



House of Representatives

General Assembly

File No. 516

February Session, 2014

Substitute House Bill No. 5537

House of Representatives, April 14, 2014

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 THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING 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 Section 19a-493b of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2014*):

3 (a) As used in this section and subsection (a) of section 19a-490,
4 "outpatient surgical facility" means any entity, individual, firm,
5 partnership, corporation, limited liability company or association,
6 other than a hospital, engaged in providing surgical services or
7 diagnostic procedures for human health conditions that include the
8 use of moderate or deep sedation, moderate or deep analgesia or
9 general anesthesia, as such levels of anesthesia are defined from time
10 to time by the American Society of Anesthesiologists, or by such other
11 professional or accrediting entity recognized by the Department of
12 Public Health. An outpatient surgical facility shall not include a
13 medical office owned and operated exclusively by a person or persons

14 licensed pursuant to section 20-13, provided such medical office: (1)
15 Has no operating room or designated surgical area; (2) bills no facility
16 fees to third party payers; (3) administers no deep sedation or general
17 anesthesia; (4) performs only minor surgical procedures incidental to
18 the work performed in said medical office of the physician or
19 physicians that own and operate such medical office; and (5) uses only
20 light or moderate sedation or analgesia in connection with such
21 incidental minor surgical procedures. [Nothing in this subsection shall
22 be construed to affect any obligation to comply with the provisions of
23 section 19a-691.]

24 (b) No entity, individual, firm, partnership, corporation, limited
25 liability company or association, other than a hospital, shall
26 individually or jointly establish or operate an outpatient surgical
27 facility in this state without complying with chapter 368z, except as
28 otherwise provided by this section, and obtaining a license within the
29 time specified in this subsection from the Department of Public Health
30 for such facility pursuant to the provisions of this chapter, unless such
31 entity, individual, firm, partnership, corporation, limited liability
32 company or association: (1) Provides to the Office of Health Care
33 Access division of the Department of Public Health satisfactory
34 evidence that it was in operation on or before July 1, 2003, or (2)
35 obtained, on or before July 1, 2003, from the Office of Health Care
36 Access, a determination that a certificate of need is not required. An
37 entity, individual, firm, partnership, corporation, limited liability
38 company or association otherwise in compliance with this section may
39 operate an outpatient surgical facility without a license through March
40 30, 2007, and shall have until March 30, 2007, to obtain a license from
41 the Department of Public Health.

42 (c) Notwithstanding the provisions of this section, no outpatient
43 surgical facility shall be required to comply with section 19a-631, 19a-
44 632, 19a-644, 19a-645, 19a-646, 19a-649, [19a-654 to 19a-660, inclusive,]
45 19a-664 to 19a-666, inclusive, 19a-673 to 19a-676, inclusive, 19a-678,
46 19a-681 or 19a-683. Each outpatient surgical facility shall continue to be
47 subject to the obligations and requirements applicable to such facility,

48 including, but not limited to, any applicable provision of this chapter
49 and those provisions of chapter 368z not specified in this subsection,
50 except that a request for permission to undertake a transfer or change
51 of ownership or control shall not be required pursuant to subsection
52 (a) of section 19a-638 if the Office of Health Care Access division of the
53 Department of Public Health determines that the following conditions
54 are satisfied: (1) Prior to any such transfer or change of ownership or
55 control, the outpatient surgical facility shall be owned and controlled
56 exclusively by persons licensed pursuant to section 20-13 or chapter
57 375, either directly or through a limited liability company, formed
58 pursuant to chapter 613, a corporation, formed pursuant to chapters
59 601 and 602, or a limited liability partnership, formed pursuant to
60 chapter 614, that is exclusively owned by persons licensed pursuant to
61 section 20-13 or chapter 375, or is under the interim control of an estate
62 executor or conservator pending transfer of an ownership interest or
63 control to a person licensed under section 20-13 or chapter 375, and (2)
64 after any such transfer or change of ownership or control, persons
65 licensed pursuant to section 20-13 or chapter 375, a limited liability
66 company, formed pursuant to chapter 613, a corporation, formed
67 pursuant to chapters 601 and 602, or a limited liability partnership,
68 formed pursuant to chapter 614, that is exclusively owned by persons
69 licensed pursuant to section 20-13 or chapter 375, shall own and
70 control no less than a sixty per cent interest in the outpatient surgical
71 facility.

72 (d) The provisions of this section shall not apply to persons licensed
73 to practice dentistry or dental medicine pursuant to chapter 379 or to
74 outpatient clinics licensed pursuant to this chapter.

75 [(e) Any outpatient surgical facility that is accredited as provided in
76 section 19a-691 shall continue to be subject to the requirements of
77 section 19a-691.]

78 [(f)] (e) The Commissioner of Public Health may provide a waiver
79 for outpatient surgical facilities from the physical plant and staffing
80 requirements of the licensing regulations adopted pursuant to this

81 chapter, provided no waiver may be granted unless the health, safety
82 and welfare of patients is ensured.

83 Sec. 2. Subsection (d) of section 19a-42 of the general statutes is
84 repealed and the following is substituted in lieu thereof (*Effective*
85 *October 1, 2014*):

86 (d) (1) Upon receipt of (A) an acknowledgment of paternity
87 executed in accordance with the provisions of subsection (a) of section
88 46b-172, as amended by this act, by both parents of a child born out of
89 wedlock, or (B) a certified copy of an order of a court of competent
90 jurisdiction establishing the paternity of a child born out of wedlock,
91 the commissioner shall include on or amend, as appropriate, such
92 child's birth certificate to show such paternity if paternity is not
93 already shown on such birth certificate and to change the name of the
94 child under eighteen years of age if so indicated on the
95 acknowledgment of paternity form or within the certified court order
96 as part of the paternity action. If a person who is the subject of a
97 voluntary acknowledgment of paternity, as described in this
98 subdivision, is eighteen years of age or older, the commissioner shall
99 obtain a notarized affidavit from such person affirming that he or she
100 agrees to the commissioner's amendment of such person's birth
101 certificate as such amendment relates to the acknowledgment of
102 paternity. The commissioner shall amend the birth certificate for an
103 adult child to change his or her name only pursuant to a court order.

104 (2) If another father is listed on the birth certificate, the
105 commissioner shall not remove or replace the father's information
106 unless presented with a certified court order that meets the
107 requirements specified in section 7-50, or upon the proper filing of a
108 rescission, in accordance with the provisions of section 46b-172, as
109 amended by this act. The commissioner shall thereafter amend such
110 child's birth certificate to remove or change the father's name and to
111 change the name of the child, as requested at the time of the filing of a
112 rescission, in accordance with the provisions of section 46b-172, as
113 amended by this act. Birth certificates amended under this subsection

114 shall not be marked "Amended".

115 Sec. 3. Subsection (a) of section 46b-172 of the general statutes is
116 repealed and the following is substituted in lieu thereof (*Effective*
117 *October 1, 2014*):

118 (a) (1) In lieu of or in conclusion of proceedings under section
119 46b-160, a written acknowledgment of paternity executed and sworn
120 to by the putative father of the child when accompanied by (A) an
121 attested waiver of the right to a blood test, the right to a trial and the
122 right to an attorney, [and] (B) a written affirmation of paternity
123 executed and sworn to by the mother of the child, and (C) if the person
124 subject to the acknowledgment of paternity is an adult eighteen years
125 of age or older, a notarized affidavit affirming consent to the voluntary
126 acknowledgment of paternity, shall have the same force and effect as a
127 judgment of the Superior Court. It shall be considered a legal finding
128 of paternity without requiring or permitting judicial ratification, and
129 shall be binding on the person executing the same whether such
130 person is an adult or a minor, subject to subdivision (2) of this
131 subsection. Such acknowledgment shall not be binding unless, prior to
132 the signing of any affirmation or acknowledgment of paternity, the
133 mother and the putative father are given oral and written notice of the
134 alternatives to, the legal consequences of, and the rights and
135 responsibilities that arise from signing such affirmation or
136 acknowledgment. The notice to the mother shall include, but shall not
137 be limited to, notice that the affirmation of paternity may result in
138 rights of custody and visitation, as well as a duty of support, in the
139 person named as father. The notice to the putative father shall include,
140 but not be limited to, notice that such father has the right to contest
141 paternity, including the right to appointment of counsel, a genetic test
142 to determine paternity and a trial by the Superior Court or a family
143 support magistrate and that acknowledgment of paternity will make
144 such father liable for the financial support of the child until the child's
145 eighteenth birthday. In addition, the notice shall inform the mother
146 and the father that DNA testing may be able to establish paternity with
147 a high degree of accuracy and may, under certain circumstances, be

148 available at state expense. The notices shall also explain the right to
149 rescind the acknowledgment, as set forth in subdivision (2) of this
150 subsection, including the address where such notice of rescission
151 should be sent, and shall explain that the acknowledgment cannot be
152 challenged after sixty days, except in court upon a showing of fraud,
153 duress or material mistake of fact.

154 (2) The mother and the acknowledged father shall have the right to
155 rescind such affirmation or acknowledgment in writing within the
156 earlier of (A) sixty days, or (B) the date of an agreement to support
157 such child approved in accordance with subsection (b) of this section
158 or an order of support for such child entered in a proceeding under
159 subsection (c) of this section. An acknowledgment executed in
160 accordance with subdivision (1) of this subsection may be challenged
161 in court or before a family support magistrate after the rescission
162 period only on the basis of fraud, duress or material mistake of fact
163 which may include evidence that he is not the father, with the burden
164 of proof upon the challenger. During the pendency of any such
165 challenge, any responsibilities arising from such acknowledgment
166 shall continue except for good cause shown.

167 (3) All written notices, waivers, affirmations and acknowledgments
168 required under subdivision (1) of this subsection, and rescissions
169 authorized under subdivision (2) of this subsection, shall be on forms
170 prescribed by the Department of Public Health, provided such
171 acknowledgment form includes the minimum requirements specified
172 by the Secretary of the United States Department of Health and
173 Human Services. All acknowledgments and rescissions executed in
174 accordance with this subsection shall be filed in the paternity registry
175 established and maintained by the Department of Public Health under
176 section 19a-42a.

177 (4) An acknowledgment of paternity signed in any other state
178 according to its procedures shall be given full faith and credit by this
179 state.

180 Sec. 4. Subsections (b) and (c) of section 19a-7h of the general

181 statutes are repealed and the following is substituted in lieu thereof
182 (*Effective October 1, 2014*):

183 (b) For purposes of this section, "health care provider" means a
184 person who has direct or supervisory responsibility for the delivery of
185 immunization including licensed physicians, nurse practitioners, nurse
186 midwives, physician assistants and nurses. Each health care provider
187 who has provided health care to a child listed in the registry shall
188 report to the commissioner, or [his] the commissioner's designee,
189 sufficient information to identify the child and the name and date of
190 each vaccine dose given to that child or when appropriate,
191 contraindications or exemptions to administration of each vaccine
192 dose. Reports shall be made by such means determined by the
193 commissioner to result in timely reporting. Each health care provider
194 intending to administer vaccines to any child listed on the registry and
195 each parent or guardian of such child shall be provided current
196 information as contained in the registry on the immunization status of
197 the child for the purposes of determining whether additional doses of
198 recommended routine childhood immunizations are needed, or to
199 officially document immunization status to meet state day care or
200 school immunization entry requirements pursuant to sections 10-204a,
201 19a-79 and 19a-87b and regulations adopted thereunder. Each director
202 of health of any town, city or health district and each school nurse who
203 is required to verify the immunization status for children enrolled in
204 prekindergarten to grade twelve, inclusive, at a public or private
205 school in any town, city or school district pursuant to section 10-204a
206 shall be provided with sufficient information on the children who live
207 in his or her jurisdiction and who are listed on the registry to enable
208 determination of which children are overdue for scheduled
209 immunizations and to enable provision of outreach to assist in getting
210 each such child vaccinated.

211 (c) Except as specified in subsections (a) and (b) of this section, all
212 personal information including vaccination status and dates of
213 vaccination of individuals shall be confidential pursuant to section 19a-
214 25 and shall not be further disclosed without the authorization of the

215 child or the child's legal guardian. The commissioner shall adopt
216 regulations, pursuant to chapter 54, to specify how information on
217 vaccinations or exemptions from vaccination [will be] is reported in a
218 timely manner to the registry, how information on the registry [will
219 be] is made available to health care providers, parents or guardians,
220 [and] directors of health [,] and school nurses, how parents or
221 guardians may decline their child's enrollment in the registry, and to
222 otherwise implement the provisions of this section.

223 Sec. 5. Section 19a-4j of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective October 1, 2014*):

225 (a) There is established, within the Department of Public Health, an
226 Office of [Multicultural Health] Health Equity. The responsibility of
227 the office is to improve the health of all Connecticut residents by
228 [eliminating] working to eliminate differences in disease, disability and
229 death rates among ethnic, racial and [cultural populations] other
230 population groups that are known to have adverse health status or
231 outcomes. Such population groups may be based on race, ethnicity,
232 age, gender, socioeconomic position, immigrant status, sexual minority
233 status, language, disability, homelessness, mental illness or geographic
234 area of residence.

235 (b) The department may apply for, accept and expend such funds as
236 may be available from federal, state or other sources and may enter
237 into contracts to carry out the responsibilities of the office.

238 (c) The office shall assist the department in its efforts in the
239 following areas:

240 (1) [With regard to health status: (A)] Monitor the health status of
241 [African Americans; Latinos/Hispanics; Native Americans/Alaskan
242 Natives; and Asians, Native Hawaiians and other Pacific Islanders]
243 persons reporting membership in one of the following racial or ethnic
244 groups: Hispanic or Latino, American Indian or Alaska Native, Asian,
245 black or African American, Native Hawaiian or other Pacific Islander
246 and persons reporting more than one race;

247 [(B) compare] (2) Compare the results of the health status
248 monitoring with the health status of persons reporting membership as
249 non-Hispanic [Caucasians/whites; and (C)] Caucasian/white;

250 [assess] (3) Assess the effectiveness of state programs in eliminating
251 differences in health status;

252 [(2)] (4) Assess the health education and health resource needs of
253 ethnic, racial and [cultural populations] other population groups listed
254 in subdivision (1) of this subsection; and

255 [(3)] (5) Maintain a directory of, and [assist in development and
256 promotion of, multicultural and multiethnic] promote culturally and
257 linguistically appropriate health resources in Connecticut.

258 (d) The office may:

259 (1) Provide grants for culturally and linguistically appropriate
260 health [education] demonstration projects and may apply for, accept
261 and expend public and private funding for such projects; and

262 (2) Recommend policies, procedures, activities and resource
263 allocations to improve health among racial, ethnic and [cultural
264 populations in Connecticut] other population groups for which there
265 may be health disparities.

