licensed optician, and the suspension or revocation
589 of any such license or permit, or with reference to the conduct of any
590 such licensee or permittee and the manner in which any such licensed
591 optical department is conducted. Any license to practice as a licensed
592 optician or to conduct any optical department may be suspended or
593 revoked or reissued by said board. The certificate of registration,
594 permit or license of any optician or of any optical permittee may be
595 revoked, suspended or annulled or any action taken under section 19a-
596 17 upon decision after notice and hearing by the board for failure to
597 conform to the accepted standards of the profession that includes, but
598 is not limited to, any of the following: [reasons:] Fraudulent, dishonest,
599 illegal or incompetent or negligent conduct of his business as such
600 licensee or permittee; aiding or abetting any unlicensed person whose
601 license has been suspended or revoked, or any optical permittee whose
602 permit has been suspended or revoked in the conduct of an optician's
603 establishment, office or store; violation of any provision of this chapter
604 or any regulation adopted hereunder; presentation to the department
605 of any diploma, license or certificate, irregularly or fraudulently
606 obtained or from any unrecognized or irregular college or state
607 commission, or obtained by the practice of any fraud or deception;
608 physical or mental illness, emotional disorder or loss of motor skill,
609 including but not limited to, deterioration through the aging process;
610 abuse or excessive use of drugs, including alcohol, narcotics or
611 chemicals. The Commissioner of Public Health may order a license
612 holder to submit to a reasonable physical or mental examination if his
613 physical or mental capacity to practice safely is the subject of an
614 investigation. Said commissioner may petition the superior court for
615 the judicial district of Hartford to enforce such order or any action
616 taken pursuant to section 19a-17. The violation of any of the provisions
617 of this chapter by any unlicensed employee in the employ of any of its
618 licensees or permittees, with the knowledge of his employer, shall be
619 deemed to be a violation thereof by his employer; and continued
620 violation thereof by such an unlicensed employee shall be deemed to

621 be, prima facie, with the knowledge of such employer.

622 Sec. 19. Section 20-192 of the general statutes is repealed and the
623 following is substituted in lieu thereof (*Effective October 1, 2013*):

624 The board may take any action set forth in section 19a-17 [, if the
625 license holder: Has been convicted] for failure to conform to the
626 accepted standards of the profession that includes, but is not limited
627 to: (1) Conviction of a felony; [has been found by the board to have] (2)
628 a finding by the board that the license-holder employed fraud or deceit
629 in obtaining his or her license or, in the course of any professional
630 activity, [to have] violated any provision of this chapter or any
631 regulation adopted hereunder or [to have] acted negligently,
632 incompetently or wrongfully in the conduct of [his] the profession;
633 [practiced] (3) practicing in an area of psychology for which [he] the
634 license-holder is not qualified; [is suffering from] or (4) the existence of
635 physical or mental illness, emotional disorder or loss of motor skill,
636 including but not limited to, deterioration through the aging process or
637 is suffering from the abuse or excessive use of drugs, including
638 alcohol, narcotics or chemicals. The Commissioner of Public Health
639 may order a license holder to submit to a reasonable physical or
640 mental examination if his physical or mental capacity to practice safely
641 is the subject of an investigation. Said commissioner may petition the
642 superior court for the judicial district of Hartford to enforce such order
643 or any action taken pursuant to section 19a-17. Notice of any
644 contemplated action under [said] section 19a-17, of the cause therefor
645 and the date of hearing thereon shall be given and an opportunity for
646 hearing afforded as provided in the regulations adopted by the
647 Commissioner of Public Health. The Attorney General shall, upon
648 request, furnish legal assistance to the board. Any person aggrieved by
649 any action of the board may appeal therefrom as provided in section 4-
650 183, except such appeal shall be made returnable to the judicial district
651 where he resides. Such appeal shall have precedence over
652 nonprivileged cases in respect to order of trial.

653 Sec. 20. Section 20-195d of the general statutes is repealed and the

654 following is substituted in lieu thereof (*Effective October 1, 2013*):

655 The department is authorized to conduct investigations and take
656 disciplinary actions as set forth in section 19a-17 for failure to conform
657 to the accepted standards of the profession that includes, but is not
658 limited to, any of the following: [reasons:] (1) Fraud or material
659 deception in procuring or attempting to procure licensure; (2) illegal
660 conduct, incompetence or negligence in carrying out professional
661 functions; (3) any occupationally disabling emotional disorder or
662 mental illness; (4) physical illness including, but not limited to,
663 deterioration through the aging process; (5) abuse or excessive use of
664 drugs, including alcohol, narcotics or chemicals; (6) fraud or material
665 deception in the course of professional activities; (7) wilful and
666 significant falsification of entries in any hospital, patient or other
667 record; [and] or (8) violation of any provision of this chapter, any
668 regulation adopted pursuant to this chapter, or any provisions of
669 subdivision (6) of subsection (a) of section 19a-14, as amended by this
670 act. The commissioner may order a license holder to submit to a
671 reasonable physical or mental examination if [his] the license holder's
672 physical or mental capacity to practice safely is the subject of an
673 investigation. The commissioner may petition the superior court for
674 the judicial district of Hartford to enforce such order or any action
675 taken pursuant to section 19a-17.

