



General Assembly

February Session, 2014

Raised Bill No. 125

LCO No. 231



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'
RECOMMENDATIONS FOR TECHNICAL CORRECTIONS TO THE
PUBLIC HEALTH STATUTES.***

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

1 Section 1. Subsections (a) to (c), inclusive, of section 19a-6n of the
2 2014 supplement to the general statutes are repealed and the following
3 is substituted in lieu thereof (*Effective October 1, 2014*):

4 (a) There is established an advisory council on pediatric
5 autoimmune neuropsychiatric disorder associated with streptococcal
6 infections and pediatric acute neuropsychiatric syndrome to advise the
7 Commissioner of Public Health on research, diagnosis, treatment and
8 education relating to said disorder and syndrome.

9 (b) The advisory council shall consist of the following members,
10 who shall be appointed by the Commissioner of Public Health:

11 (1) An immunologist licensed and practicing in the state who has
12 experience treating persons with pediatric autoimmune
13 neuropsychiatric disorder associated with streptococcal infections and

14 pediatric acute neuropsychiatric syndrome and the use of intravenous
15 immunoglobulin;

16 (2) A health care provider licensed and practicing in the state who
17 has expertise in treating persons with pediatric autoimmune
18 neuropsychiatric disorder associated with streptococcal infections and
19 pediatric acute neuropsychiatric syndrome and autism;

20 (3) A representative of the Connecticut branch of the P.A.N.D.A.S.
21 Resource Network;

22 (4) An osteopathic physician licensed and practicing in the state
23 who has experience treating persons with pediatric autoimmune
24 neuropsychiatric disorder associated with streptococcal infections and
25 pediatric acute neuropsychiatric syndrome;

26 (5) A health care provider licensed and practicing in the state who
27 has expertise in treating persons with Lyme disease and other tick-
28 borne illnesses;

29 (6) A medical researcher with experience conducting research
30 concerning pediatric autoimmune neuropsychiatric disorder
31 associated with streptococcal infections, pediatric acute
32 neuropsychiatric syndrome, obsessive-compulsive disorder, tic
33 disorder and other neurological disorders;

34 (7) A certified dietitian-nutritionist practicing in the state who
35 provides services to children with autism spectrum disorder, attention-
36 deficit hyperactivity disorder and other neuro-developmental
37 conditions;

38 (8) A representative of a professional organization in the state for
39 school psychologists;

40 (9) A child psychiatrist who has experience treating persons with
41 pediatric autoimmune neuropsychiatric disorder associated with
42 streptococcal infections and pediatric acute neuropsychiatric

43 syndrome;

44 (10) A representative of a professional organization in the state for
45 school nurses;

46 (11) A pediatrician who has experience treating persons with
47 pediatric autoimmune neuropsychiatric disorder associated with
48 streptococcal infections and pediatric acute neuropsychiatric
49 syndrome;

50 (12) A representative of an organization focused on autism;

51 (13) A parent with a child who has been diagnosed with pediatric
52 autoimmune neuropsychiatric disorder associated with streptococcal
53 infections or pediatric acute neuropsychiatric syndrome and autism;
54 and

55 (14) A social worker licensed and practicing in the state.

56 (c) A representative of the Department of Education Bureau of
57 Special Education shall be a member and the chairpersons of the joint
58 standing committee of the General Assembly having cognizance of
59 matters relating to public health, or the chairpersons' designees, shall
60 be members of the [task force] advisory council.

61 Sec. 2. Section 19a-551 of the 2014 supplement to the general statutes
62 is repealed and the following is substituted in lieu thereof (*Effective*
63 *October 1, 2014*):

64 Each nursing home facility shall: (1) On or before the admission of
65 each patient provide such patient or such patient's legally liable
66 relative, guardian or conservator with a written statement explaining
67 such patient's rights regarding the patient's personal funds and listing
68 the charges that may be deducted from such funds. Such statement
69 shall explain that the nursing home facility shall on and after October
70 1, 1992, pay interest at a rate not less than four per cent per annum and
71 on and after October 1, 1994, pay interest at a rate not less than five

72 and one-half per cent per annum on any security deposit or other
73 advance payment required of such patient prior to admission to the
74 nursing home facility. In the case of patients receiving benefits under
75 Title XVIII or XIX of the federal Social Security Act the statement shall
76 include a list of charges not covered by said titles and not covered by
77 the basic per diem rate provided by said titles. Upon delivery of such
78 statement the person in charge of the nursing home facility shall obtain
79 a signed receipt acknowledging such delivery; (2) upon written
80 consent or request of the patient or the patient's legally liable relative,
81 guardian or conservator, manage such patient's personal funds,
82 provided such consent by a patient shall not be effective unless
83 cosigned by the patient's legally liable relative or guardian if such
84 patient has been determined by a physician to be mentally incapable of
85 understanding and no conservator has been appointed. As manager of
86 such personal funds the nursing home facility shall: (A) Either
87 maintain separate accounts for each patient or maintain an aggregate
88 trust account for patients' funds to prevent commingling the personal
89 funds of patients with the funds of such facility. Such facility shall
90 notify in writing each patient receiving Medicaid assistance or such
91 patient's legally liable relative, guardian or conservator when the
92 amount in the patient's account reaches two hundred dollars less than
93 the dollar amount determined under the Medicaid program as the
94 maximum for eligibility under the program and advise the patient or
95 such patient's legally liable relative, guardian or conservator that if the
96 amount in the account plus the value of the patient's other nonexempt
97 resources reaches the maximum the patient may lose his or her
98 Medicaid eligibility; (B) obtain signed receipts for each expenditure
99 from each patient's personal funds; (C) maintain an individual
100 itemized record of income and expenditures for each patient, including
101 quarterly accountings; and (D) permit the patient or the patient's
102 legally liable relative, guardian or conservator, and the regional long-
103 term care ombudsman, and representatives from the Departments of
104 Social Services and Public Health, access to such record; and (3) (A)
105 refund any overpayment or deposit from a former patient or such

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

114 Sec. 3. Subsection (a) of section 20-101a of the 2014 supplement to
115 the general statutes is repealed and the following is substituted in lieu
116 thereof (*Effective October 1, 2014*):

117 (a) A registered nurse, licensed under this chapter, in charge in a
118 hospice, nursing home facility, as defined in section 19a-521, or
119 residential care home, as defined in section 19a-521, or a registered
120 nurse, licensed under this chapter or a registered nurse employed by a
121 home health care agency licensed by the state of Connecticut, in a
122 home or residence may make the actual determination and
123 pronouncement of death of a patient provided that the following
124 conditions are satisfied: (1) The death is an anticipated death; (2) the
125 registered nurse attests to such pronouncement on the certificate of
126 death; and (3) the registered nurse, an advanced practice registered
127 nurse licensed under this chapter, or a physician licensed under
128 chapter 370 certifies the death and signs the certificate of death not
129 later than twenty-four hours after the pronouncement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	19a-6n(a) to (c)
Sec. 2	<i>October 1, 2014</i>	19a-551
Sec. 3	<i>October 1, 2014</i>	20-101a(a)

Statement of Purpose:

To make technical changes to the public health statutes.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]