266 Sec. 6. (NEW) (*Effective October 1, 2014*) (a) No person shall bury the
267 body of any deceased person less than three hundred fifty feet from
268 any residential dwelling unless a public highway intervenes between
269 such place of burial and such dwelling, or unless such body is encased
270 in a burial vault made of concrete or other impermeable material,
271 except (1) in a cemetery established on or before November 1, 1911, (2)
272 in a cemetery that, when established, was more than three hundred
273 fifty feet from any dwelling house, or (3) with the written approval of
274 the Commissioner of Public Health, in a plot of land adjacent to a
275 cemetery, as described in subdivision (1) or (2) of this subsection that
276 has been made a part of either cemetery. Such written approval shall
277 contain a detailed description of the land adjacent to the cemetery and

278 shall be recorded in the land records of the town in which the cemetery
279 is located.

280 (b) No person shall bury the body of any deceased person in such a
281 manner that the top of the outside container within which such body is
282 placed is less than two and one-half feet below the surface of the
283 ground, except if such container is made of concrete or other
284 impermeable material, the top of such container shall not be less than
285 one and one-half feet below the surface.

286 (c) Any person who violates the provisions of this section shall be
287 fined not more than one hundred dollars for each day such person is in
288 violation of the provisions of this section.

289 Sec. 7. Section 19a-561 of the general statutes is repealed and the
290 following is substituted in lieu thereof (*Effective October 1, 2014*):

291 (a) As used in this section, "nursing facility management services"
292 means services provided in a nursing facility to manage the operations
293 of such facility, including the provision of care and services and
294 "nursing facility management services certificate holder" means a
295 person or entity certified by the Department of Public Health to
296 provide nursing facility management services.

297 (b) No person or entity shall provide nursing facility management
298 services in this state without obtaining a certificate from the
299 Department of Public Health.

300 (c) Any person or entity seeking a certificate to provide nursing
301 facility management services shall apply to the department, in writing,
302 on a form prescribed by the department. Such application shall include
303 the following:

304 (1) (A) The name and business address of the applicant and whether
305 the applicant is an individual, partnership, corporation or other legal
306 entity; (B) if the applicant is a partnership, corporation or other legal
307 entity, the names of the officers, directors, trustees, managing and
308 general partners of the applicant, the names of the persons who have a

309 ten per cent or greater beneficial ownership interest in the partnership,
310 corporation or other legal entity, and a description of each such
311 person's relationship to the applicant; (C) if the applicant is a
312 corporation incorporated in another state, a certificate of good
313 standing from the state agency with jurisdiction over corporations in
314 such state; and (D) if the applicant currently provides nursing facility
315 management services in another state, a certificate of good standing
316 from the licensing agency with jurisdiction over public health for each
317 state in which such services are provided;

318 (2) A description of the applicant's nursing facility management
319 experience;

320 (3) An affidavit signed by the applicant and any of the persons
321 described in subparagraph (B) of subdivision (1) of this subsection
322 disclosing any matter in which the applicant or such person (A) has
323 been convicted of an offense classified as a felony under section 53a-25
324 or pleaded nolo contendere to a felony charge, or (B) has been held
325 liable or enjoined in a civil action by final judgment, if the felony or
326 civil action involved fraud, embezzlement, fraudulent conversion or
327 misappropriation of property, or (C) is subject to a currently effective
328 injunction or restrictive or remedial order of a court of record at the
329 time of application, or (D) within the past five years has had any state
330 or federal license or permit suspended or revoked as a result of an
331 action brought by a governmental agency or department, arising out of
332 or relating to business activity or health care, including, but not limited
333 to, actions affecting the operation of a nursing facility, residential care
334 home or any facility subject to sections 17b-520 to 17b-535, inclusive, or
335 a similar statute in another state or country; and

336 (4) The location and description of any nursing facility in this state
337 or another state in which the applicant currently provides
338 management services or has provided such services within the past
339 five years.

340 (d) In addition to the information provided pursuant to subsection
341 (c) of this section, the department may reasonably request to review

342 the applicant's audited and certified financial statements, which shall
343 remain the property of the applicant when used for either initial or
344 renewal certification under this section.

345 (e) Each application for a certificate to provide nursing facility
346 management services shall be accompanied by an application fee of
347 three hundred dollars. The certificate shall list each location at which
348 nursing facility management services may be provided by the holder
349 of the certificate.

350 (f) The department shall base its decision on whether to issue or
351 renew a certificate on the information presented to the department and
352 on the compliance status of the managed entities. The department may
353 deny certification to any applicant for the provision of nursing facility
354 management services (1) at any specific facility or facilities where there
355 has been a substantial failure to comply with the Public Health Code,
356 or (2) if the applicant fails to provide the information required under
357 subdivision (1) of subsection (c) of this section.

358 (g) Renewal applications shall be made biennially after (1)
359 submission of the information required by subsection (c) of this section
360 and any other information required by the department pursuant to
361 subsection (d) of this section, and (2) submission of evidence
362 satisfactory to the department that any nursing facility at which the
363 applicant provides nursing facility management services is in
364 substantial compliance with the provisions of this chapter, the Public
365 Health Code and licensing regulations, and (3) payment of a three-
366 hundred-dollar fee.

367 (h) In any case in which the Commissioner of Public Health finds
368 that there has been a substantial failure to comply with the
369 requirements established under this section, the commissioner may
370 initiate disciplinary action against a nursing facility management
371 services certificate holder pursuant to section 19a-494.

372 (i) The department may limit or restrict the provision of
373 management services by any nursing facility management services

374 certificate holder against whom disciplinary action has been initiated
375 under subsection (h) of this section.

376 (j) The department, in implementing the provisions of this section,
377 may conduct any inquiry or investigation, in accordance with the
378 provisions of section 19a-498, regarding an applicant or certificate
379 holder.

380 (k) Each nursing facility management service certificate holder shall
381 work to maintain the nursing facility's five-star quality rating given by
382 the federal Department of Health and Human Services under the
383 Medicare program. Not later than thirty days after any decline in such
384 rating by two stars or more, the nursing facility management service
385 certificate holder shall submit to the commissioner a written plan to
386 improve such rating. Such plan shall include, but need not be limited
387 to: (1) An assessment of patient acuity; (2) a description of the nursing
388 facility management service certificate holder's plan to increase the
389 staffing hours of registered nurses at the nursing facility; (3) a
390 description of staff retraining; and (4) a description of interventions to
391 improve quality measures that are below the state average.

392 [(k)] (l) Any person or entity providing nursing facility management
393 services without the certificate required under this section shall be
394 subject to a civil penalty of not more than one thousand dollars for
395 each day that the services are provided without such certificate.

396 Sec. 8. Subsection (d) of section 19a-110 of the general statutes is
397 repealed and the following is substituted in lieu thereof (*Effective*
398 *October 1, 2014*):

399 (d) The director of health of the town, city or borough shall provide
400 or cause to be provided, to the parent or guardian of a child [reported,]
401 who is known to have a confirmed venous blood lead level of five
402 micrograms per deciliter or more or who is reported, by an institution
403 or clinical laboratory pursuant to subsection (a) of this section, with
404 information describing the dangers of lead poisoning, precautions to
405 reduce the risk of lead poisoning, information about potential

406 eligibility for services for children from birth to three years of age
407 pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and
408 regulations concerning lead abatement after receiving an initial report
409 of an abnormal body burden of lead in the blood of such child as
410 described in this subsection. Said information shall be developed by
411 the Department of Public Health and provided to each local and
412 district director of health. With respect to the child reported, the
413 director shall conduct an on-site inspection to identify the source of the
414 lead causing a confirmed venous blood lead level equal to or greater
415 than fifteen micrograms per deciliter but less than twenty micrograms
416 per deciliter in two tests taken at least three months apart and order
417 remediation of such sources by the appropriate persons responsible for
418 the conditions at such source. [On and after January 1, 2012, if] If one
419 per cent or more of children in this state under the age of six report
420 blood lead levels equal to or greater than ten micrograms per deciliter,
421 the director shall conduct such on-site inspection and order such
422 remediation for any child having a confirmed venous blood lead level
423 equal to or greater than ten micrograms per deciliter in two tests taken
424 at least three months apart.

425 Sec. 9. Section 19a-111 of the general statutes is repealed and the
426 following is substituted in lieu thereof (*Effective October 1, 2014*):

427 Upon receipt of each report of confirmed venous blood lead level
428 equal to or greater than twenty micrograms per deciliter of blood, the
429 local director of health shall make or cause to be made an
430 epidemiological investigation of the source of the lead causing the
431 increased lead level or abnormal body burden and shall order action to
432 be taken by the appropriate person [or persons] responsible for the
433 condition [or conditions which] that brought about such lead
434 poisoning as may be necessary to prevent further exposure of persons
435 to such poisoning. In the case of any residential unit where such action
436 will not result in removal of the hazard within a reasonable time, the
437 local director of health shall utilize such community resources as are
438 available to effect relocation of any family occupying such unit. The
439 local director of health may permit occupancy in said residential unit

440 during abatement if, in [his] such director's judgment, occupancy
441 would not threaten the health and well-being of the occupants. The
442 local director of health shall, [within thirty days of] not later than thirty
443 days after the conclusion of [his] such director's investigation, report to
444 the Commissioner of Public Health the result of such investigation and
445 the action taken to [insure] ensure against further lead poisoning from
446 the same source, including any measures taken to effect relocation of
447 families. Such report shall include information relevant to the
448 identification and location of the source of lead poisoning and such
449 other information as the commissioner may require pursuant to
450 regulations adopted in accordance with the provisions of chapter 54.
451 The commissioner shall maintain comprehensive records of all reports
452 submitted pursuant to this section and section 19a-110, as amended by
453 this act. Such records shall be geographically indexed in order to
454 determine the location of areas of relatively high incidence of lead
455 poisoning. [The commissioner shall prepare a quarterly summary of
456 such records which he shall keep on file and release upon request.] The
457 commissioner shall establish, in conjunction with recognized
458 professional medical groups, guidelines consistent with the National
459 Centers for Disease Control for assessment of the risk of lead
460 poisoning, screening for lead poisoning and treatment and follow-up
461 care of individuals including children with lead poisoning, women
462 who are pregnant and women who are planning pregnancy. Nothing
463 in this section shall be construed to prohibit a local building official
464 from requiring abatement of sources of lead.

465 Sec. 10. Section 19a-111g of the general statutes is repealed and the
466 following is substituted in lieu thereof (*Effective October 1, 2014*):

467 (a) Each primary care provider giving pediatric care in this state,
468 excluding a hospital emergency department and its staff: (1) Shall
469 conduct lead [screening] testing at least annually for each child nine to
470 thirty-five months of age, inclusive, in accordance with the Childhood
471 Lead Poisoning Prevention Screening Advisory Committee
472 recommendations for childhood lead screening in Connecticut; (2)
473 shall conduct lead [screening] testing for any child thirty-six to

474 seventy-two months of age, inclusive, who has not been previously
475 [screened] tested or for any child under seventy-two months of age, if
476 clinically indicated as determined by the primary care provider in
477 accordance with the Childhood Lead Poisoning Prevention Screening
478 Advisory Committee recommendations for childhood lead screening
479 in Connecticut; (3) shall provide, at the time such lead testing occurs,
480 educational materials or anticipatory guidance information concerning
481 lead poisoning prevention to such child's parent or guardian in
482 accordance with the Childhood Lead Poisoning Prevention Screening
483 Advisory Committee recommendations for childhood lead screening
484 in Connecticut; (4) shall conduct a medical risk assessment at least
485 annually for each child thirty-six to [seventy-one] seventy-two months
486 of age, inclusive, in accordance with the Childhood Lead Poisoning
487 Prevention Screening Advisory Committee recommendations for
488 childhood lead screening in Connecticut; [(4)] and (5) may conduct a
489 medical risk assessment at any time for any child thirty-six months of
490 age or younger who is determined by the primary care provider to be
491 in need of such risk assessment in accordance with the Childhood
492 Lead Poisoning Prevention Screening Advisory Committee
493 recommendations for childhood lead screening in Connecticut.

494 (b) The requirements of this section do not apply to any child whose
495 parents or guardians object to blood testing as being in conflict with
496 their religious tenets and practice.

497 Sec. 11. Section 19a-522b of the general statutes is repealed and the
498 following is substituted in lieu thereof (*Effective October 1, 2014*):

499 (a) A chronic and convalescent nursing home or a rest home with
500 nursing supervision shall preserve all patient medical records,
501 irrespective of whether such records are in a printed or electronic
502 format, for not less than seven years following the date of the patient's
503 discharge from such facility or, in the case of a patient who dies at the
504 facility, for not less than seven years following the date of death. A
505 chronic and convalescent nursing home or rest home with nursing
506 supervision may maintain all or any portion of a patient's medical

507 record in an electronic format that complies with accepted professional
508 standards for such medical records. [In accordance with section 19a-36,
509 the] The Commissioner of Public Health shall [amend the Public
510 Health Code in conformity with] adopt regulations, in accordance with
511 the provisions of chapter 54, to implement the provisions of this
512 [section] subsection.

513 (b) A chronic or convalescent nursing home or a rest home with
514 nursing supervision may use electronic signatures for patient medical
515 records, provided such chronic or convalescent nursing home or rest
516 home with nursing supervision has written policies in place to
517 maintain the privacy and security of such electronic signatures.

518 Sec. 12. Section 19a-181 of the general statutes is repealed and the
519 following is substituted in lieu thereof (*Effective October 1, 2014*):

520 (a) Each ambulance, [or rescue vehicle used by an ambulance or
521 rescue service] invalid coach and intermediate or paramedic intercept
522 vehicle used by an emergency medical service organization shall be
523 registered with the Department of Motor Vehicles pursuant to chapter
524 246. [Said] The Department of Motor Vehicles shall not issue a
525 certificate of registration for any such ambulance, [or rescue vehicle]
526 invalid coach or intermediate or paramedic intercept vehicle unless the
527 applicant for such certificate of registration presents to said
528 department a safety certificate from the Commissioner of Public
529 Health certifying that said ambulance, [or rescue vehicle] invalid coach
530 and intermediate or paramedic intercept vehicle has been inspected
531 and has met the minimum standards prescribed by the [commissioner]
532 Commissioner of Public Health. Each vehicle so registered with the
533 Department of Motor Vehicles shall be inspected once every two years
534 thereafter [by the Commissioner of Public Health] on or before the
535 anniversary date of the issuance of the certificate of registration. [Each]
536 Such inspection shall be conducted (1) in accordance with 49 CFR
537 396.17, as amended from time to time, and (2) by a person (A) qualified
538 to perform such inspection in accordance with 49 CFR 396.19 and 49
539 CFR 396.25, as amended from time to time, and (B) employed by the

540 state or a municipality of the state or licensed in accordance with
541 section 14-52. A record of each inspection shall be made in accordance
542 with section 49 CFR 396.21, as amended from time to time. Each such
543 inspector, upon determining that such ambulance, [or rescue vehicle]
544 invalid coach or intermediate or paramedic intercept vehicle meets the
545 standards of safety and equipment prescribed by the Commissioner of
546 Public Health, shall affix a safety certificate to such vehicle in such
547 manner and form as [the] said commissioner designates, and such
548 sticker shall be so placed as to be readily visible to any person in the
549 rear compartment of such vehicle.

550 (b) The Department of Motor Vehicles shall suspend or revoke the
551 certificate of registration of any vehicle inspected under the provisions
552 of this section upon certification from the Commissioner of Public
553 Health that such ambulance or rescue vehicle has failed to meet the
554 minimum standards prescribed by said commissioner.