676 Sec. 21. Section 20-202 of the general statutes is repealed and the
677 following is substituted in lieu thereof (*Effective October 1, 2013*):

678 After notice and opportunity for hearing as provided in the
679 regulations established by the Commissioner of Public Health, said
680 board may take any of the actions set forth in section 19a-17 for failure
681 to conform to the accepted standards of the profession that includes,
682 but is not limited to, any of the following: [causes:] (1) The
683 presentation to the board of any diploma, license or certificate illegally
684 or fraudulently obtained; (2) proof that the holder of such license or
685 certificate has become unfit or incompetent or has been guilty of
686 cruelty, unskillfulness or negligence towards animals and birds; (3)

687 conviction of the violation of any of the provisions of this chapter by
688 any court of criminal jurisdiction, provided no license or registration
689 shall be revoked or suspended because of such conviction if an appeal
690 to a higher court has been filed until such appeal has been determined
691 by the higher court and the conviction sustained; (4) the violation of
692 any of the provisions of this chapter or the refusal to comply with any
693 of said provisions; (5) the publication or circulation of any statement of
694 a character tending to deceive or mislead the public; (6) the supplying
695 of drugs, biologics, instruments or any substances or devices by which
696 unqualified persons may practice veterinary medicine, surgery and
697 dentistry, except that such drugs, biologics, instruments, substances or
698 devices may be supplied to a farmer for his own animals or birds; (7)
699 fraudulent issue or use of any health certificate, vaccination certificate,
700 test chart or other blank form used in the practice of veterinary
701 medicine relating to the dissemination of animal disease,
702 transportation of diseased animals or the sale of inedible products of
703 animal origin for human consumption; (8) knowingly having
704 professional association with, or knowingly employing any person
705 who is unlawfully practicing veterinary medicine; (9) failure to keep
706 veterinary premises and equipment in a clean and sanitary condition;
707 (10) physical or mental illness, emotional disorder or loss of motor
708 skill, including but not limited to, deterioration through the aging
709 process; (11) abuse or excessive use of drugs, including alcohol,
710 narcotics or chemicals; or (12) failure to comply with the continuing
711 education requirements prescribed in section 20-201a. A violation of
712 any of the provisions of this chapter by any unlicensed employee in
713 the practice of veterinary medicine, with the knowledge of his
714 employer, shall be deemed a violation thereof by his employer. The
715 Commissioner of Public Health may order a license holder to submit to
716 a reasonable physical or mental examination if his or her physical or
717 mental capacity to practice safely is the subject of an investigation. Said
718 commissioner may petition the superior court for the judicial district of
719 Hartford to enforce such order or any action taken pursuant to section
720 19a-17.

721 Sec. 22. Section 20-227 of the general statutes is repealed and the

722 following is substituted in lieu thereof (*Effective October 1, 2013*):

723 The Department of Public Health may refuse to grant a license or
724 inspection certificate or the board may take any of the actions set forth
725 in section 19a-17 against a licensee, registrant or holder of an
726 inspection certificate [if it finds the existence of] for failure to conform
727 to the accepted standards of the profession that includes, but is not
728 limited to, any of the following: [grounds:] (1) The practice of any
729 fraud or deceit in obtaining or attempting to obtain a license,
730 registration or inspection certificate; (2) violation of the statutes or
731 regulations of said department relative to the business of embalming
732 or funeral directing in this state; (3) the conviction of a crime in the
733 course of professional activities; (4) incompetency, negligence or
734 misconduct in the carrying on of such business or profession; (5)
735 violation of or noncompliance with the provisions of this chapter or
736 the rules established hereunder; (6) loaning, borrowing or using a
737 license or inspection certificate of another, or knowingly aiding or
738 abetting in any way the granting of an improper license or inspection
739 certificate; (7) aiding or abetting the practice of embalming or funeral
740 directing by an unlicensed person; (8) physical or mental illness,
741 emotional disorder or loss of motor skill, including but not limited to,
742 deterioration through the aging process; or (9) abuse or excessive use
743 of drugs, including alcohol, narcotics or chemicals. The Commissioner
744 of Public Health may order a license holder to submit to a reasonable
745 physical or mental examination if [his] the license holder's physical or
746 mental capacity to practice safely is the subject of an investigation. Said
747 commissioner may petition the superior court for the judicial district of
748 Hartford to enforce such order of any action taken pursuant to section
749 19a-17. The Department of Public Health shall not refuse to renew any
750 license or inspection certificate nor shall the board suspend any such
751 license, registration or inspection certificate until the holder thereof has
752 been given notice and opportunity for hearing in accordance with the
753 regulations adopted by the Commissioner of Public Health. Any
754 person aggrieved by the action of said department in refusing to renew
755 a license or inspection certificate or by the action of said board in
756 suspending or revoking any license, registration or inspection

757 certificate under the provisions of this chapter or action taken under
758 section 19a-17 may appeal therefrom in accordance with the provisions
759 of section 4-183. No person whose license, registration or inspection
760 certificate is suspended or revoked shall, during such suspension or
761 revocation, enter or engage, either personally or through any
762 corporation, partnership or other organization, or through any agent,
763 in any of the activities which such license, registration or inspection
764 certificate entitled him or her to engage in; nor shall any such person
765 receive any money or any other valuable consideration on account of
766 engaging in any of such activities. No person shall pay, promise, offer
767 or give to anyone whose license, registration or inspection certificate is
768 suspended or revoked any money or other valuable consideration for
769 engaging in any of the activities which such license, registration or
770 inspection certificate entitled [him] such person to engage in.

771 Sec. 23. Subsection (a) of section 20-238 of the general statutes is
772 repealed and the following is substituted in lieu thereof (*Effective*
773 *October 1, 2013*):

774 (a) No person shall practice the occupation of master barber in this
775 state unless [he] such person has first obtained a license as provided in
776 section 20-236. Said department shall furnish to each person to whom a
777 license is issued a card certifying that the holder thereof is entitled to
778 practice the occupation of master barber in this state, and the holder of
779 such card shall post the same in a conspicuous place in front of his or
780 her working chair, where it may readily be seen by all persons whom
781 [he] the holder may serve. Said department shall keep a register in
782 which shall be entered the names of all persons to whom such licenses
783 are issued, and said register shall be at all times open to public
784 inspection. The board may suspend or revoke any license or certificate
785 granted by it or take any of the actions set forth in section 19a-17 [if
786 the] for failure to conform to the accepted standards of the profession
787 that includes, but is not limited to, any of the following: The holder of
788 a license is incompetent, is habitually intoxicated or habitually
789 addicted to the use of morphine, cocaine, or other habit-forming drugs,
790 or is a violator of any provision of this chapter or of the regulations

791 adopted pursuant thereto or is suffering from physical or mental
792 illness or emotional disorder or loss of motor skill including but not
793 limited to, deterioration through the aging process. Before any license
794 is suspended or revoked or action taken under section 19a-17, such
795 holder shall be given notice and afforded opportunity for hearing as
796 provided in the regulations adopted by the Commissioner of Public
797 Health. The Commissioner of Public Health may order a certificate or
798 license holder to submit to a reasonable physical or mental
799 examination if [his] the holder's physical or mental capacity to practice
800 safely is the subject of an investigation. Said commissioner may
801 petition the superior court for the judicial district of Hartford to
802 enforce such order or any action taken pursuant to section 19a-17.