555 Sec. 13. Subsection (e) of section 25-32 of the 2014 supplement to the
556 general statutes is repealed and the following is substituted in lieu
557 thereof (*Effective October 1, 2014*):

558 (e) The commissioner shall not grant a permit for the sale, lease,
559 assignment or change in use of any land in class II unless (1) [the land
560 in class II is being sold, leased or assigned as part of a larger parcel of
561 land also containing land in class III and] use restrictions applicable to
562 [the] such land [in class II] will prevent the land [in class II] from being
563 developed, (2) the applicant demonstrates that the proposed sale,
564 lease, assignment or change in use will not have a significant adverse
565 impact upon the purity and adequacy of the public drinking water
566 supply and that any use restrictions which the commissioner requires
567 as a condition of granting a permit can be enforced against subsequent
568 owners, lessees and assignees, (3) the commissioner determines, after
569 giving effect to any use restrictions which may be required as a
570 condition of granting the permit, that such proposed sale, lease,
571 assignment or change in use will not have a significant adverse effect
572 on the public drinking water supply, whether or not similar permits

573 have been granted, and (4) on or after January 1, 2003, as a condition to
574 the sale, lease or assignment of any class II lands, a permanent
575 conservation easement on the land is entered into to preserve the land
576 in perpetuity predominantly in its natural scenic and open condition
577 for the protection of natural resources and public water supplies while
578 allowing for recreation consistent with such protection and
579 improvements necessary for the protection or provision of safe and
580 adequate potable water, except in cases where the class II land is
581 deemed necessary to provide access or egress to a parcel of class III
582 land, as defined in section 25-37c, that is approved for sale.
583 Preservation in perpetuity shall not include permission for the land to
584 be developed for any commercial, residential or industrial uses, nor
585 shall it include permission for recreational purposes requiring intense
586 development, including, but not limited to, golf courses, driving
587 ranges, tennis courts, ballfields, swimming pools and uses by
588 motorized vehicles other than vehicles needed by water companies to
589 carry out their purposes, provided trails or pathways for pedestrians,
590 motorized wheelchairs or nonmotorized vehicles shall not be
591 considered intense development.

592 Sec. 14. (NEW) (*Effective October 1, 2014*) Each chronic and
593 convalescent nursing home or rest home with nursing supervision
594 shall complete a comprehensive medical history and medical
595 examination for each patient upon the patient's admission and
596 annually thereafter. The Commissioner of Public Health shall prescribe
597 the medical examination requirements, including tests and procedures
598 to be performed, in regulations adopted in accordance with the
599 provisions of chapter 54 of the general statutes. A urinalysis, including
600 protein and glucose qualitative determination and microscopic
601 examination, shall not be required as part of such facility's post-
602 admission tests.

603 Sec. 15. Section 19a-494a of the general statutes is repealed and the
604 following is substituted in lieu thereof (*Effective October 1, 2014*):

605 If the Commissioner of Public Health finds that the health, safety or

606 welfare of any patient or patients served by an institution, as defined
607 in [subsections (d) and (e) of] section 19a-490, imperatively requires
608 emergency action and [he] the commissioner incorporates a finding to
609 that effect in [his] an order, [he] the commissioner may issue a
610 summary order to the holder of a license issued pursuant to section
611 19a-493 pending completion of any proceedings conducted pursuant
612 to section 19a-494. These proceedings shall be promptly instituted and
613 determined. The orders [which] that the commissioner may issue shall
614 include, but not be limited to: (1) Revoking or suspending the license;
615 (2) prohibiting such institution from contracting with new patients or
616 terminating its relationship with current patients; (3) limiting the
617 license of such institution in any respect, including reducing the
618 patient capacity or services which may be provided by such
619 institution; and (4) compelling compliance with the applicable statutes
620 or regulations of the department.

621 Sec. 16. Subsection (c) of section 19a-495 of the general statutes is
622 repealed and the following is substituted in lieu thereof (*Effective*
623 *October 1, 2014*):

624 (c) The commissioner may waive any provisions of the regulations
625 affecting [the physical plant requirements of residential care homes] an
626 institution, as defined in section 19a-490, if the commissioner
627 determines that such waiver would not endanger the health, safety or
628 welfare of any patient or resident. The commissioner may impose
629 conditions, upon granting the waiver, that assure the health, safety and
630 welfare of patients or residents, and may revoke the waiver upon a
631 finding that the health, safety or welfare of any patient or resident has
632 been jeopardized. The commissioner shall not grant a waiver that
633 would result in a violation of the Fire Safety Code or State Building
634 Code. The commissioner may adopt regulations, in accordance with
635 chapter 54, establishing procedures for an application for a waiver
636 pursuant to this subsection.

637 Sec. 17. Section 19a-175 of the general statutes is repealed and the
638 following is substituted in lieu thereof (*Effective October 1, 2014*):

639 As used in this chapter, unless the context otherwise requires:

640 (1) "Emergency medical service system" means a system which
641 provides for the arrangement of personnel, facilities and equipment for
642 the efficient, effective and coordinated delivery of health care services
643 under emergency conditions;

644 (2) "Patient" means an injured, ill, crippled or physically
645 handicapped person requiring assistance and transportation;

646 (3) "Ambulance" means a motor vehicle specifically designed to
647 carry patients;

648 (4) "Ambulance service" means an organization which transports
649 patients;

650 (5) "Emergency medical technician" means [an individual] a person
651 who [has successfully completed the training requirements established
652 by the commissioner and has been certified by the Department of
653 Public Health] is certified pursuant to chapter 368d;

654 (6) "Ambulance driver" means a person whose primary function is
655 driving an ambulance;

656 (7) "Emergency medical services instructor" means a person who is
657 certified [by the Department of Public Health to teach courses, the
658 completion of which is required in order to become an emergency
659 medical technician] pursuant to chapter 368d;

660 (8) "Communications facility" means any facility housing the
661 personnel and equipment for handling the emergency communications
662 needs of a particular geographic area;

663 (9) "Life saving equipment" means equipment used by emergency
664 medical personnel for the stabilization and treatment of patients;

665 (10) "Emergency medical service organization" means any
666 organization whether public, private or voluntary [which] that offers
667 transportation or treatment services to patients primarily under

668 emergency conditions;

669 (11) "Invalid coach" means a vehicle used exclusively for the
670 transportation of nonambulatory patients, who are not confined to
671 stretchers, to or from either a medical facility or the patient's home in
672 nonemergency situations or utilized in emergency situations as a
673 backup vehicle when insufficient emergency vehicles exist;

674 (12) "Rescue service" means any organization, whether [profit] for-
675 profit or nonprofit, whose primary purpose is to search for persons
676 who have become lost or to render emergency service to persons who
677 are in dangerous or perilous circumstances;

678 (13) "Provider" means any person, corporation or organization,
679 whether profit or nonprofit, whose primary purpose is to deliver
680 medical care or services, including such related medical care services
681 as ambulance transportation;

682 (14) "Commissioner" means the Commissioner of Public Health;

683 (15) "Paramedic" means a person licensed pursuant to section 20-
684 206ll;

685 (16) "Commercial ambulance service" means an ambulance service
686 which primarily operates for profit;

687 (17) "Licensed ambulance service" means a commercial ambulance
688 service or a volunteer or municipal ambulance service issued a license
689 by the commissioner;

690 (18) "Certified ambulance service" means a municipal, [or] volunteer
691 or nonprofit ambulance service issued a certificate by the
692 commissioner;

693 [(19) "Management service" means an employment organization
694 that does not own or lease ambulances or other emergency medical
695 vehicles and that provides emergency medical technicians or
696 paramedics to an emergency medical service organization;]

697 [(20)] (19) "Automatic external defibrillator" means a device that: (A)
698 Is used to administer an electric shock through the chest wall to the
699 heart; (B) contains internal decision-making electronics,
700 microcomputers or special software that allows it to interpret
701 physiologic signals, make medical diagnosis and, if necessary, apply
702 therapy; (C) guides the user through the process of using the device by
703 audible or visual prompts; and (D) does not require the user to employ
704 any discretion or judgment in its use;

705 [(21)] (20) "Mutual aid call" means a call for emergency medical
706 services that, pursuant to the terms of a written agreement, is
707 responded to by a secondary or alternate emergency medical services
708 provider if the primary or designated emergency medical services
709 provider is unable to respond because such primary or designated
710 provider is responding to another call for emergency medical services
711 or the ambulance or nontransport emergency vehicle operated by such
712 primary or designated provider is out of service. For purposes of this
713 subdivision, "nontransport emergency vehicle" means a vehicle used
714 by emergency medical technicians or paramedics in responding to
715 emergency calls that is not used to carry patients;

716 [(22)] (21) "Municipality" means the legislative body of a
717 municipality or the board of selectmen in the case of a municipality in
718 which the legislative body is a town meeting;

719 [(23)] (22) "Primary service area" means a specific geographic area to
720 which one designated emergency medical services provider is
721 assigned for each category of emergency medical response services;

722 [(24)] (23) "Primary service area responder" means an emergency
723 medical services provider who is designated to respond to a victim of
724 sudden illness or injury in a primary service area;

725 [(25)] (24) "Interfacility critical care transport" means the interfacility
726 transport of a patient between licensed [hospitals] health care
727 institutions;

728 [(26)] (25) "Advanced emergency medical technician" means an
729 individual who is certified as an advanced emergency medical
730 technician by the Department of Public Health;

731 [(27)] (26) "Emergency medical responder" means an individual who
732 is [certified as an emergency medical responder by the Department of
733 Public Health] certified pursuant to this chapter;

734 [(28)] (27) "Medical oversight" means the active surveillance by
735 physicians of [mobile intensive care] the provision of emergency
736 medical services sufficient for the assessment of overall emergency
737 medical service practice levels, as defined by state-wide protocols;

738 [(29)] "Mobile intensive care" means prehospital care involving
739 invasive or definitive skills, equipment, procedures and other
740 therapies;]

741 [(30)] (28) "Office of Emergency Medical Services" means the office
742 established within the Department of Public Health [Services]
743 pursuant to section 19a-178; [and]

744 [(31)] (29) "Sponsor hospital" means a hospital that has agreed to
745 maintain staff for the provision of medical oversight, supervision and
746 direction to an emergency medical service organization and its
747 personnel and has been approved for such activity by the [Office of
748 Emergency Medical Services.] Department of Public Health; and

749 (30) "Paramedic intercept service" means paramedic treatment
750 services provided by an entity that does not provide the ground
751 ambulance transport.

752 Sec. 18. Section 19a-177 of the general statutes is repealed and the
753 following is substituted in lieu thereof (*Effective October 1, 2014*):

754 The commissioner shall:

755 (1) With the advice of the Office of Emergency Medical Services
756 established pursuant to section 19a-178 and of an advisory committee

757 on emergency medical services and with the benefit of meetings held
758 pursuant to subsection (b) of section 19a-184, adopt every five years a
759 state-wide plan for the coordinated delivery of emergency medical
760 services;

761 (2) License or certify the following: (A) Ambulance operations,
762 ambulance drivers, emergency medical technicians and
763 communications personnel; (B) emergency room facilities and
764 communications facilities; and (C) transportation equipment, including
765 land, sea and air vehicles used for transportation of patients to
766 emergency facilities and periodically inspect life saving equipment,
767 emergency facilities and emergency transportation vehicles to insure
768 that state standards are maintained;

769 (3) Annually inventory emergency medical services resources
770 within the state, including facilities, equipment, and personnel, for the
771 purposes of determining the need for additional services and the
772 effectiveness of existing services;

773 (4) Review and evaluate all area-wide plans developed by the
774 emergency medical services councils pursuant to section 19a-182 in
775 order to insure conformity with standards issued by the commissioner;

776 (5) Within thirty days of their receipt, review all grant and contract
777 applications for federal or state funds concerning emergency medical
778 services or related activities for conformity to policy guidelines and
779 forward such application to the appropriate agency, when required;

780 (6) Establish such minimum standards and adopt such regulations
781 in accordance with the provisions of chapter 54, as may be necessary to
782 develop the following components of an emergency medical service
783 system: (A) Communications, which shall include, but not be limited
784 to, equipment, radio frequencies and operational procedures; (B)
785 transportation services, which shall include, but not be limited to,
786 vehicle type, design, condition and maintenance, and operational
787 procedure; (C) training, which shall include, but not be limited to,
788 emergency medical technicians, communications personnel,

789 paraprofessionals associated with emergency medical services,
790 firefighters and state and local police; and (D) emergency medical
791 service facilities, which shall include, but not be limited to,
792 categorization of emergency departments as to their treatment
793 capabilities and ancillary services;

794 (7) Coordinate training of all personnel related to emergency
795 medical services;

796 (8) (A) Not later than October 1, 2001, develop or cause to be
797 developed a data collection system that will follow a patient from
798 initial entry into the emergency medical service system through arrival
799 at the emergency room and, within available appropriations, may
800 expand the data collection system to include clinical treatment and
801 patient outcome data. The commissioner shall, on a quarterly basis,
802 collect the following information from each licensed ambulance
803 service, [or] certified ambulance service or paramedic intercept service
804 that provides emergency medical services: (i) The total number of calls
805 for emergency medical services received by such licensed ambulance
806 service, [or] certified ambulance service or paramedic intercept service
807 through the 9-1-1 system during the reporting period; (ii) each level of
808 emergency medical services, as defined in regulations adopted
809 pursuant to section 19a-179, required for each such call; (iii) the
810 response time for each licensed ambulance service, [or] certified
811 ambulance service or paramedic intercept service during the reporting
812 period; (iv) the number of passed calls, cancelled calls and mutual aid
813 calls during the reporting period; and (v) for the reporting period, the
814 prehospital data for the nonscheduled transport of patients required
815 by regulations adopted pursuant to subdivision (6) of this section. The
816 information required under this subdivision may be submitted in any
817 written or electronic form selected by such licensed ambulance service,
818 [or] certified ambulance service or paramedic intercept service and
819 approved by the commissioner, provided the commissioner shall take
820 into consideration the needs of such licensed ambulance service, [or]
821 certified ambulance service, or paramedic intercept service in
822 approving such written or electronic form. The commissioner may

823 conduct an audit of any such licensed ambulance service, [or] certified
824 ambulance service or paramedic intercept service as the commissioner
825 deems necessary in order to verify the accuracy of such reported
826 information.

827 (B) The commissioner shall prepare a report to the Emergency
828 Medical Services Advisory Board, established pursuant to section 19a-
829 178a, that shall include, but not be limited to, the following
830 information: (i) The total number of calls for emergency medical
831 services received during the reporting year by each licensed
832 ambulance service, [or] certified ambulance service or paramedic
833 intercept service; (ii) the level of emergency medical services required
834 for each such call; (iii) the name of the provider of each such level of
835 emergency medical services furnished during the reporting year; (iv)
836 the response time, by time ranges or fractile response times, for each
837 licensed ambulance service, [or] certified ambulance service or
838 paramedic intercept service, using a common definition of response
839 time, as provided in regulations adopted pursuant to section 19a-179;
840 and (v) the number of passed calls, cancelled calls and mutual aid calls
841 during the reporting year. The commissioner shall prepare such report
842 in a format that categorizes such information for each municipality in
843 which the emergency medical services were provided, with each such
844 municipality grouped according to urban, suburban and rural
845 classifications.

846 (C) If any licensed ambulance service, [or] certified ambulance
847 service or paramedic intercept service does not submit the information
848 required under subparagraph (A) of this subdivision for a period of six
849 consecutive months, or if the commissioner believes that such licensed
850 ambulance service, [or] certified ambulance service or paramedic
851 intercept service knowingly or intentionally submitted incomplete or
852 false information, the commissioner shall issue a written order
853 directing such licensed ambulance service, [or] certified ambulance
854 service, or paramedic intercept service to comply with the provisions
855 of subparagraph (A) of this subdivision and submit all missing
856 information or such corrected information as the commissioner may

857 require. If such licensed ambulance service, [or] certified ambulance
858 service or paramedic intercept service fails to fully comply with such
859 order not later than three months from the date such order is issued,
860 the commissioner (i) shall conduct a hearing, in accordance with
861 chapter 54, at which such licensed ambulance service, [or] certified
862 ambulance service or paramedic intercept service shall be required to
863 show cause why the primary service area assignment of such licensed
864 ambulance service, [or] certified ambulance service or paramedic
865 intercept service should not be revoked, and (ii) may take such
866 disciplinary action under section 19a-17 as the commissioner deems
867 appropriate.

868 (D) The commissioner shall collect the information required by
869 subparagraph (A) of this subdivision, in the manner provided in said
870 subparagraph, from each person or emergency medical service
871 organization licensed or certified under section 19a-180 that provides
872 emergency medical services;

873 (9) (A) Establish rates for the conveyance and treatment of patients
874 by licensed ambulance services and invalid coaches and establish
875 emergency service rates for certified ambulance services and
876 paramedic intercept services, provided (i) the present rates established
877 for such services and vehicles shall remain in effect until such time as
878 the commissioner establishes a new rate schedule as provided in this
879 subdivision, and (ii) any rate increase not in excess of the Medical Care
880 Services Consumer Price Index, as published by the Bureau of Labor
881 Statistics of the United States Department of Labor, for the prior year,
882 filed in accordance with subparagraph (B)(iii) of this subdivision shall
883 be deemed approved by the commissioner. For purposes of this
884 subdivision, licensed ambulance service shall not include emergency
885 air transport services.

886 (B) Adopt regulations, in accordance with the provisions of chapter
887 54, establishing methods for setting rates and conditions for charging
888 such rates. Such regulations shall include, but not be limited to,
889 provisions requiring that on and after July 1, 2000: (i) Requests for rate

890 increases may be filed no more frequently than once a year, except
891 that, in any case where an agency's schedule of maximum allowable
892 rates falls below that of the Medicare allowable rates for that agency,
893 the commissioner shall immediately amend such schedule so that the
894 rates are at or above the Medicare allowable rates; (ii) only licensed
895 ambulance services, [and] certified ambulance services and paramedic
896 intercept services that apply for a rate increase in excess of the Medical
897 Care Services Consumer Price Index, as published by the Bureau of
898 Labor Statistics of the United States Department of Labor, for the prior
899 year, and do not accept the maximum allowable rates contained in any
900 voluntary state-wide rate schedule established by the commissioner for
901 the rate application year shall be required to file detailed financial
902 information with the commissioner, provided any hearing that the
903 commissioner may hold concerning such application shall be
904 conducted as a contested case in accordance with chapter 54; (iii)
905 licensed ambulance services, [and] certified ambulance services and
906 paramedic intercept services that do not apply for a rate increase in
907 any year in excess of the Medical Care Services Consumer Price Index,
908 as published by the Bureau of Labor Statistics of the United States
909 Department of Labor, for the prior year, or that accept the maximum
910 allowable rates contained in any voluntary state-wide rate schedule
911 established by the commissioner for the rate application year shall, not
912 later than July fifteenth of such year, file with the commissioner a
913 statement of emergency and nonemergency call volume, and, in the
914 case of a licensed ambulance service, [or] certified ambulance service
915 or paramedic intercept service that is not applying for a rate increase, a
916 written declaration by such licensed ambulance service, [or] certified
917 ambulance service or paramedic intercept service that no change in its
918 currently approved maximum allowable rates will occur for the rate
919 application year; and (iv) detailed financial and operational
920 information filed by licensed ambulance services, [and] certified
921 ambulance services and paramedic intercept services to support a
922 request for a rate increase in excess of the Medical Care Services
923 Consumer Price Index, as published by the Bureau of Labor Statistics
924 of the United States Department of Labor, for the prior year, shall

925 cover the time period pertaining to the most recently completed fiscal
926 year and the rate application year of the licensed ambulance service,
927 [or] certified ambulance service or paramedic intercept service.

928 (C) Establish rates for licensed ambulance services, [and] certified
929 ambulance services or paramedic intercept services for the following
930 services and conditions: (i) "Advanced life support assessment" and
931 "specialty care transports", which terms shall have the meaning
932 provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which
933 means mileage for an ambulance transport when the point of origin
934 and final destination for a transport is within the boundaries of the
935 same municipality. The rates established by the commissioner for each
936 such service or condition shall be equal to (I) the ambulance service's
937 base rate plus its established advanced life support/paramedic
938 surcharge when advanced life support assessment services are
939 performed; (II) two hundred twenty-five per cent of the ambulance
940 service's established base rate for specialty care transports; and (III)
941 "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied
942 by the ambulance service's established rate for intramunicipality
943 mileage. Such rates shall remain in effect until such time as the
944 commissioner establishes a new rate schedule as provided in this
945 subdivision;

946 (10) Research, develop, track and report on appropriate quantifiable
947 outcome measures for the state's emergency medical services system
948 and submit to the joint standing committee of the General Assembly
949 having cognizance of matters relating to public health, in accordance
950 with the provisions of section 11-4a, on or before July 1, 2002, and
951 annually thereafter, a report on the progress toward the development
952 of such outcome measures and, after such outcome measures are
953 developed, an analysis of emergency medical services system
954 outcomes;

955 (11) Establish primary service areas and assign in writing a primary
956 service area responder for each primary service area;

957 (12) Revoke primary services area assignments upon determination

958 by the commissioner that it is in the best interests of patient care to do
959 so; and

960 (13) Annually issue a list of minimum equipment requirements for
961 ambulances and rescue vehicles based upon current national
962 standards. The commissioner shall distribute such list to all emergency
963 medical services organizations and sponsor hospital medical directors
964 and make such list available to other interested stakeholders.
965 Emergency medical services organizations shall have one year from
966 the date of issuance of such list to comply with the minimum
967 equipment requirements.

968 Sec. 19. Section 19a-180 of the general statutes is repealed and the
969 following is substituted in lieu thereof (*Effective October 1, 2014*):

970 (a) No person shall operate any ambulance service, paramedic
971 intercept service or rescue service [or management service] without
972 either a license or a certificate issued by the commissioner. No person
973 shall operate a commercial ambulance service or commercial rescue
974 service [or a management service] without a license issued by the
975 commissioner. A certificate shall be issued to any volunteer or
976 municipal ambulance service [which] or any ambulance service or
977 paramedic intercept service that is operated and maintained by a state
978 agency and that shows proof satisfactory to the commissioner that it
979 meets the minimum standards of the commissioner in the areas of
980 training, equipment and personnel. No license or certificate shall be
981 issued to any volunteer, municipal or commercial ambulance service,
982 paramedic intercept service or rescue service or [management service,
983 as defined in subdivision (19) of section 19a-175] any ambulance
984 service or paramedic intercept service that is operated and maintained
985 by a state agency, unless it meets the requirements of subsection (e) of
986 section 14-100a. Applicants for a license shall use the forms prescribed
987 by the commissioner and shall submit such application to the
988 commissioner accompanied by an annual fee of two hundred dollars.
989 In considering requests for approval of permits for new or expanded
990 emergency medical services in any region, the commissioner shall

991 consult with the Office of Emergency Medical Services and the
992 emergency medical services council of such region and shall hold a
993 public hearing to determine the necessity for such services. Written
994 notice of such hearing shall be given to current providers in the
995 geographic region where such new or expanded services would be
996 implemented, provided, any volunteer ambulance service which elects
997 not to levy charges for services rendered under this chapter shall be
998 exempt from the provisions concerning requests for approval of
999 permits for new or expanded emergency medical services set forth in
1000 this subsection. A primary service area responder that operates in the
1001 service area identified in the application shall, upon request, be
1002 granted intervenor status with opportunity for cross-examination.
1003 Each applicant for licensure shall furnish proof of financial
1004 responsibility which the commissioner deems sufficient to satisfy any
1005 claim. The commissioner may adopt regulations, in accordance with
1006 the provisions of chapter 54, to establish satisfactory kinds of coverage
1007 and limits of insurance for each applicant for either licensure or
1008 certification. Until such regulations are adopted, the following shall be
1009 the required limits for licensure: (1) For damages by reason of personal
1010 injury to, or the death of, one person on account of any accident, at
1011 least five hundred thousand dollars, and more than one person on
1012 account of any accident, at least one million dollars, (2) for damage to
1013 property at least fifty thousand dollars, and (3) for malpractice in the
1014 care of one passenger at least two hundred fifty thousand dollars, and
1015 for more than one passenger at least five hundred thousand dollars. In
1016 lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this
1017 subsection, a single limit of liability shall be allowed as follows: (A) For
1018 damages by reason of personal injury to, or death of, one or more
1019 persons and damage to property, at least one million dollars; and (B)
1020 for malpractice in the care of one or more passengers, at least five
1021 hundred thousand dollars. A certificate of such proof shall be filed
1022 with the commissioner. Upon determination by the commissioner that
1023 an applicant is financially responsible, properly certified and otherwise
1024 qualified to operate a commercial ambulance service, paramedic
1025 intercept service or rescue service, [or management service,] the

1026 commissioner shall issue the appropriate license effective for one year
1027 to such applicant. If the commissioner determines that an applicant for
1028 either a certificate or license is not so qualified, the commissioner shall
1029 notify such applicant of the denial of the application with a statement
1030 of the reasons for such denial. Such applicant shall have thirty days to
1031 request a hearing on the denial of the application.

1032 (b) Any person [, management service organization] or emergency
1033 medical service organization [which] that does not maintain standards
1034 or violates regulations adopted under any section of this chapter
1035 applicable to such person or organization may have such person's or
1036 organization's license or certification suspended or revoked or may be
1037 subject to any other disciplinary action specified in section 19a-17 after
1038 notice by certified mail to such person or organization of the facts or
1039 conduct [which] that warrant the intended action. Such person or
1040 emergency medical service organization shall have an opportunity to
1041 show compliance with all requirements for the retention of such
1042 certificate or license. In the conduct of any investigation by the
1043 commissioner of alleged violations of the standards or regulations
1044 adopted under the provisions of this chapter, the commissioner may
1045 issue subpoenas requiring the attendance of witnesses and the
1046 production by any medical service organization or person of reports,
1047 records, tapes or other documents [which] that concern the allegations
1048 under investigation. All records obtained by the commissioner in
1049 connection with any such investigation shall not be subject to the
1050 provisions of section 1-210 for a period of six months from the date of
1051 the petition or other event initiating such investigation, or until such
1052 time as the investigation is terminated pursuant to a withdrawal or
1053 other informal disposition or until a hearing is convened pursuant to
1054 chapter 54, whichever is earlier. A complaint, as defined in subdivision
1055 (6) of section 19a-13, shall be subject to the provisions of section 1-210
1056 from the time that it is served or mailed to the respondent. Records
1057 [which] that are otherwise public records shall not be deemed
1058 confidential merely because they have been obtained in connection
1059 with an investigation under this chapter.

1060 (c) Any person [, management service organization] or emergency
1061 medical service organization aggrieved by an act or decision of the
1062 commissioner regarding certification or licensure may appeal in the
1063 manner provided by chapter 54.

1064 (d) Any person who commits any of the following acts shall be
1065 guilty of a class C misdemeanor: (1) In any application to the
1066 commissioner or in any proceeding before or investigation made by
1067 the commissioner, knowingly making any false statement or
1068 representation, or, with knowledge of its falsity, filing or causing to be
1069 filed any false statement or representation in a required application or
1070 statement; (2) issuing, circulating or publishing or causing to be issued,
1071 circulated or published any form of advertisement or circular for the
1072 purpose of soliciting business which contains any statement that is
1073 false or misleading, or otherwise likely to deceive a reader thereof,
1074 with knowledge that it contains such false, misleading or deceptive
1075 statement; (3) giving or offering to give anything of value to any
1076 person for the purpose of promoting or securing ambulance or rescue
1077 service business or obtaining favors relating thereto; (4) administering
1078 or causing to be administered, while serving in the capacity of an
1079 employee of any licensed ambulance or rescue service, any alcoholic
1080 liquor to any patient in such employee's care, except under the
1081 supervision and direction of a licensed physician; (5) in any respect
1082 wilfully violating or failing to comply with any provision of this
1083 chapter or wilfully violating, failing, omitting or neglecting to obey or
1084 comply with any regulation, order, decision or license, or any part or
1085 provisions thereof; or (6) with one or more other persons, conspiring to
1086 violate any license or order issued by the commissioner or any
1087 provision of this chapter.

1088 (e) No person shall place any advertisement or produce any printed
1089 matter that holds that person out to be an ambulance service unless
1090 such person is licensed or certified pursuant to this section. Any such
1091 advertisement or printed matter shall include the license or certificate
1092 number issued by the commissioner.

1093 (f) Each licensed or certified [ambulance service shall] emergency
1094 medical service organization shall: (1) Ensure that its emergency
1095 medical personnel, whether such personnel are employees or
1096 contracted through an employment agency or personnel pool, are
1097 appropriately licensed or certified by the Department of Public Health
1098 to perform their job duties and that such licenses or certifications
1099 remain valid; (2) ensure that any employment agency or personnel
1100 pool, from which the emergency medical service organization obtains
1101 personnel meets the required general liability and professional liability
1102 insurance limits described in subsection (a) of this section and that all
1103 persons performing work or volunteering for the medical service
1104 organization are covered by such insurance; and (3) secure and
1105 maintain medical oversight, as defined in section 19a-175, as amended
1106 by this act, by a sponsor hospital, as defined in section 19a-175, as
1107 amended by this act. [for all its emergency medical personnel, whether
1108 such personnel are employed by the ambulance service or a
1109 management service.]

1110 (g) Each applicant whose request for new or expanded emergency
1111 medical services is approved shall, not later than six months after the
1112 date of such approval, acquire the necessary resources, equipment and
1113 other material necessary to comply with the terms of the approval and
1114 operate in the service area identified in the application. If the applicant
1115 fails to do so, the approval for new or expanded medical services shall
1116 be void and the commissioner shall rescind the approval.