803 Sec. 24. Section 20-263 of the general statutes is repealed and the
804 following is substituted in lieu thereof (*Effective October 1, 2013*):

805 The commissioner or a representative designated by the
806 commissioner may investigate any alleged violation of the provisions
807 of this chapter and, if there appears to be reasonable cause therefor, on
808 reasonable notice to any person accused of any such violation, may
809 refer the matter to the board for hearing; may make complaint to the
810 prosecuting authority having jurisdiction of any such complaint or
811 may examine into all acts of alleged abuse, fraud, or incompetence.
812 The board may suspend the license of any registered hairdresser and
813 cosmetician, and may revoke the hairdresser and cosmetician license of
814 any person convicted of violating any provision of this chapter or any
815 regulation adopted under this chapter or take any of the actions set
816 forth in section 19a-17 for failure to conform to the accepted standards
817 of the profession that includes, but is not limited to, any of the
818 following: [reasons:] (1) The employment of fraud or deception in
819 obtaining a license; (2) abuse or excessive use of drugs, including
820 alcohol, narcotics or chemicals; (3) engaging in fraud or material
821 deception in the course of professional services or activities; (4)
822 physical or mental illness, emotional disorder or loss of motor skill,
823 including, but not limited to, deterioration through the aging process;
824 or (5) illegal, incompetent or negligent conduct in the course of

825 professional activities. The commissioner may order a license holder to
826 submit to a reasonable physical or mental examination if the physical
827 or mental capacity of the license holder to practice safely is the subject
828 of an investigation. The commissioner may petition the superior court
829 for the judicial district of Hartford to enforce such order or any action
830 taken pursuant to section 19a-17. No license issued pursuant to this
831 chapter shall be revoked or suspended under this section until the
832 licensee has been given notice and opportunity for hearing as provided
833 in the regulations adopted by the commissioner.

834 Sec. 25. Section 20-271 of the general statutes is repealed and the
835 following is substituted in lieu thereof (*Effective October 1, 2013*):

836 The license of any electrologist in this state may be revoked or
837 suspended by the board, or such electrologist may be the subject of any
838 action set forth in section 19a-17, after notice and hearing, on the
839 recommendation of the board for [any cause set forth in this section.
840 Proceedings relative to the revocation or suspension of a license or
841 such action may be begun by the filing of written charges, verified by
842 affidavit, with the department. The causes for which a license may be
843 revoked or suspended or for which a practitioner may be the subject of
844 any action set forth in section 19a-17 include] failure to conform to the
845 accepted standards of the profession that includes, but is not limited
846 to: (1) Conviction, either within or without this state, of any crime in
847 the practice of the practitioner's profession; (2) fraudulent or deceptive
848 conduct in the course of professional services or activities or illegal,
849 incompetent or negligent conduct, in the practitioner's practice; (3)
850 habitual intemperance in the use of alcoholic liquor or addiction to the
851 use of narcotics or other habit-forming drugs; (4) violation of any
852 provision of this chapter or of any regulation adopted under this
853 chapter; (5) aiding or abetting the unlawful practice of electrology; (6)
854 physical or mental illness or emotional disorder or loss of motor skill
855 of the practitioner, including, but not limited to, deterioration through
856 the aging process; (7) fraud or material deception in obtaining a
857 license; or (8) splitting of fees or offering of commissions or gifts.
858 Proceedings relative to the revocation or suspension of a license or

859 other action set forth in section 19a-17 may be begun by the filing of
860 written charges, verified by affidavit, with the Department of Public
861 Health. The Commissioner of Public Health may order a licensee to
862 submit to a reasonable physical or mental examination if the physical
863 or mental capacity of the licensee to practice safely is the subject of an
864 investigation. The commissioner may petition the superior court for
865 the judicial district of Hartford to enforce such order or any action
866 taken pursuant to section 19a-17.

867 Sec. 26. Subsection (b) of section 19a-522f of the general statutes is
868 repealed and the following is substituted in lieu thereof (*Effective*
869 *October 1, 2013*):

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

878 Sec. 27. Subdivision (1) of subsection (c) of section 19a-750 of the
879 general statutes is repealed and the following is substituted in lieu
880 thereof (*Effective October 1, 2013*):

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

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

916 Sec. 28. Subsection (b) of section 20-195o of the general statutes is
917 repealed and the following is substituted in lieu thereof (*Effective*
918 *October 1, 2013*):

919 (b) Notwithstanding the provisions of section 20-195n concerning
920 examinations, on or before October 1, [2012] 2013, the commissioner
921 may issue a license without examination, to any master social worker
922 applicant who demonstrates to the satisfaction of the commissioner
923 that, on or before October 1, 2010, he or she held a master's degree
924 from a social work program accredited by the Council on Social Work
925 Education or, if educated outside the United States or its territories,

926 completed an educational program deemed equivalent by the council.

927 Sec. 29. Subsection (d) of section 20-12c of the general statutes is
928 repealed and the following is substituted in lieu thereof (*Effective*
929 *October 1, 2013*):

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

942 Sec. 30. Subsection (c) of section 20-128a of the general statutes is
943 repealed and the following is substituted in lieu thereof (*Effective*
944 *October 1, 2013*):

945 (c) The Commissioner of Public Health, with advice and assistance
946 from the board, may make and enforce such regulations, in accordance
947 with chapter 54, as the commissioner deems necessary to maintain
948 proper professional and ethical standards, including, but not limited
949 to, continuing education requirements, for optometrists. [The
950 commissioner shall adopt regulations, in accordance with chapter 54,
951 requiring each optometrist licensed pursuant to this chapter to
952 complete a minimum of twenty hours of continuing education during
953 each registration period, defined as the twelve-month period for which
954 a license has been renewed pursuant to section 19a-88 and is current
955 and valid. The board shall approve all continuing education courses.]
956 The board may revoke or suspend licenses for cause.