1117 (h) Notwithstanding the provisions of subsection (a) of this section,
1118 any volunteer, hospital-based or municipal ambulance service or any
1119 ambulance service or paramedic intercept service operated and
1120 maintained by a state agency that is licensed or certified and is a
1121 primary service area responder may apply to the commissioner to add
1122 one emergency vehicle to its existing fleet every three years, on a short
1123 form application prescribed by the commissioner. No such volunteer,
1124 hospital-based or municipal ambulance service or any ambulance
1125 service or paramedic intercept service operated and maintained by a
1126 state agency may add more than one emergency vehicle to its existing

1127 fleet pursuant to this subsection regardless of the number of
1128 municipalities served by such volunteer, hospital-based or municipal
1129 ambulance service. Upon making such application, the applicant shall
1130 notify in writing all other primary service area responders in any
1131 municipality or abutting municipality in which the applicant proposes
1132 to add the additional emergency vehicle. Except in the case where a
1133 primary service area responder entitled to receive notification of such
1134 application objects, in writing, to the commissioner not later than
1135 fifteen calendar days after receiving such notice, the application shall
1136 be deemed approved thirty calendar days after filing. If any such
1137 primary service area responder files an objection with the
1138 commissioner within the fifteen-calendar-day time period and requests
1139 a hearing, the applicant shall be required to demonstrate need at a
1140 public hearing as required under subsection (a) of this section.

1141 (i) The commissioner shall develop a short form application for
1142 primary service area responders seeking to add an emergency vehicle
1143 to their existing fleets pursuant to subsection (h) of this section. The
1144 application shall require an applicant to provide such information as
1145 the commissioner deems necessary, including, but not limited to, (1)
1146 the applicant's name and address, (2) the primary service area where
1147 the additional vehicle is proposed to be used, (3) an explanation as to
1148 why the additional vehicle is necessary and its proposed use, (4) proof
1149 of insurance, (5) a list of the providers to whom notice was sent
1150 pursuant to subsection (h) of this section and proof of such
1151 notification, and (6) total call volume, response time and calls passed
1152 within the primary service area for the one-year period preceding the
1153 date of the application.

1154 (j) Notwithstanding the provisions of subsection (a) of this section
1155 any ambulance service or paramedic intercept service operated and
1156 maintained by a state agency on or before October 1, 2014, that notifies
1157 the Department of Public Health's Office of Emergency Medical
1158 Services, in writing, of such operation and attests to the ambulance
1159 service or paramedic intercept service being in compliance with all
1160 statutes and regulations concerning such operation (1) shall be deemed

1161 certified by the Commissioner of Public Health, or (2) shall be deemed
1162 licensed by the Commissioner of Public Health if such ambulance
1163 service or paramedic intercept service levies charges for emergency
1164 and nonemergency services.

1165 Sec. 20. Section 19a-179 of the general statutes is repealed and the
1166 following is substituted in lieu thereof (*Effective October 1, 2014*):

1167 [(a)] The commissioner shall adopt regulations, in accordance with
1168 chapter 54, concerning [(1) the methods and conditions for the
1169 issuance, renewal and reinstatement of licensure and certification or
1170 recertification of emergency medical service personnel, (2)] (1) the
1171 methods and conditions for licensure and certification of the
1172 operations, facilities and equipment enumerated in section 19a-177, as
1173 amended by this act, and [(3)] (2) complaint procedures for the public
1174 and any emergency medical service organization. Such regulations
1175 shall be in conformity with the policies and standards established by
1176 the commissioner. Such regulations shall require that, as an express
1177 condition of the purchase of any business holding a primary service
1178 area, the purchaser shall agree to abide by any performance standards
1179 to which the purchased business was obligated pursuant to its
1180 agreement with the municipality.

1181 [(b)] The commissioner may issue an emergency medical technician
1182 certificate to an applicant who presents evidence satisfactory to the
1183 commissioner that the applicant (1) is currently certified as an
1184 emergency medical technician in good standing in any New England
1185 state, New York or New Jersey, (2) has completed an initial training
1186 program consistent with the United States Department of
1187 Transportation, National Highway Traffic Safety Administration
1188 emergency medical technician curriculum, and (3) has no pending
1189 disciplinary action or unresolved complaint against him or her.

1190 (c) The commissioner may issue a temporary emergency medical
1191 technician certificate to an applicant who presents evidence
1192 satisfactory to the commissioner that (1) the applicant was certified by
1193 the department as an emergency medical technician prior to becoming

1194 licensed as a paramedic pursuant to section 20-206*ll*, and (2) the
1195 applicant's certification as an emergency medical technician has
1196 expired and the applicant's license as a paramedic has become void
1197 pursuant to section 19a-88. Such temporary certificate shall be valid for
1198 a period not to exceed one year and shall not be renewable.

1199 (d) An applicant who is issued a temporary emergency medical
1200 technician certificate pursuant to subsection (c) of this section may,
1201 prior to the expiration of such temporary certificate, apply to the
1202 department for:

1203 (1) Renewal of such person's paramedic license, giving such
1204 person's name in full, such person's residence and business address
1205 and such other information as the department requests, provided the
1206 application for license renewal is accompanied by evidence satisfactory
1207 to the commissioner that the applicant was under the medical
1208 oversight of a sponsor hospital on the date the applicant's paramedic
1209 license became void for nonrenewal; or

1210 (2) Recertification as an emergency medical technician, provided the
1211 application for recertification is accompanied by evidence satisfactory
1212 to the commissioner that the applicant completed emergency medical
1213 technician refresher training approved by the commissioner not later
1214 than one year after issuance of the temporary emergency medical
1215 technician certificate. The department shall recertify such person as an
1216 emergency medical technician without the examination required for
1217 initial certification specified in regulations adopted by the
1218 commissioner pursuant to this section.

1219 (e) For purposes of subsection (d) of this section, "medical oversight"
1220 means the active surveillance by physicians of mobile intensive care
1221 sufficient for the assessment of overall practice levels, as defined by
1222 state-wide protocols, and "sponsor hospital" means a hospital that has
1223 agreed to maintain staff for the provision of medical oversight,
1224 supervision and direction to an emergency medical service
1225 organization, as defined in section 19a-175, and its personnel and has
1226 been approved for such activity by the Office of Emergency Medical

1227 Services.]

1228 Sec. 21. Section 20-206mm of the general statutes is repealed and the
1229 following is substituted in lieu thereof (*Effective October 1, 2014*):

1230 (a) Except as provided in subsections (b) and (c) of this section, an
1231 applicant for a license as a paramedic shall submit evidence
1232 satisfactory to the [commissioner, as defined in section 19a-175,]
1233 Commissioner of Public Health that the applicant has successfully (1)
1234 completed a [mobile intensive care] paramedic training program
1235 approved by the commissioner, and (2) passed an examination
1236 prescribed by the commissioner.

1237 (b) An applicant for licensure by endorsement shall present
1238 evidence satisfactory to the commissioner that the applicant (1) is
1239 licensed or certified as a paramedic in another state or jurisdiction
1240 whose requirements for practicing in such capacity are substantially
1241 similar to or higher than those of this state and that the applicant has
1242 no pending disciplinary action or unresolved complaint against him or
1243 her, or (2) (A) is currently licensed or certified as a paramedic in good
1244 standing in any New England state, New York or New Jersey, (B) has
1245 completed an initial training program consistent with the [United
1246 States Department of Transportation, National Highway Traffic Safety
1247 Administration paramedic curriculum] National Emergency Medical
1248 Services Education Standards, as promulgated by the National
1249 Highway Traffic Safety Administration for the paramedic scope of
1250 practice model conducted by an organization offering a program that
1251 is recognized by the national emergency medical services program
1252 accrediting organization, and (C) has no pending disciplinary action or
1253 unresolved complaint against him or her.

1254 (c) Any person who is certified as an emergency medical technician-
1255 paramedic by the Department of Public Health on October 1, 1997,
1256 shall be deemed a licensed paramedic. Any person so deemed shall
1257 renew his license pursuant to section 19a-88 for a fee of one hundred
1258 fifty dollars.

1259 (d) The commissioner may issue an emergency medical technician
1260 certificate or emergency medical responder certificate to an applicant
1261 who presents evidence satisfactory to the commissioner that the
1262 applicant (1) is currently certified as an emergency medical technician,
1263 or emergency medical responder in good standing in any New
1264 England state, New York or New Jersey, (2) has completed an initial
1265 training program consistent with the National Emergency Medical
1266 Services Education Standards, as promulgated by the National
1267 Highway Traffic Safety Administration for the emergency medical
1268 technician or emergency medical responder curriculum, and (3) has no
1269 pending disciplinary action or unresolved complaint against him or
1270 her.

1271 (e) The commissioner may issue a temporary emergency medical
1272 technician certificate to an applicant who presents evidence
1273 satisfactory to the commissioner that (1) the applicant was certified by
1274 the department as an emergency medical technician prior to becoming
1275 licensed as a paramedic pursuant to section 20-206ll, or (2) the
1276 applicant's certification as an emergency medical technician has
1277 expired and the applicant's license as a paramedic has become void
1278 pursuant to section 19a-88. Such temporary certificate shall be valid for
1279 a period not to exceed one year and shall not be renewable.

1280 (f) An applicant who is issued a temporary emergency medical
1281 technician certificate pursuant to subsection (e) of this section may,
1282 prior to the expiration of such temporary certificate, apply to the
1283 department for: (1) Renewal of such person's paramedic license, giving
1284 such person's name in full, such person's residence and business
1285 address and such other information as the department requests,
1286 provided the application for license renewal is accompanied by
1287 evidence satisfactory to the commissioner that the applicant was under
1288 the medical oversight of a sponsor hospital, as those terms are defined
1289 in section 19a-175, as amended by this act, on the date the applicant's
1290 paramedic license became void for nonrenewal; or (2) recertification as
1291 an emergency medical technician, provided the application for
1292 recertification is accompanied by evidence satisfactory to the

1293 commissioner that the applicant completed emergency medical
1294 technician refresher training approved by the commissioner not later
1295 than one year after issuance of the temporary emergency medical
1296 technician certificate. The department shall recertify such person as an
1297 emergency medical technician without the examination required for
1298 initial certification specified in regulations adopted by the
1299 commissioner pursuant to section 20-20600, as amended by this act.

1300 (g) The commissioner may issue an emergency medical responder
1301 certificate to an applicant who presents evidence satisfactory to the
1302 commissioner that the applicant (1) is currently certified as an
1303 emergency medical responder in good standing by a state that
1304 maintains licensing requirements that the commissioner determines
1305 are equal to, or greater than, those in this state, (2) has completed an
1306 initial department-approved emergency medical responder training
1307 program that includes written and practical examinations at the
1308 completion of the course, or a program outside the state that adheres
1309 to national education standards for the emergency medical responder
1310 scope of practice and that includes an examination, and (3) has no
1311 pending disciplinary action or unresolved complaint against him or
1312 her.

1313 (h) The commissioner may issue an emergency medical services
1314 instructor certificate to an applicant who presents (1) evidence
1315 satisfactory to the commissioner that the applicant is currently certified
1316 as an emergency medical technician in good standing, (2)
1317 documentation satisfactory to the commissioner, with reference to
1318 national education standards, regarding qualifications as an
1319 emergency medical service instructor, (3) a letter of endorsement
1320 signed by two instructors holding current emergency medical service
1321 instructor certification, (4) documentation of having completed written
1322 and practical examinations as prescribed by the commissioner, and (5)
1323 evidence satisfactory to the commissioner that the applicant has no
1324 pending disciplinary action or unresolved complaints against him or
1325 her.

1326 Sec. 22. Section 20-206oo of the general statutes is repealed and the
1327 following is substituted in lieu thereof (*Effective October 1, 2014*):

1328 The Commissioner of Public Health may adopt regulations in
1329 accordance with the provisions of chapter 54 to carry out the
1330 provisions of subdivision [(18)] (24) of subsection (c) of section 19a-14,
1331 subsection (e) of section 19a-88, subdivision (15) of section 19a-175, as
1332 amended by this act, subsection (b) of section 20-9, as amended by this
1333 act, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff,
1334 inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by
1335 this act.

1336 Sec. 23. Section 19a-179a of the general statutes is repealed and the
1337 following is substituted in lieu thereof (*Effective October 1, 2014*):

1338 (a) Notwithstanding any provision of the general statutes or any
1339 regulation adopted pursuant to this chapter, the scope of practice of
1340 any person certified or licensed as an emergency medical responder,
1341 emergency medical technician, advanced emergency medical
1342 technician, emergency medical services instructor or a paramedic
1343 under regulations adopted pursuant to this section [19a-179] may
1344 include treatment modalities not specified in the regulations of
1345 Connecticut state agencies, provided such treatment modalities are (1)
1346 approved by the Connecticut Emergency Medical Services Medical
1347 Advisory Committee established pursuant to section 19a-178a and the
1348 Commissioner of Public Health, and (2) administered at the medical
1349 oversight and direction of a sponsor hospital. [, as defined in section
1350 28-8b.]

1351 (b) The Commissioner of Public Health shall adopt regulations, in
1352 accordance with chapter 54, concerning the methods and conditions
1353 for the issuance, renewal and reinstatement of licensure and
1354 certification or recertification of emergency medical responders,
1355 emergency medical technicians and emergency medical services
1356 instructors.

1357 Sec. 24. Section 19a-195a of the 2014 supplement to the general

1358 statutes is repealed and the following is substituted in lieu thereof
1359 (*Effective October 1, 2014*):

1360 (a) The Commissioner of Public Health shall adopt regulations in
1361 accordance with the provisions of chapter 54 to provide that
1362 emergency medical technicians shall be recertified every three years.
1363 For the purpose of maintaining an acceptable level of proficiency, each
1364 emergency medical technician who is recertified for a three-year
1365 period shall complete thirty hours of refresher training approved by
1366 the commissioner, or meet such other requirements as may be
1367 prescribed by the commissioner.

1368 (b) The commissioner shall adopt regulations, in accordance with
1369 the provisions of chapter 54, to (1) provide for state-wide
1370 standardization of certification for each class of emergency medical
1371 services personnel, including, but not limited to, (A) emergency
1372 medical technicians, [including, but not limited to, paramedics,] (B)
1373 emergency medical services instructors, and (C) emergency medical
1374 responders, (2) allow course work for such certification to be taken
1375 state-wide, and (3) allow persons so certified to perform within their
1376 scope of certification state-wide.

1377 Sec. 25. Section 19a-179c of the general statutes is repealed and the
1378 following is substituted in lieu thereof (*Effective October 1, 2014*):

1379 (a) Any ambulance used for interfacility critical care transport shall
1380 meet the requirements for a basic level ambulance, as prescribed in
1381 regulations adopted pursuant to section 19a-179, as amended by this
1382 act, including requirements concerning medically necessary supplies
1383 and services, and may be supplemented by a licensed registered nurse,
1384 advanced practice registered nurse, physician assistant or respiratory
1385 care practitioner, provided such licensed professionals shall have
1386 current training and certification in pediatric or adult advanced life
1387 support, or from the Neonatal Resuscitation Program of the American
1388 Academy of Pediatrics, as appropriate, based on the patient's
1389 condition.

1390 (b) A general hospital or children's general hospital licensed in
1391 accordance with section 19a-490 may utilize a ground or air ambulance
1392 service other than the primary service area responder for emergency
1393 interfacility transports of patients when (1) the primary service area
1394 responder is not authorized to the level of care required for the patient,
1395 (2) the primary service area responder does not have the equipment
1396 necessary to transport the patient safely, or (3) the transport takes the
1397 primary service area responder out of its service area for more than
1398 two hours and there is another ambulance service with the appropriate
1399 level of medical authorization and proper equipment available. The
1400 patient's attending physician shall determine when it is necessary to
1401 utilize the primary service area responder or other ambulance service
1402 for an expeditious and medically-appropriate transport.

1403 Sec. 26. (NEW) (*Effective October 1, 2014*) (a) Each emergency medical
1404 service organization licensed or certified by the Commissioner of
1405 Public Health shall, upon receipt of a notice of intention to strike by a
1406 labor organization representing the employees of such emergency
1407 medical service organization file a strike contingency plan, in
1408 accordance with the provisions of the National Labor Relations Act, 29
1409 USC 158, as amended from time to time, with the commissioner not
1410 later than five days before the date indicated for commencement of the
1411 strike.

1412 (b) The commissioner may issue a summary order to any emergency
1413 medical service organization, as defined in section 19a-175 of the
1414 general statutes, as amended by this act, that fails to file a strike
1415 contingency plan that complies with the provisions of this section and
1416 the regulations adopted by the commissioner pursuant to this section
1417 within the specified time period. Such order shall require the
1418 emergency medical service organization to immediately file a strike
1419 contingency plan that complies with the provisions of this section and
1420 the regulations adopted by the commissioner pursuant to this section.

1421 (c) Any emergency medical service organization that fails to comply
1422 with this section shall be subject to a civil penalty of not more than ten

1423 thousand dollars for each day of noncompliance.

1424 (d) (1) If the commissioner determines that an emergency medical
1425 service organization has failed to comply with the provisions of this
1426 section or the regulations adopted pursuant to this section, for which a
1427 civil penalty is authorized by subsection (c) of this section, the
1428 commissioner may send to an authorized officer or agent of the
1429 emergency medical service organization, by certified mail, return
1430 receipt requested, or personally serve upon such officer or agent, a
1431 notice that includes: (A) A reference to this section or the section or
1432 sections of the regulations with which the emergency medical service
1433 organization has failed to comply; (B) a short and plain statement of
1434 the matters asserted or charged; (C) a statement of the maximum civil
1435 penalty that may be imposed for such noncompliance; and (D) a
1436 statement of the party's right to request a hearing to contest the
1437 imposition of the civil penalty.

1438 (2) An emergency medical service organization may make written
1439 application for a hearing to contest the imposition of a civil penalty
1440 pursuant to this section not later than twenty days after the date such
1441 notice is mailed or served. All hearings under this section shall be
1442 conducted in accordance with the provisions of chapter 54 of the
1443 general statutes. If an emergency medical service organization fails to
1444 request a hearing or fails to appear at the hearing or if, after the
1445 hearing, the commissioner finds that the emergency medical services
1446 organization is in noncompliance, the commissioner may, in the
1447 commissioner's discretion, order a civil penalty to be imposed that is
1448 not greater than the penalty stated in the notice. The commissioner
1449 shall send a copy of any order issued pursuant to this subsection by
1450 certified mail, return receipt requested, to the emergency medical
1451 service organization named in such order.

1452 (e) The commissioner shall adopt regulations, in accordance with
1453 the provisions of chapter 54 of the general statutes: (1) Establishing
1454 requirements for a strike contingency plan, that shall include, but need
1455 not be limited to, a requirement that the plan contain documentation

1456 that the emergency medical service organization has arranged, in the
1457 event of a strike, for adequate staffing and security, fuel,
1458 pharmaceuticals and other essential supplies and services necessary to
1459 meet the needs of the patient population served by the emergency
1460 medical service organization; and (2) for purposes of the imposition of
1461 a civil penalty upon an emergency medical service organization
1462 pursuant to subsections (c) and (d) of this section.

1463 (f) Such plan shall be deemed a statement of strategy or negotiations
1464 with respect to collective bargaining for the purpose of subdivision (9)
1465 of subsection (b) of section 1-210 of the general statutes.

1466 Sec. 27. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of
1467 Public Health shall develop and implement a plan in circumstances
1468 where the Governor declares a state of emergency to mobilize state
1469 emergency medical service assets to aid areas where local emergency
1470 medical services and ordinary mutual aid resources are overwhelmed.
1471 Such plan shall be known as the Forward Movement of Patients Plan.
1472 Such plan shall include, but not be limited to, a procedure for the
1473 request of resources, authority for plan activation, the typing of
1474 resources, resource command and control and logistical
1475 considerations.

1476 (b) Emergency rates established by the commissioner for certified
1477 emergency medical service, paramedic intercept service, invalid coach
1478 and temporary transportation needs for a specified event or incident
1479 shall apply when the emergency medical service organization is
1480 authorized by the commissioner to function as part of the Forward
1481 Movement of Patients Plan.

1482 Sec. 28. Subsection (a) of section 19a-562a of the general statutes is
1483 repealed and the following is substituted in lieu thereof (*Effective*
1484 *October 1, 2014*):

1485 (a) Each nursing home facility that is not a residential care home or
1486 an Alzheimer's special care unit or program shall annually provide (1)
1487 a minimum of two hours of training in pain recognition and

1488 administration of pain management techniques, and (2) a minimum of
1489 one hour of training in oral health and oral hygiene techniques to all
1490 licensed and registered direct care staff and nurse's aides who provide
1491 direct patient care to residents.

1492 Sec. 29. Subsection (c) of section 19a-490k of the general statutes is
1493 repealed and the following is substituted in lieu thereof (*Effective*
1494 *October 1, 2014*):

1495 (c) A hospital may administer influenza and pneumococcal
1496 [polysaccharide] vaccines to patients, after an assessment for
1497 contraindications, without a physician's order, in accordance with a
1498 physician-approved hospital policy. The Commissioner of Public
1499 Health shall adopt regulations, in accordance with the provisions of
1500 chapter 54, to carry out the provisions of this subsection.

1501 Sec. 30. Section 19a-89b of the general statutes is repealed and the
1502 following is substituted in lieu thereof (*Effective October 1, 2014*):

1503 (a) Notwithstanding the provisions of sections 4-166 and 4-168, the
1504 Commissioner of Public Health may establish public swimming pool
1505 design guidelines without adopting such design guidelines as
1506 regulations pursuant to this chapter to establish minimum standards
1507 for the proper construction and maintenance of public swimming
1508 pools.

1509 [(a)] (b) The Department of Public Health shall charge a fee of fifteen
1510 dollars for a copy of its pool design guidelines.

1511 [(b)] (c) The department shall charge a fee of fifteen dollars for a
1512 copy of its food compliance guide.

1513 Sec. 31. Section 19a-72 of the 2014 supplement to the general statutes
1514 is repealed and the following is substituted in lieu thereof (*Effective*
1515 *October 1, 2014*):

1516 (a) As used in this section:

1517 (1) "Clinical laboratory" means any facility or other area used for
1518 microbiological, serological, chemical, hematological,
1519 immunohematological, biophysical, cytological, pathological or other
1520 examinations of human body fluids, secretions, excretions or excised
1521 or exfoliated tissues, for the purpose of providing information for the
1522 diagnosis, prevention or treatment of any human disease or
1523 impairment, for the assessment of human health or for the presence of
1524 drugs, poisons or other toxicological substances;

1525 (2) "Hospital" means an establishment for the lodging, care and
1526 treatment of persons suffering from disease or other abnormal physical
1527 or mental conditions and includes inpatient psychiatric services in
1528 general hospitals;

1529 (3) "Health care provider" means any person or organization that
1530 furnishes health care services and is licensed or certified to furnish
1531 such services pursuant to chapters 370, 372, 373, 375, [to 384a,
1532 inclusive, 388, 398 and 399] 378 and 379 or is licensed or certified
1533 pursuant to chapter 368d; [and]

1534 (4) "Occupation" means the usual kind of work performed by an
1535 individual;

1536 (5) "Industry" means the type of business to which an occupation
1537 relates; and

1538 [(4)] (6) "Reportable tumor" means tumors and conditions included
1539 in the Connecticut Tumor Registry reportable list maintained by the
1540 Department of Public Health, as amended from time to time, as
1541 deemed necessary by the department.

1542 (b) The Department of Public Health shall maintain and operate the
1543 Connecticut Tumor Registry. Said registry shall include a report of
1544 every occurrence of a reportable tumor that is diagnosed or treated in
1545 the state. Such reports shall be made to the department by any
1546 hospital, clinical laboratory [and] or health care provider in the state.
1547 Such reports shall include, but not be limited to, pathology reports and

1548 information obtained from records of any person licensed as a health
1549 care provider and may include a collection of actual tissue samples
1550 and such information as the department may prescribe. [Follow-up
1551 information shall also be contained in the report and] Information
1552 contained in the report shall include, when available: (1) Demographic
1553 data; (2) occupation and industry of the patient; (3) diagnostic,
1554 treatment and pathology reports; [(3)] (4) operative reports,
1555 hematology, medical oncology and radiation therapy consults, or
1556 abstracts of such reports or consults in a format prescribed by the
1557 department; and [(4)] (5) other medical information as the department
1558 may prescribe. Such information shall be reported to the department
1559 not later than six months after diagnosis or the first encounter for
1560 treatment of a reportable tumor, in the form and manner prescribed by
1561 the department and updates of such information shall be reported to
1562 the department, annually, for the duration of the patient's lifetime.
1563 [The Commissioner of Public Health shall promulgate a list of required
1564 data items, which may be amended from time to time.] Such reports
1565 shall include every occurrence of a reportable tumor that is diagnosed
1566 or treated during a calendar year.

1567 (c) The Department of Public Health shall be provided such access
1568 to records of any health care provider, as the department deems
1569 necessary, to perform case finding or other quality improvement
1570 audits to ensure completeness of reporting and data accuracy
1571 consistent with the purposes of this section.

1572 (d) The Department of Public Health may enter into a contract for
1573 the receipt, storage, holding [and] or maintenance of the data, files or
1574 tissue samples under its control and management.

1575 (e) The Department of Public Health may enter into reciprocal
1576 reporting agreements with the appropriate agencies of other states to
1577 exchange tumor reports.

1578 (f) (1) Failure by a hospital, clinical laboratory or health care
1579 provider to comply with the reporting requirements prescribed in this
1580 section may result in the department electing to perform the registry

1581 services for such hospital, clinical laboratory or provider. In such case,
1582 the hospital, clinical laboratory or provider shall reimburse the
1583 department for actual expenses incurred in performing such services.

1584 (2) Any hospital, clinical laboratory or health care provider that fails
1585 to comply with the provisions of this section shall be liable for a civil
1586 penalty not to exceed five hundred dollars for each failure to disclose a
1587 reportable tumor, as determined by the commissioner.

1588 (3) A hospital, clinical laboratory or health care provider that fails to
1589 report cases of cancer as required in regulations adopted [pursuant to
1590 section 19a-73 by a date that is not later than nine months after the date
1591 of first contact with such hospital, clinical laboratory or health care
1592 provider for diagnosis or treatment] in accordance with the provisions
1593 of subsection (h) of this section, shall be assessed a civil penalty not to
1594 exceed two hundred fifty dollars per business day, for each day
1595 thereafter that the report is not submitted and ordered to comply with
1596 the terms of this subsection by the Commissioner of Public Health.

1597 (4) The reimbursements, expenses and civil penalties set forth in this
1598 section shall be assessed only after the Department of Public Health
1599 [provides a] has provided a hospital, clinical laboratory or health care
1600 provider with written notice of deficiency and [the provider is
1601 afforded the opportunity to respond to such notice. A provider shall
1602 have not more] such hospital, clinical laboratory or health care
1603 provider has been afforded not less than fourteen business days after
1604 the date of receiving such notice to provide a written response to the
1605 department. Such written response shall include any information
1606 requested by the department.

1607 (g) The Commissioner of Public Health may request that the
1608 Attorney General initiate an action to collect any civil penalties
1609 assessed pursuant to this section and obtain such orders as necessary
1610 to enforce any provision of this section.

1611 (h) The Commissioner of Public Health may adopt regulations, in
1612 accordance with the provisions of chapter 54, to implement the

1613 provisions of this section.

1614 Sec. 32. Section 19a-2a of the general statutes is repealed and the
1615 following is substituted in lieu thereof (*Effective October 1, 2014*):

1616 The Commissioner of Public Health shall employ the most efficient
1617 and practical means for the prevention and suppression of disease and
1618 shall administer all laws under the jurisdiction of the Department of
1619 Public Health and the Public Health Code. The commissioner shall
1620 have responsibility for the overall operation and administration of the
1621 Department of Public Health. The commissioner shall have the power
1622 and duty to: (1) Administer, coordinate and direct the operation of the
1623 department; (2) adopt and enforce regulations, in accordance with
1624 chapter 54, as are necessary to carry out the purposes of the
1625 department as established by statute; (3) establish rules for the internal
1626 operation and administration of the department; (4) establish and
1627 develop programs and administer services to achieve the purposes of
1628 the department as established by statute; (5) [contract] enter into a
1629 contract, including, but not limited to, a contract with another state, for
1630 facilities, services and programs to implement the purposes of the
1631 department as established by statute; (6) designate a deputy
1632 commissioner or other employee of the department to sign any license,
1633 certificate or permit issued by said department; (7) conduct a hearing,
1634 issue subpoenas, administer oaths, compel testimony and render a
1635 final decision in any case when a hearing is required or authorized
1636 under the provisions of any statute dealing with the Department of
1637 Public Health; (8) with the health authorities of this and other states,
1638 secure information and data concerning the prevention and control of
1639 epidemics and conditions affecting or endangering the public health,
1640 and compile such information and statistics and shall disseminate
1641 among health authorities and the people of the state such information
1642 as may be of value to them; (9) annually issue a list of reportable
1643 diseases, emergency illnesses and health conditions and a list of
1644 reportable laboratory findings and amend such lists as the
1645 commissioner deems necessary and distribute such lists as well as any
1646 necessary forms to each licensed physician and clinical laboratory in

1647 this state. The commissioner shall prepare printed forms for reports
1648 and returns, with such instructions as may be necessary, for the use of
1649 directors of health, boards of health and registrars of vital statistics;
1650 and (10) specify uniform methods of keeping statistical information by
1651 public and private agencies, organizations and individuals, including a
1652 client identifier system, and collect and make available relevant
1653 statistical information, including the number of persons treated,
1654 frequency of admission and readmission, and frequency and duration
1655 of treatment. The client identifier system shall be subject to the
1656 confidentiality requirements set forth in section 17a-688 and
1657 regulations adopted thereunder. The commissioner may designate any
1658 person to perform any of the duties listed in subdivision (7) of this
1659 section. The commissioner shall have authority over directors of health
1660 and may, for cause, remove any such director; but any person claiming
1661 to be aggrieved by such removal may appeal to the Superior Court
1662 which may affirm or reverse the action of the commissioner as the
1663 public interest requires. The commissioner shall assist and advise local
1664 directors of health in the performance of their duties, and may require
1665 the enforcement of any law, regulation or ordinance relating to public
1666 health. When requested by local directors of health, the commissioner
1667 shall consult with them and investigate and advise concerning any
1668 condition affecting public health within their jurisdiction. The
1669 commissioner shall investigate nuisances and conditions affecting, or
1670 that he or she has reason to suspect may affect, the security of life and
1671 health in any locality and, for that purpose, the commissioner, or any
1672 person authorized by the commissioner, may enter and examine any
1673 ground, vehicle, apartment, building or place, and any person
1674 designated by the commissioner shall have the authority conferred by
1675 law upon constables. Whenever the commissioner determines that any
1676 provision of the general statutes or regulation of the Public Health
1677 Code is not being enforced effectively by a local health department, he
1678 or she shall forthwith take such measures, including the performance
1679 of any act required of the local health department, to ensure
1680 enforcement of such statute or regulation and shall inform the local
1681 health department of such measures. In September of each year the

1682 commissioner shall certify to the Secretary of the Office of Policy and
1683 Management the population of each municipality. The commissioner
1684 may solicit and accept for use any gift of money or property made by
1685 will or otherwise, and any grant of or contract for money, services or
1686 property from the federal government, the state, [or] any political
1687 subdivision thereof, any other state or any private source, and do all
1688 things necessary to cooperate with the federal government or any of its
1689 agencies in making an application for any grant or contract. The
1690 commissioner may establish state-wide and regional advisory councils.