957 Sec. 31. Section 20-132a of the general statutes is repealed and the

958 following is substituted in lieu thereof (*Effective October 1, 2013*):

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

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

966 (c) Except as provided in this section, a licensee who is actively
967 engaged in the practice of optometry shall earn a minimum of twenty
968 hours of continuing education each registration period. The subject
969 matter for continuing education shall reflect the professional needs of
970 the licensee in order to meet the health care needs of the public, and
971 shall include (1) not less than six hours in any of the following areas:
972 Pathology, detection of diabetes and ocular treatment; and (2) not less
973 than six hours in treatment as it applies to the use of ocular agents-T.
974 Coursework shall be provided through direct, live instruction that the
975 licensee physically attends either individually or as part of a group of
976 participants or through a formal home study or distance learning
977 program. Not more than six hours shall be earned through a home
978 study or other distance learning program and not more than six hours
979 shall be in practice management. Qualifying continuing education
980 activities include, but are not limited to, courses offered or approved
981 by the Council on Optometric Practitioner Education of the
982 Association of Regulatory Boards of Optometry, the American
983 Optometric Association or state or local optometry associations and
984 societies that are affiliated with the American Optometric Association,
985 a hospital or other health care institution, a school or college of
986 optometry or other institution of higher education accredited or
987 recognized by the Council on Optometric Practitioner Education or the
988 American Optometric Association, a state or local health department,
989 or a national, state or local medical association.

990 (d) Each licensee applying for license renewal pursuant to section

991 19a-88, except a licensee applying for a license renewal for the first
992 time, shall sign a statement attesting that he or she has satisfied the
993 continuing education requirements described in subsection (c) of this
994 section on a form prescribed by the Department of Public Health. Each
995 licensee shall retain records of attendance or certificates of completion
996 that demonstrate compliance with the continuing education
997 requirements described in subsection (c) of this section for not less
998 than three years following the date on which the continuing education
999 was completed or the license was renewed. Each licensee shall submit
1000 such records to the department for inspection not later than forty-five
1001 days after a request by the department for such records. A licensee
1002 who fails to comply with the provisions of this subsection may be
1003 subject to disciplinary action pursuant to section 20-133, as amended
1004 by this act.

1005 (e) In individual cases involving medical disability or illness, the
1006 Commissioner of Public Health may grant a waiver of the continuing
1007 education requirements or an extension of time within which to fulfill
1008 the requirements of this section to any licensee, provided the licensee
1009 submits to the department an application for waiver or extension of
1010 time on a form prescribed by the commissioner, along with a
1011 certification by a licensed physician of the disability or illness and such
1012 other documentation as may be required by the commissioner. The
1013 commissioner may grant a waiver or extension for a period not to
1014 exceed one registration period, except that the commissioner may
1015 grant additional waivers or extensions if the medical disability or
1016 illness upon which a waiver or extension is granted continues beyond
1017 the period of the waiver or extension and the licensee applies for an
1018 additional waiver or extension.

1019 (f) A licensee who is not actively engaged in the practice of
1020 optometry, in any form, during a registration period shall be exempt
1021 from the continuing education requirements, provided the licensee
1022 submits a notarized application for exemption on a form prescribed by
1023 the commissioner before the end of the registration period. A licensee
1024 who is exempt under the provisions of this subsection may not engage

1025 in the practice of optometry until the licensee has met the continuing
1026 education requirements of this section.

1027 (g) A licensee whose license has become void pursuant to section
1028 19a-88 and who applies to the department for reinstatement of such
1029 license shall submit evidence of successful completion of twenty
1030 contact hours of continuing education within the one-year period
1031 immediately preceding the application for reinstatement.

1032 Sec. 32. Subsection (g) of section 20-126l of the general statutes is
1033 repealed and the following is substituted in lieu thereof (*Effective*
1034 *October 1, 2013*):

1035 (g) [All licensed dental hygienists applying for license renewal shall
1036 be required to participate in continuing education programs. The
1037 commissioner shall adopt regulations in accordance with the
1038 provisions of chapter 54 to: (1) Define basic requirements for
1039 continuing education programs, (2) delineate qualifying programs, (3)
1040 establish a system of control and reporting, and (4) provide for waiver
1041 of the continuing education requirement by the commissioner for good
1042 cause.] Each licensed dental hygienist applying for license renewal
1043 shall earn a minimum of sixteen hours of continuing education within
1044 the preceding twenty-four-month period. The subject matter for
1045 continuing education shall reflect the professional needs of the licensee
1046 in order to meet the health care needs of the public. Continuing
1047 education activities shall provide significant theoretical or practical
1048 content directly related to clinical or scientific aspects of dental
1049 hygiene. Qualifying continuing education activities include, but are
1050 not limited to, courses, including on-line courses, that are offered or
1051 approved by dental schools and other institutions of higher education
1052 that are accredited or recognized by the Council on Dental
1053 Accreditation, a regional accrediting organization, the American
1054 Dental Association, a state, district or local dental association or society
1055 affiliated with the American Dental Association, the National Dental
1056 Association, the American Dental Hygienists Association or a state,
1057 district or local dental hygiene association or society affiliated with the

1058 American Dental Hygienists Association, the Academy of General
1059 Dentistry, the Academy of Dental Hygiene, the American Red Cross or
1060 the American Heart Association when sponsoring programs in
1061 cardiopulmonary resuscitation or cardiac life support, the United
1062 States Department of Veterans Affairs and armed forces of the United
1063 States when conducting programs at United States governmental
1064 facilities, a hospital or other health care institution, agencies or
1065 businesses whose programs are accredited or recognized by the
1066 Council on Dental Accreditation, local, state or national medical
1067 associations, or a state or local health department. Eight hours of
1068 volunteer dental practice at a public health facility, as defined in
1069 subsection (a) of this section, may be substituted for one hour of
1070 continuing education, up to a maximum of five hours in one two-year
1071 period. Activities that do not qualify toward meeting these
1072 requirements include professional organizational business meetings,
1073 speeches delivered at luncheons or banquets, and the reading of books,
1074 articles, or professional journals. Not more than four hours of
1075 continuing education may be earned through an on-line or other
1076 distance learning program.

1077 Sec. 33. Section 20-126l of the general statutes is amended by adding
1078 subsections (h) to (k), inclusive, as follows (*Effective October 1, 2013*):

1079 (NEW) (h) Each licensee applying for license renewal pursuant to
1080 section 19a-88, except a licensee applying for a license renewal for the
1081 first time, shall sign a statement attesting that he or she has satisfied
1082 the continuing education requirements described in subsection (g) of
1083 this section on a form prescribed by the department. Each licensee
1084 shall retain records of attendance or certificates of completion that
1085 demonstrate compliance with the continuing education requirements
1086 described in subsection (g) of this section for not less than three years
1087 following the date on which the continuing education was completed
1088 or the license was renewed. Each licensee shall submit such records to
1089 the department for inspection not later than forty-five days after a
1090 request by the department for such records. A licensee who fails to
1091 comply with the provisions of this section may be subject to

1092 disciplinary action pursuant to section 20-126o, as amended by this act.

1093 (NEW) (i) In individual cases involving medical disability or illness,
1094 the Commissioner of Public Health may grant a waiver of the
1095 continuing education requirements or an extension of time within
1096 which to fulfill the requirements of this subsection to any licensee,
1097 provided the licensee submits to the Department of Public Health an
1098 application for waiver or extension of time on a form prescribed by the
1099 commissioner, along with a certification by a licensed physician of the
1100 disability or illness and such other documentation as may be required
1101 by the commissioner. The commissioner may grant a waiver or
1102 extension for a period not to exceed one registration period, except the
1103 commissioner may grant additional waivers or extensions if the
1104 medical disability or illness upon which a waiver or extension is
1105 granted continues beyond the period of the waiver or extension and
1106 the licensee applies for an additional waiver or extension.

1107 (NEW) (j) A licensee who is not engaged in active professional
1108 practice, in any form, during a registration period shall be exempt
1109 from the continuing education requirements, provided the licensee
1110 submits a notarized application for exemption on a form prescribed by
1111 the commissioner prior to the end of the registration period. A licensee
1112 who is exempt under the provisions of this subsection may not engage
1113 in professional practice until the licensee has met the continuing
1114 education requirements of this section.

1115 (NEW) (k) A licensee whose license has become void pursuant to
1116 section 19a-88 and who applies to the department for reinstatement of
1117 such license, shall: (1) For a license that has been void for two years or
1118 less, submit evidence of completion of a minimum of twenty-four
1119 contact hours of qualifying continued education during the two-year
1120 period immediately preceding the application for reinstatement; or (2)
1121 for a license that has been void for more than two years, submit
1122 evidence of successful completion of the National Board Dental
1123 Hygiene Examination or the North East Regional Board of Dental
1124 Examiners Examination in Dental Hygiene during the year

1125 immediately preceding the application.

1126 Sec. 34. Subsection (c) of section 20-12n of the general statutes is
1127 repealed and the following is substituted in lieu thereof (*Effective*
1128 *October 1, 2013*):

1129 (c) Applicants for licensure as a homeopathic physician shall, in
1130 addition to [meeting the requirements of] holding a license as a
1131 physician or surgeon issued in accordance with section 20-10, have
1132 successfully completed not less than one hundred twenty hours of
1133 post-graduate medical training in homeopathy offered by an
1134 institution approved by [the Connecticut Homeopathic Medical
1135 Examining Board or] the American Institute of Homeopathy [,] or one
1136 hundred twenty hours of post-graduate medical training in
1137 homeopathy under the direct supervision of a licensed homeopathic
1138 physician, which shall consist of thirty hours of theory and ninety
1139 hours of clinical practice. The [Connecticut Homeopathic Medical
1140 Examining Board] Department of Public Health shall approve any
1141 training completed under the direction of a licensed homeopathic
1142 physician.

1143 Sec. 35. Subsection (c) of section 19a-14 of the general statutes is
1144 repealed and the following is substituted in lieu thereof (*Effective*
1145 *October 1, 2013*):

1146 (c) No board shall exist for the following professions that are
1147 licensed or otherwise regulated by the Department of Public Health:

1148 (1) Speech and language pathologist and audiologist;

1149 (2) Hearing instrument specialist;

1150 (3) Nursing home administrator;

1151 (4) Sanitarian;

1152 (5) Subsurface sewage system installer or cleaner;

1153 (6) Marital and family therapist;

- 1154 (7) Nurse-midwife;
- 1155 (8) Licensed clinical social worker;
- 1156 (9) Respiratory care practitioner;
- 1157 (10) Asbestos contractor and asbestos consultant;
- 1158 (11) Massage therapist;
- 1159 (12) Registered nurse's aide;
- 1160 (13) Radiographer;
- 1161 (14) Dental hygienist;
- 1162 (15) Dietitian-Nutritionist;
- 1163 (16) Asbestos abatement worker;
- 1164 (17) Asbestos abatement site supervisor;
- 1165 (18) Licensed or certified alcohol and drug counselor;
- 1166 (19) Professional counselor;
- 1167 (20) Acupuncturist;
- 1168 (21) Occupational therapist and occupational therapist assistant;
- 1169 (22) Lead abatement contractor, lead consultant contractor, lead
1170 consultant, lead abatement supervisor, lead abatement worker,
1171 inspector and planner-project designer;
- 1172 (23) Emergency medical technician, advanced emergency medical
1173 technician, emergency medical responder and emergency medical
1174 services instructor;
- 1175 (24) Paramedic;
- 1176 (25) Athletic trainer;

1177 (26) Perfusionist;

1178 (27) Master social worker subject to the provisions of section 20-
1179 195v; [and]

1180 (28) On and after July 1, 2011, a radiologist assistant, subject to the
1181 provisions of section 20-74tt; [.]

1182 (29) Homeopathic physician; and

1183 (30) Certified water treatment plant operator, certified distribution
1184 system operator, certified small water system operator, certified
1185 backflow prevention device tester and certified cross connection
1186 survey inspector, including certified limited operators, certified
1187 conditional operators and certified operators in training.