1691 Sec. 33. Section 19a-32 of the general statutes is repealed and the
1692 following is substituted in lieu thereof (*Effective October 1, 2014*):

1693 The Department of Public Health is authorized to receive, hold and
1694 use real estate and to receive, hold, invest and disburse money,
1695 securities, supplies or equipment offered it for the protection and
1696 preservation of the public health and welfare by the federal
1697 government, another state or by any person, corporation or
1698 association, provided such real estate, money, securities, supplies or
1699 equipment shall be used only for the purposes designated by the
1700 federal government or such state, person, corporation or association.
1701 Said department shall include in its annual report an account of the
1702 property so received, the names of its donors, its location, the use
1703 made thereof and the amount of unexpended balances on hand.

1704 Sec. 34. Subsection (b) of section 20-10b of the 2014 supplement to
1705 the general statutes is repealed and the following is substituted in lieu
1706 thereof (*Effective from passage*):

1707 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1708 this section, a licensee applying for license renewal shall earn a
1709 minimum of fifty contact hours of continuing medical education
1710 within the preceding twenty-four-month period. Such continuing
1711 medical education shall (1) be in an area of the physician's practice; (2)
1712 reflect the professional needs of the licensee in order to meet the health
1713 care needs of the public; and (3) during the first renewal period in
1714 which continuing medical education is required and not less than once

1715 every six years thereafter, include at least one contact hour of training
1716 or education in each of the following topics: (A) Infectious diseases,
1717 including, but not limited to, acquired immune deficiency syndrome
1718 and human immunodeficiency virus, (B) risk management, (C) sexual
1719 assault, (D) domestic violence, (E) cultural competency, and (F)
1720 behavioral health. For purposes of this section, qualifying continuing
1721 medical education activities include, but are not limited to, courses
1722 offered or approved by the American Medical Association, American
1723 Osteopathic Medical Association, Connecticut Hospital Association,
1724 Connecticut State Medical Society, county medical societies or
1725 equivalent organizations in another jurisdiction, educational offerings
1726 sponsored by a hospital or other health care institution or courses
1727 offered by a regionally accredited academic institution or a state or
1728 local health department. The commissioner, or the commissioner's
1729 designee, may grant a waiver for not more than ten contact hours of
1730 continuing medical education for a physician who: (i) Engages in
1731 activities related to the physician's service as a member of the
1732 Connecticut Medical Examining Board, established pursuant to section
1733 20-8a; (ii) engages in activities related to the physician's service as a
1734 member of a medical hearing panel, pursuant to section 20-8a; or (iii)
1735 assists the department with its duties to boards and commissions as
1736 described in section 19a-14.

1737 Sec. 35. Subsection (a) of section 20-146 of the general statutes is
1738 repealed and the following is substituted in lieu thereof (*Effective*
1739 *October 1, 2014*):

1740 (a) Except as provided in section 20-146a, no person shall produce
1741 or reproduce ophthalmic lenses and similar products or mount the
1742 same to supporting materials or fit the same by mechanical
1743 manipulation, molding techniques or other related functions, unless
1744 such person is licensed by the Department of Public Health. Said
1745 department may issue license certificates as licensed optician to all
1746 persons who lawfully apply for the same, upon their submitting to the
1747 [commission] department an acceptable written application, and after
1748 they have passed examinations as hereinafter provided: Any person

1749 shall be admitted to take the examinations for a license to practice as a
1750 licensed optician who has satisfied the department that he or she is a
1751 person of good professional character, has served as a registered
1752 apprentice in this state or any other state for not less than four calendar
1753 years' full-time employment under the supervision of a licensed
1754 optician in an optical establishment, office, department, store, shop or
1755 laboratory where prescriptions for optical glasses from given formulas
1756 have been filled, and has acquired experience in the producing and
1757 reproducing of ophthalmic lenses, mounting the same to supporting
1758 materials, of which one year, at least, shall have been acquired within
1759 the five years last preceding the date of such application and who has
1760 acquired experience in the fitting of ophthalmic lenses to the eyes by
1761 mechanical manipulation, molding technique or other related
1762 functions, of which one year, at least, shall have been acquired within
1763 the five years last preceding the date of such application, under the
1764 supervision of a licensed optician. Any person who is licensed to
1765 perform optical services in any other state or territory with licensure
1766 requirements similar to or higher than those required in this state shall
1767 be eligible for licensure without examination. Successful completion of
1768 a two-year educational program approved by the board with the
1769 consent of the Commissioner of Public Health may be substituted for
1770 the four-year work experience requirement.

1771 Sec. 36. Section 20-188 of the general statutes is repealed and the
1772 following is substituted in lieu thereof (*Effective October 1, 2014*):

1773 Before granting a license to a psychologist, the department shall,
1774 except as provided in section 20-190, require any applicant therefor to
1775 pass an examination in psychology prescribed by the department with
1776 the advice and consent of the board. Each applicant shall pay a fee of
1777 five hundred sixty-five dollars, and shall satisfy the department that
1778 such applicant: (1) [has] Has received the doctoral degree based on a
1779 program of studies whose content was primarily psychological from
1780 an educational institution approved in accordance with section 20-189;
1781 and (2) has had at least one year's experience that meets the
1782 requirements established in regulations adopted by the department, in

1783 consultation with the board, in accordance with the provisions of
1784 chapter 54. The department shall establish a passing score with the
1785 consent of the board. Any certificate granted by the board of examiners
1786 prior to June 24, 1969, shall be deemed a valid license permitting
1787 continuance of profession subject to the provisions of this chapter. An
1788 applicant who is licensed or certified as a psychologist in another state,
1789 territory or commonwealth of the United States may substitute two
1790 years of licensed or certified work experience in the practice of
1791 psychology, as defined in section 20-187a, in lieu of the requirements
1792 of subdivision (2) of this section.

1793 Sec. 37. Section 20-195dd of the general statutes is repealed and the
1794 following is substituted in lieu thereof (*Effective October 1, 2014*):

1795 (a) Except as provided in subsections (b) and (c) of this section, an
1796 applicant for a license as a professional counselor shall submit
1797 evidence satisfactory to the Commissioner of Public Health of having:
1798 (1) Completed sixty graduate semester hours in or related to the
1799 discipline of counseling at a regionally accredited institution of higher
1800 education, which included coursework in each of the following areas:
1801 (A) Human growth and development, (B) social and cultural
1802 foundations, (C) counseling theories and techniques or helping
1803 relationships, (D) group dynamics, (E) processing and counseling, (F)
1804 career and lifestyle development, (G) appraisals or tests and
1805 measurements for individuals and groups, (H) research and
1806 evaluation, and (I) professional orientation to counseling; (2) earned,
1807 from a regionally accredited institution of higher education a master's
1808 or doctoral degree in social work, marriage and family therapy,
1809 counseling, psychology or a related mental health field; (3) acquired
1810 three thousand hours of postgraduate-degree-supervised experience in
1811 the practice of professional counseling, performed over a period of not
1812 less than one year, that included a minimum of one hundred hours of
1813 direct supervision by (A) a physician licensed pursuant to chapter 370
1814 who has obtained certification in psychiatry from the American Board
1815 of Psychiatry and Neurology, (B) a psychologist licensed pursuant to
1816 chapter 383, (C) an advanced practice registered nurse licensed

1817 pursuant to chapter 378 and certified as a clinical specialist in adult
1818 psychiatric and mental health nursing with the American Nurses
1819 Credentialing Center, (D) a marital and family therapist licensed
1820 pursuant to chapter 383a, (E) a clinical social worker licensed pursuant
1821 to chapter 383b, (F) a professional counselor licensed, or prior to
1822 October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or
1823 (G) a physician certified in psychiatry by the American Board of
1824 Psychiatry and Neurology, psychologist, advanced practice registered
1825 nurse certified as a clinical specialist in adult psychiatric and mental
1826 health nursing with the American Nurses Credentialing Center,
1827 marital and family therapist, clinical social worker or professional
1828 counselor licensed or certified as such or as a person entitled to
1829 perform similar services, under a different designation, in another state
1830 or jurisdiction whose requirements for practicing in such capacity are
1831 substantially similar to or higher than those of this state; and (4) passed
1832 an examination prescribed by the commissioner.

1833 [(b) Prior to December 30, 2001, an applicant for a license as a
1834 professional counselor may, in lieu of the requirements set forth in
1835 subsection (a) of this section, submit evidence satisfactory to the
1836 commissioner of having: (A) Earned at least a thirty-hour master's
1837 degree, sixth-year degree or doctoral degree from a regionally
1838 accredited institution of higher education with a major in social work,
1839 marriage and family therapy, counseling, psychology or forensic
1840 psychology; (B) practiced professional counseling for a minimum of
1841 two years within a five-year period immediately preceding
1842 application; and (C) passed an examination prescribed by the
1843 commissioner.]

1844 [(c)] (b) An applicant for licensure by endorsement shall present
1845 evidence satisfactory to the commissioner that the applicant is licensed
1846 or certified as a professional counselor, or as a person entitled to
1847 perform similar services under a different designation, in another state
1848 or jurisdiction whose requirements for practicing in such capacity are
1849 substantially similar to or higher than those of this state and that there
1850 are no disciplinary actions or unresolved complaints pending.

1851 (c) An applicant who is currently licensed or certified as a
1852 professional counselor or its equivalent in another state, territory or
1853 commonwealth of the United States may substitute three years of
1854 licensed or certified work experience in the practice of professional
1855 counseling in lieu of the requirements of subdivision (3) of subsection
1856 (a) of this section, provided the commissioner finds that such
1857 experience is equal to or greater than the requirements of this state.

1858 Sec. 38. Section 20-195n of the general statutes is repealed and the
1859 following is substituted in lieu thereof (*Effective October 1, 2014*):

1860 (a) No person shall practice clinical social work unless such person
1861 has obtained a license pursuant to this section.

1862 (b) An applicant for licensure as a master social worker shall: (1)
1863 Hold a master's degree from a social work program accredited by the
1864 Council on Social Work Education or, if educated outside the United
1865 States or its territories, have completed an educational program
1866 deemed equivalent by the council; and (2) pass the masters level
1867 examination of the Association of Social Work Boards or any other
1868 examination prescribed by the commissioner.

1869 (c) An applicant for licensure as a clinical social worker shall: (1)
1870 Hold a doctorate or master's degree from a social work program
1871 accredited by the Council on Social Work Education or, if educated
1872 outside the United States or its territories, have completed an
1873 educational program deemed equivalent by the council; (2) have three
1874 thousand hours post-master's social work experience which shall
1875 include not less than one hundred hours of work under professional
1876 supervision by a licensed clinical or certified independent social
1877 worker, provided on and after October 1, 2011, such hours completed
1878 in this state shall be as a licensed master social worker; and (3) pass the
1879 clinical level examination of the Association of Social Work Boards or
1880 any other examination prescribed by the commissioner. On and after
1881 October 1, 1995, any person certified as an independent social worker
1882 prior to October 1, 1995, shall be deemed licensed as a clinical social
1883 worker pursuant to this section, except a person certified as an

1884 independent social worker on and after October 1, 1990, shall not be
1885 deemed licensed as a clinical social worker pursuant to this chapter
1886 unless such person has satisfied the requirements of subdivision (3) of
1887 this subsection.

1888 (d) Notwithstanding the provisions of subsection (b) of this section,
1889 the commissioner may grant a license by endorsement to an applicant
1890 who presents evidence satisfactory to the commissioner that the
1891 applicant (1) is licensed or certified as a master social worker or clinical
1892 social worker in good standing in another state or jurisdiction whose
1893 requirements for practicing in such capacity are substantially similar to
1894 or higher than those of this state, and (2) has successfully completed
1895 the master level examination of the Association of Social Work Boards,
1896 or its successor organization, or any other examination prescribed by
1897 the commissioner. No license shall be issued under this subsection to
1898 any applicant against whom professional disciplinary action is
1899 pending or who is the subject of an unresolved complaint.

1900 (e) Notwithstanding the provisions of subsection (c) of this section,
1901 the commissioner may grant a license by endorsement to an applicant
1902 who presents evidence satisfactory to the commissioner that the
1903 applicant (1) is licensed or certified as a clinical social worker in good
1904 standing in another state or jurisdiction whose requirements for
1905 practicing in such capacity are substantially similar to or [higher]
1906 greater than those of this state, and (2) has successfully completed the
1907 clinical level examination of the Association of Social Work Boards, or
1908 its successor organization, or any other examination prescribed by the
1909 commissioner. No license shall be issued under this subsection to any
1910 applicant against whom professional disciplinary action is pending or
1911 who is the subject of an unresolved complaint.

1912 (f) Notwithstanding the provisions of this section, an applicant who
1913 is licensed or certified as a clinical social worker or its equivalent in
1914 another state, territory or commonwealth of the United States may
1915 substitute three years of licensed or certified work experience in the
1916 practice of clinical social work in lieu of the requirements of

1917 subdivision (2) of subsection (c) of this section, provided the
1918 commissioner finds that such experience is equal to or greater than the
1919 requirements of this state.

1920 Sec. 39. Section 20-252 of the general statutes is repealed and the
1921 following is substituted in lieu thereof (*Effective from passage*):

1922 No person shall engage in the occupation of registered hairdresser
1923 and cosmetician without having obtained a license from the
1924 department. Persons desiring such licenses shall apply in writing on
1925 forms furnished by the department. No license shall be issued, except a
1926 renewal of a license, to a registered hairdresser and cosmetician unless
1927 the applicant has shown to the satisfaction of the department that the
1928 applicant has complied with the laws and the regulations administered
1929 or adopted by the department. No applicant shall be licensed as a
1930 registered hairdresser and cosmetician, except by renewal of a license,
1931 until the applicant has made written application to the department,
1932 setting forth by affidavit that the applicant has successfully completed
1933 the [eighth] ninth grade and that the applicant has completed a course
1934 of not less than fifteen hundred hours of study in a school approved in
1935 accordance with the provisions of this chapter, in a school teaching
1936 hairdressing and cosmetology under the supervision of the State Board
1937 of Education, or, if trained outside of Connecticut, in a school teaching
1938 hairdressing and cosmetology whose requirements are equivalent to
1939 those of a Connecticut school and until the applicant has passed a
1940 written examination satisfactory to the department. Examinations
1941 required for licensure under this chapter shall be prescribed by the
1942 department with the advice and assistance of the board. The
1943 department shall establish a passing score for examinations with the
1944 advice and assistance of the board which shall be the same as the
1945 passing score established in section 20-236.