1188 The department shall assume all powers and duties normally vested
1189 with a board in administering regulatory jurisdiction over such
1190 professions. The uniform provisions of this chapter and chapters 368v,
1191 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
1192 and 400c, including, but not limited to, standards for entry and
1193 renewal; grounds for professional discipline; receiving and processing
1194 complaints; and disciplinary sanctions, shall apply, except as otherwise
1195 provided by law, to the professions listed in this subsection.

1196 Sec. 36. Subsection (b) of section 2c-2h of the general statutes is
1197 repealed and the following is substituted in lieu thereof (*Effective*
1198 *October 1, 2013*):

1199 (b) Not later than July 1, 2015, and not later than every ten years
1200 thereafter, the joint standing committee of the General Assembly
1201 having cognizance of any of the following governmental entities or
1202 programs shall conduct a review of the applicable entity or program in
1203 accordance with the provisions of section 2c-3:

1204 (1) Board of Examiners of Embalmers and Funeral Directors,
1205 established under section 20-208;

1206 [(2) Connecticut Homeopathic Medical Examining Board,
1207 established under section 20-8;]

1208 [(3)] (2) Board of Examiners in Podiatry, established under section
1209 20-51;

1210 [(4)] (3) Mobile Manufactured Home Advisory Council, established
1211 under section 21-84a;

1212 [(5)] (4) Family support grant program of the Department of Social
1213 Services, established under section 17b-616;

1214 [(6)] (5) State Commission on Capitol Preservation and Restoration,
1215 established under section 4b-60;

1216 [(7)] (6) Council on Environmental Quality, established under
1217 section 22a-11; and

1218 [(8)] (7) Police Officer Standards and Training Council, established
1219 under section 7-294b.

1220 Sec. 37. Section 20-11 of the general statutes is repealed and the
1221 following is substituted in lieu thereof (*Effective October 1, 2013*):

1222 The Department of Public Health under the supervision of the
1223 [examining boards provided for by sections 20-8 and] Connecticut
1224 Medical Examining Board, established pursuant to section 20-8a shall
1225 hold examinations not less than twice each year at such places as the
1226 department designates. Applicants for licenses to practice medicine or
1227 surgery shall be examined in such medical subjects as the department
1228 may prescribe, with the advice and consent of the appropriate board,
1229 provided each applicant for examination shall be notified concerning
1230 the subjects in which he is to be examined. The Commissioner of
1231 Public Health, with advice and assistance from each board, shall make
1232 such rules and regulations for conducting examinations and for the
1233 operation of the board as, from time to time, he deems necessary.
1234 Passing scores for examinations shall be established by the department
1235 with the consent of the appropriate board. Each applicant for

1236 examination shall be examined with respect to the same school of
1237 practice in which the applicant was graduated except that an applicant
1238 for licensure in homeopathic medicine who is licensed as a physician
1239 or meets the requirements in section 20-10 may be examined in other
1240 than the school of practice in which such applicant was graduated.
1241 Before being admitted to the examination, an applicant shall pay the
1242 sum of five hundred sixty-five dollars and an applicant rejected by the
1243 department may be reexamined at any subsequent examination, upon
1244 payment of the sum of five hundred sixty-five dollars for each
1245 appearance.

1246 Sec. 38. Subsection (d) of section 20-12 of the general statutes is
1247 repealed and the following is substituted in lieu thereof (*Effective*
1248 *October 1, 2013*):

1249 (d) No license shall be issued under this section to any applicant
1250 against whom professional disciplinary action is pending or who is the
1251 subject of an unresolved complaint. The department shall inform the
1252 [boards established under sections 20-8 and] Connecticut Medical
1253 Examining Board, established pursuant to section 20-8a annually of the
1254 number of applications it receives for licensure under this section.

1255 Sec. 39. Section 20-14 of the general statutes is repealed and the
1256 following is substituted in lieu thereof (*Effective October 1, 2013*):

1257 No provision of this section, sections [20-8,] 20-9 to 20-13, inclusive,
1258 as amended by this act, or 20-14a shall be construed to repeal or affect
1259 any of the provisions of any private charter, or to apply to licensed
1260 pharmacists. All physicians or surgeons and all physician assistants
1261 practicing under the provisions of this chapter shall, when requested,
1262 write a duplicate of their prescriptions in the English language. Any
1263 person who violates any provision of this section regarding
1264 prescriptions shall be fined ten dollars for each offense. Any person
1265 who violates any provision of section 20-9 shall be fined not more than
1266 five hundred dollars or be imprisoned not more than five years or be
1267 both fined and imprisoned. For the purposes of this section, each
1268 instance of patient contact or consultation which is in violation of any

1269 provision of section 20-9 shall constitute a separate offense. Failure to
1270 renew a license in a timely manner shall not constitute a violation for
1271 the purposes of this section. Any person who swears to any falsehood
1272 in any statement required by section 20-10, 20-12, as amended by this
1273 act, 20-12b or 20-12c, as amended by this act, to be filed with the
1274 Department of Public Health shall be guilty of false statement.

1275 Sec. 40. Section 17a-680 of the general statutes is repealed and the
1276 following is substituted in lieu thereof (*Effective October 1, 2013*):

1277 For purposes of sections 17a-673, 17a-680 to 17a-690, inclusive, and
1278 subsection (d) of section 17a-484:

1279 (1) "Alcohol-dependent person" means a person who [has a
1280 psychoactive substance dependence on alcohol as that condition is
1281 defined] meets the criteria for moderate or severe alcohol use disorder,
1282 as described in the most recent edition of the American Psychiatric
1283 Association's "Diagnostic and Statistical Manual of Mental Disorders";

1284 (2) "Business day" means Monday to Friday, inclusive, except when
1285 a legal holiday falls on any such day;

1286 (3) "Department" means the Department of Mental Health and
1287 Addiction Services;

1288 (4) "Dangerous to himself" means there is a substantial risk that
1289 physical harm will be inflicted by a person on himself or herself;

1290 (5) "Dangerous to others" means there is a substantial risk that
1291 physical harm will be inflicted by a person on another person;

1292 (6) "Drug or drugs" means a controlled drug as defined in section
1293 21a-240;

1294 (7) "Drug-dependent person" means a person who [has a
1295 psychoactive substance dependence on drugs as that condition is
1296 defined] meets the criteria for moderate or severe substance use
1297 disorder, as described in the most recent edition of the American

1298 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
1299 Disorders";

1300 (8) "Commissioner" means the Commissioner of Mental Health and
1301 Addiction Services;

1302 (9) "Gravely disabled" means a condition in which a person, as a
1303 result of the use of alcohol or drugs on a periodic or continuous basis,
1304 is in danger of serious physical harm because (A) he or she is not
1305 providing for his or her essential needs such as food, clothing, shelter,
1306 vital medical care, or safety, (B) he or she needs, but is not receiving,
1307 inpatient treatment for alcohol dependency or drug dependency, and
1308 (C) he or she is incapable of determining whether to accept such
1309 treatment because his or her judgment is impaired;

1310 (10) "Hospital" means an establishment licensed under the
1311 provisions of sections 19a-490 to 19a-503, inclusive, as amended by this
1312 act, for the lodging, care and treatment of persons suffering from
1313 disease or other abnormal physical or mental conditions, and includes
1314 inpatient psychiatric services in general hospitals;

1315 (11) "Incapacitated by alcohol" means a condition in which a person
1316 as a result of the use of alcohol has his or her judgment so impaired
1317 that he or she is incapable of realizing and making a rational decision
1318 with respect to his or her need for treatment;

1319 (12) "Incompetent person" means a person who has been adjudged
1320 incompetent by a court of competent jurisdiction;

1321 (13) "Intoxicated person" means a person whose mental or physical
1322 functioning is substantially impaired as a result of the use of alcohol or
1323 drugs;

1324 (14) "Medical officer" means a licensed physician in attendance at a
1325 treatment facility or hospital;

1326 (15) "Respondent" means a person who is alleged to be alcohol-
1327 dependent or drug-dependent and for whom a petition for

1328 commitment or recommitment to an inpatient treatment facility has
1329 been filed;

1330 (16) "Treatment" means any emergency, outpatient, intermediate
1331 and inpatient services and care, including diagnostic evaluation,
1332 medical, psychiatric, psychological and social services, vocational and
1333 social rehabilitation and other appropriate services, which may be
1334 extended to alcohol-dependent persons, drug-dependent persons and
1335 intoxicated persons;

1336 (17) "Treatment facility" means (A) a facility providing treatment
1337 and operating under the direction and control of the department, or (B)
1338 a private facility providing treatment and licensed under the
1339 provisions of sections 19a-490 to 19a-503, inclusive, as amended by this
1340 act.

1341 Sec. 41. Subsection (b) of section 19a-72 of the general statutes is
1342 repealed and the following is substituted in lieu thereof (*Effective from*
1343 *passage*):

1344 (b) The Department of Public Health shall maintain and operate the
1345 Connecticut Tumor Registry. Said registry shall include a report of
1346 every occurrence of a reportable tumor that is diagnosed or treated in
1347 the state. Such reports shall be made to the department by any
1348 hospital, clinical laboratory and health care provider in the state. Such
1349 reports shall include, but not be limited to, pathology reports and
1350 information obtained from records of any person licensed as a health
1351 care provider and may include a collection of actual tissue samples
1352 and such information as the department may prescribe. Follow-up
1353 [data, demographic, diagnostic, treatment and] information shall also
1354 be contained in the report and shall include, when available: (1)
1355 Demographic data; (2) diagnostic, treatment, pathology, and other
1356 operative reports; (3) hematology, medical oncology and radiation
1357 therapy consults; and (4) other medical information [shall also be
1358 included in the report in a form and manner] as the department may
1359 prescribe. Such information shall be reported to the department not
1360 later than six months after diagnosis or the first encounter for

1361 treatment of a reportable tumor, in the form and manner prescribed by
 1362 the department. The Commissioner of Public Health shall promulgate
 1363 a list of required data items, which may be amended from time to time.
 1364 Such reports shall include every occurrence of a reportable tumor that
 1365 is diagnosed or treated during a calendar year. [Such reports shall be
 1366 submitted to the department on or before July first, annually, in such
 1367 manner as the department may prescribe.]

1368 Sec. 42. Subdivision (7) of subsection (b) of section 19a-14 and
 1369 section 20-8 of the general statutes are repealed. (*Effective October 1,*
 1370 *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>	20-13c
Sec. 9	<i>October 1, 2013</i>	20-29
Sec. 10	<i>October 1, 2013</i>	20-40
Sec. 11	<i>October 1, 2013</i>	20-45
Sec. 12	<i>October 1, 2013</i>	20-59
Sec. 13	<i>October 1, 2013</i>	20-73a(a)
Sec. 14	<i>October 1, 2013</i>	20-74g
Sec. 15	<i>October 1, 2013</i>	20-114(a)
Sec. 16	<i>October 1, 2013</i>	20-126o(a)
Sec. 17	<i>October 1, 2013</i>	20-133
Sec. 18	<i>October 1, 2013</i>	20-154
Sec. 19	<i>October 1, 2013</i>	20-192
Sec. 20	<i>October 1, 2013</i>	20-195d
Sec. 21	<i>October 1, 2013</i>	20-202
Sec. 22	<i>October 1, 2013</i>	20-227
Sec. 23	<i>October 1, 2013</i>	20-238(a)
Sec. 24	<i>October 1, 2013</i>	20-263
Sec. 25	<i>October 1, 2013</i>	20-271

Sec. 26	October 1, 2013	19a-522f(b)
Sec. 27	October 1, 2013	19a-750(c)(1)
Sec. 28	October 1, 2013	20-195o(b)
Sec. 29	October 1, 2013	20-12c(d)
Sec. 30	October 1, 2013	20-128a(c)
Sec. 31	October 1, 2013	20-132a
Sec. 32	October 1, 2013	20-126l(g)
Sec. 33	October 1, 2013	20-126l
Sec. 34	October 1, 2013	20-12n(c)
Sec. 35	October 1, 2013	19a-14(c)
Sec. 36	October 1, 2013	2c-2h(b)
Sec. 37	October 1, 2013	20-11
Sec. 38	October 1, 2013	20-12(d)
Sec. 39	October 1, 2013	20-14
Sec. 40	October 1, 2013	17a-680
Sec. 41	from passage	19a-72(b)
Sec. 42	October 1, 2013	Repealer section

Statement of Legislative Commissioners:

In section 7(b)(2), the phrase "the date each corrective measure or change taken" was changed to "the date each such corrective measure or change", for clarity; in sections 14 and 17, the phrase "but not be limited to:" was changed to "but need not be limited to:", for clarity and consistency with the drafting conventions of the general statutes; in section 32(g), the phrase "professional organizational business meeting" was changed to "professional organizational business meetings", for accuracy and internal consistency; and in section 35(c)(29), the phrase "Homeopathic physicians" was changed to "Homeopathic physician", for internal consistency.

PH *Joint Favorable Subst.*

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 \$
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 2% of the balance of the Biomedical Research Trust Fund be made available to DPH for administrative purposes.

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 2% of the Biomedical Research Trust Fund be made available to DPH for administration purpose¹, it is anticipated that up to \$150,000 in FY 14 and up to \$120,000 will be provided to DPH, resulting in a GF revenue gain. 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.²

The Out Years

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 and the balance of the Biomedical Research Trust Fund.

¹Since 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.

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

OLR Bill Analysis**sHB 6644*****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 allows health professional regulatory boards and, for professions without such boards, DPH, to take disciplinary action against physicians, dentists, psychologists, and other specified health professionals for failing to conform to accepted professional standards, regardless of whether such conduct occurs during professional activities.

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. It 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 act also makes changes affecting the Connecticut Tumor Registry, the Breast and Cervical Cancer Early Detection and Treatment Referral Program, the Biomedical Research Trust Fund, hospice facilities, family day care homes, nursing home IV therapy programs, the Health Information Technology Exchange of Connecticut, master social workers, physician assistants, continuing education for optometrists and dental hygienists, certified water treatment plan professionals, and statutory definitions related to

addiction services.

EFFECTIVE DATE: October 1, 2013, except that the provision on the (1) Connecticut Tumor Registry takes effect upon passage and (2) Breast and Cervical Cancer Early Detection and Treatment Referral Program takes effect January 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 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 located 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 uninsured woman being tested to facilitate recovery 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 check, 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 check 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 check if the person provides the facility evidence that a background check 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 complying 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

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.

§§ 8-25 — DISCIPLINARY ACTION AGAINST CERTAIN HEALTH PROFESSIONALS

By law, the state's health professional regulatory boards and, for professions without such a board, DPH may take disciplinary action against a licensee. Conduct or conditions warranting discipline include, among other things, a felony conviction; fraud or deceit in practice; negligent, incompetent, or wrongful conduct in professional activities; emotional, mental, physical, or substance use disorders; or violation of state laws or regulations.

The bill allows DPH and such boards to also take disciplinary action against specified health care professionals for failing to conform to accepted professional standards, regardless of whether such conduct occurs during professional activities. It applies to physicians and surgeons, chiropractors, natureopathic physicians, podiatrists, physical and occupational therapists, funeral service businesses, funeral directors, embalmers, dentists, dental hygienists, optometrists, opticians, psychologists, marital and family therapists, veterinarians, electrologists, barbers, hairdressers, and cosmetologists.

The law already allows such grounds for disciplinary action for professional counselors, nurses, acupuncturists, paramedics, massage therapists, dietician-nutritionists, perfusionists, respiratory care practitioners, athletic trainers, midwives, radiographers, and radiology assistants, among others.

By law, disciplinary actions available to DPH and regulatory boards include license revocation or suspension; censure; a letter of reprimand; probation; or a civil penalty. The department can also

order a licensee to undergo a reasonable physical or mental examination in an investigation about his or her physical or mental capacity to practice safely.

§ 26 — 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.

§ 27 — 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 health information electronically 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.

§ 28 — MASTER SOCIAL WORK LICENSURE WITHOUT EXAMINATION

The bill extends, from October 1, 2012 to October 1, 2013, the date by which the DPH commissioner may issue a master social work license without examination, to an applicant who satisfactorily demonstrates that on or before October 1, 2010 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.

§ 29 — 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.

§§ 30 & 31 — 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

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

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 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.

§§ 32 & 33 — 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;
2. a regional accrediting organization;
3. the American Dental Association or an affiliated state, district, or local dental association or society;
4. the National Dental Association;
5. the American Dental Hygienists Association or an affiliated state, district, or local dental hygiene association or society;
6. the Academy of General Dentistry or the Academy of Dental Hygiene;
7. the American Red Cross or American Heart Association, when sponsoring programs in cardiopulmonary resuscitation or cardiac life support;
8. the Veterans Administration and Armed Forces, when

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- conducting programs at U.S. government facilities;
9. a hospital or other health care institution;
 10. agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation;
 11. local state, or national medical associations; or
 12. 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 Section 31 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.

§§ 34-39 & 42 — HOMEOPATHIC PHYSICIANS

Connecticut Homeopathic Medical Examining Board

The bill eliminates the five-member Connecticut Homeopathic

Medical Examining Board, thus transferring responsibility for 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.

§ 35 — CERTIFIED WATER TREATMENT PLANT PROFESSIONALS

The bill specifies that no regulatory board may exist for the following DPH-certified professionals thus, specifying that DPH is responsible for regulating and disciplining them: (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.

§ 40 — 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-V), scheduled to take effect in May 2013.

§ 41 — 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, and other operative reports and (2) hematology, medical oncology, and radiation therapy 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 1st as under current law.

BACKGROUND

Related Bill

SB 63 (File 103), reported favorably by the Public Health Committee, allows DPH to award Biomedical Research Trust Fund grants for biomedical research related to strokes.

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 “inpatient 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 (§§ 30 & 31)

“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.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (04/02/2013)