1946 Sec. 40. Section 20-413 of the general statutes is repealed and the
1947 following is substituted in lieu thereof (*Effective from passage*):

1948 Nothing in this chapter shall be construed as prohibiting:

1949 (1) Consulting with or disseminating research findings and scientific
1950 information to accredited academic institutions or governmental
1951 agencies or offering lectures to the public for a fee, monetary or
1952 otherwise;

1953 (2) The activities and services of a graduate student or speech and
1954 language pathology intern in speech and language pathology pursuing
1955 a course of study leading to a graduate degree in speech and language
1956 pathology at an accredited or approved college or university or a
1957 clinical training facility approved by the department, provided these
1958 activities and services constitute a part of his or her supervised course
1959 of study and that such person is designated as "Speech and Language
1960 Pathology Intern", "Speech and Language Pathology Trainee", or other
1961 such title clearly indicating the training status appropriate to [his] the
1962 level of training;

1963 (3) (A) A person from another state offering speech and language
1964 pathology services in this state, provided such services are performed
1965 for no more than five days in any calendar year and provided such
1966 person meets the qualifications and requirements for licensing in this
1967 state; or (B) a person from another state who is licensed or certified as a
1968 speech and language pathologist by a similar authority of another
1969 state, or territory of the United States, or of a foreign country or
1970 province whose standards are equivalent to or [higher] greater than, at
1971 the date of his or her certification or licensure, the requirements of this
1972 chapter and regulations adopted hereunder, or a person who meets
1973 such qualifications and requirements and resides in a state or territory
1974 of the United States, or a foreign country or province which does not
1975 grant certification or license to speech and language pathologists, from
1976 offering speech and language pathology services in this state for a total
1977 of not more than thirty days in any calendar year;

1978 (4) The activities and services of a person who meets the
1979 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
1980 411, while such person is engaged in full or part-time employment in
1981 fulfillment of the professional employment requirement of subdivision

1982 (3) of said subsection (a);

1983 (5) The use of supervised support personnel to assist licensed
1984 speech and language pathologists with tasks that are (A) designed by
1985 the licensed speech and language pathologists being assisted, (B)
1986 routine, and (C) related to maintenance of assistive and prosthetic
1987 devices, recording and charting or implementation of evaluation or
1988 intervention plans. For purposes of this subdivision, "supervised"
1989 means (i) not more than three support personnel are assisting one
1990 licensed speech and language pathologist, (ii) in-person
1991 communication between the licensed speech and language pathologist
1992 and support personnel is available at all times, and (iii) the licensed
1993 speech and language pathologist provides the support personnel with
1994 regularly scheduled direct observation, guidance, direction and
1995 conferencing for not less than thirty per cent of client contact time for
1996 the support personnel's first ninety workdays and for not less than
1997 twenty per cent of client contact time thereafter; or

1998 (6) The provision of applied behavior analysis services by a board
1999 certified behavior analyst or a board certified assistant behavior
2000 analyst, as such terms are defined in section 20-185i, in accordance
2001 with section 10-76ii.

2002 Sec. 41. Subsection (a) of section 10a-155b of the general statutes is
2003 repealed and the following is substituted in lieu thereof (*Effective from*
2004 *passage*):

2005 (a) For the [2002-2003] 2014-2015 school year, and each school year
2006 thereafter, each public or private college or university in this state shall
2007 require that each student who resides in on-campus housing be
2008 vaccinated against meningitis and submit evidence of having received
2009 a meningococcal conjugate vaccine not more than five years before
2010 enrollment as a condition of such residence. The provisions of this
2011 subsection shall not apply to any such student who (1) presents a
2012 certificate from a physician, [or] an advanced practice registered nurse
2013 or a physician assistant stating that, in the opinion of such physician,
2014 [or] advanced practice registered nurse or physician assistant, such

2015 vaccination is medically contraindicated because of the physical
2016 condition of such student, or (2) presents a statement that such
2017 vaccination would be contrary to the religious beliefs of such student.

2018 Sec. 42. Subdivision (4) of subsection (a) of section 20-74ee of the
2019 2014 supplement to the general statutes is repealed and the following
2020 is substituted in lieu thereof (*Effective October 1, 2014*):

2021 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
2022 20-74cc, inclusive, and this section shall be construed to: ~~[prohibit]~~ (A)
2023 Prohibit a nuclear medicine technologist, as defined in section 20-74uu,
2024 who [(A)] (i) has successfully completed the individual certification
2025 exam for computed tomography or magnetic resonance imaging
2026 administered by the American Registry of Radiologic Technologists,
2027 and [(B)] (ii) holds and maintains in good standing, computed
2028 tomography or magnetic resonance imaging certification by the
2029 American Registry of Radiologic Technologists, from fully operating a
2030 computed tomography or magnetic resonance imaging portion of a
2031 hybrid-fusion imaging system, including diagnostic imaging, in
2032 conjunction with a positron emission tomography or single-photon
2033 emission computed tomography imaging system; or (B) require a
2034 technologist who is certified by the International Society for Clinical
2035 Densitometry or the American Registry of Radiologic Technologists
2036 and who operates a bone densitometry system under the supervision,
2037 control and responsibility of a physician licensed pursuant to chapter
2038 370, to be licensed as a radiographer.

2039 Sec. 43. Subsection (k) of section 20-126l of the 2014 supplement to
2040 the general statutes is repealed and the following is substituted in lieu
2041 thereof (*Effective October 1, 2014*):

2042 (k) A licensee whose license has become void pursuant to section
2043 19a-88 and who applies to the department for reinstatement of such
2044 license, shall: (1) [For a license that has been void for two years or less,
2045 submit] Submit evidence of completion of a minimum of twenty-four
2046 contact hours of qualifying [continued education] continuing
2047 education, as described in subsection (g) of this section, during the

2048 two-year period immediately preceding the application for
2049 reinstatement; or (2) [for a license that has been void] for an applicant
2050 who has not been in the active practice of dental hygiene for more than
2051 two years, submit evidence of successful completion of the National
2052 Board Dental Hygiene Examination, [or] the North East Regional
2053 Board of Dental Examiners Examination in Dental Hygiene or a
2054 refresher course approved by the department during the [year] one-
2055 year period immediately preceding the application for reinstatement.

2056 Sec. 44. Section 19a-29a of the general statutes is repealed and the
2057 following is substituted in lieu thereof (*Effective October 1, 2014*):

2058 (a) As used in this section, "environmental laboratory" means any
2059 facility or other area, including, but not limited to, an outdoor area
2060 where testing occurs, used for [biological, chemical, physical]
2061 microbiological, chemical, radiological or other [examination] analyte
2062 testing of drinking waters, ground waters, sea waters, rivers, streams
2063 and surface waters, recreational waters, fresh water sources,
2064 wastewaters, swimming pools, [air] construction, renovation and
2065 demolition building materials, soil, solid waste, [hazardous waste,
2066 food, food utensils] animal and plant tissues, sewage, sewage effluent,
2067 [or] sewage sludge or any other matrix for the purpose of providing
2068 information on the sanitary quality or the amount of pollution [and] or
2069 any substance prejudicial to health or the environment. For purposes
2070 of this section (1) "analyte" means a microbiological, chemical,
2071 radiological or other component of a matrix being measured by an
2072 analytical test, and (2) "matrix" means the substance or medium in
2073 which an analyte is contained, that may include drinking water or
2074 wastewater.

2075 (b) The Department of Public Health shall [, in its Public Health
2076 Code,] (1) adopt regulations, [and] in accordance with the provisions
2077 of chapter 54, to establish reasonable standards governing
2078 environmental laboratory operations and facilities, personnel
2079 qualifications, [and] certification for testing, levels of acceptable
2080 proficiency in testing programs approved by the department, the

2081 collection, acceptance and suitability of samples for analysis and such
2082 other pertinent laboratory functions, including the establishment of
2083 advisory committees, as may be necessary to [insure] ensure
2084 environmental quality, public health and safety, and (2) establish one
2085 or more schedules of the amounts of civil penalties that may be
2086 imposed under this section. Each registered environmental laboratory
2087 shall comply with all standards for environmental laboratories [set
2088 forth in the Public Health Code] established by the department and
2089 shall be subject to inspection by said department, including inspection
2090 of all records necessary to carry out the purposes of this section. The
2091 Commissioner of Public Health may revoke or otherwise limit the
2092 license of any environmental laboratory that fails to comply with the
2093 provisions of this section or regulations adopted under this section.

2094 (c) The Commissioner of Public Health shall determine whether it is
2095 necessary for the protection of the public health or the environment for
2096 an environmental laboratory to be registered and to have certification
2097 to conduct a test for an analyte in a matrix. If the commissioner
2098 determines that it is necessary for the environmental laboratory to be
2099 registered, such environmental laboratory shall obtain from the
2100 commissioner a certification to conduct such tests for analytes. No
2101 person shall operate, manage or control an environmental laboratory
2102 that tests for analytes for the purpose of providing information on the
2103 sanitary quality or the amount of pollution of any substance
2104 prejudicial to health or the environment for which the commissioner
2105 has determined registration and certification is required without
2106 having first registered and obtained such certification.

2107 (d) The commissioner shall, annually, publish a list setting forth all
2108 analytes and matrices for which a certification for testing is required.

2109 [(c)] (e) Each application for registration of an environmental
2110 laboratory [or application for approval] and for certification for testing
2111 any analyte shall be made on forms provided by said department, shall
2112 be accompanied by a fee of one thousand two hundred fifty dollars
2113 and shall be executed by the owner or owners or by a responsible

2114 officer [of the] authorized to do so by the agency, firm or corporation
2115 owning the environmental laboratory. Upon receipt of any such
2116 application, the department shall make such inspections and
2117 investigations as are necessary and shall deny registration [or
2118 approval] when operation of the environmental laboratory would be
2119 prejudicial to the health of the public. Registration [or approval] shall
2120 not be in force until notice of its effective date and term has been sent
2121 to the applicant.

2122 [(d)] (f) Each registration or certificate of approval shall be issued for
2123 a period of not less than twenty-four or more than twenty-seven
2124 months from [the] any deadline for applications established by the
2125 commissioner. Renewal applications shall be made (1) biennially
2126 within the twenty-fourth month of the current registration; [or
2127 certificate of approval;] (2) before any change in ownership [or change
2128 in director] is made; and (3) prior to any major expansion or alteration
2129 in, or changing of, quarters.

2130 [(e)] (g) This section shall not apply to any environmental laboratory
2131 [which] that only provides laboratory services or information for the
2132 agency, person, firm or corporation which owns or operates such
2133 laboratory. [and the fee required under subsection (c) of this section
2134 shall not be required of laboratories operated by a state agency.]

2135 (h) If, upon review, investigation or inspection, the Commissioner of
2136 Public Health determines an environmental laboratory has violated
2137 any provision of this section or regulations adopted under this section,
2138 the commissioner may impose a civil penalty not to exceed five
2139 thousand dollars per violation per day and issue such other orders as
2140 the commissioner determines necessary to protect the public health.
2141 Upon notice of imposition of the civil penalty, the commissioner shall
2142 provide the environmental laboratory with an opportunity for a
2143 hearing. Governmental immunity shall not be a defense against the
2144 imposition of any civil penalty imposed pursuant to this section. In
2145 determining the amount of the civil penalty to be imposed on an
2146 environmental laboratory, the commissioner shall consider the degree

2147 of the threat to public health or the environment, the amount necessary
2148 to achieve compliance, and the history of compliance of the
2149 environmental laboratory. Any order issued under this provision may
2150 be appealed in accordance with the provisions of section 4-183.

2151 (i) The failure of an environmental laboratory to pay a civil penalty
2152 imposed by the commissioner shall be grounds for revocation of the
2153 environmental laboratory's registration and certification for testing.

2154 (j) The commissioner may order an unregistered environmental
2155 laboratory to cease operations.

2156 (k) The commissioner may request the Attorney General to petition
2157 the Superior Court for an order to aid in enforcement of any provision
2158 of this section.

2159 Sec. 45. Section 20-482 of the general statutes is repealed and the
2160 following is substituted in lieu thereof (*Effective October 1, 2014*):

2161 Any person or entity who knowingly violates any provision of
2162 sections 20-474 to 20-481, inclusive, and subsections (e) and (f), of
2163 section 19a-88 or any regulation adopted thereunder, shall be fined not
2164 more than [one] five thousand dollars per violation per day and be
2165 subject to disciplinary action pursuant to section 19a-17.

2166 Sec. 46. Subsection (b) of section 20-402 of the general statutes is
2167 repealed and the following is substituted in lieu thereof (*Effective*
2168 *October 1, 2014*):

2169 (b) (1) Except as provided in subsection (c) of this section, for
2170 registration periods beginning on and after October 1, 2014, a licensee
2171 applying for license renewal shall earn not less than sixteen hours of
2172 continuing education within the preceding twenty-four-month period.
2173 Such continuing education shall consist of courses offered or approved
2174 by the [National Board of Certification in Hearing Instrument Sciences]
2175 International Hearing Society, the American Academy of Audiology or
2176 the American Speech-Language Hearing Association or such successor
2177 organizations as may be approved by the Commissioner of Public

2178 Health.

2179 (2) Each licensee applying for license renewal pursuant to section
2180 19a-88, except a licensee applying for a license renewal for the first
2181 time, shall sign a statement attesting that he or she has satisfied the
2182 continuing education requirements described in subdivision (1) of this
2183 subsection on a form prescribed by the department. Each licensee shall
2184 retain records of attendance or certificates of completion that
2185 demonstrate compliance with the continuing education requirements
2186 described in subdivision (1) of this subsection for not less than three
2187 years following the date on which the continuing education was
2188 completed. Each licensee shall submit such records to the department
2189 for inspection not later than forty-five days after a request by the
2190 department for such records.

2191 (3) In individual cases involving medical disability or illness, the
2192 commissioner may grant a waiver of the continuing education
2193 requirements or an extension of time within which to fulfill such
2194 requirements of this subsection to any licensee, provided the licensee
2195 submits to the department an application for waiver or extension of
2196 time on a form prescribed by the commissioner, along with a
2197 certification by a licensed physician of the disability or illness and such
2198 other documentation as may be required by the department. The
2199 commissioner may grant a waiver or extension for a period not to
2200 exceed one registration period, except that the commissioner may
2201 grant additional waivers or extensions if the medical disability or
2202 illness upon which a waiver or extension is granted continues beyond
2203 the period of the waiver or extension and the licensee applies for an
2204 additional waiver or extension.

2205 Sec. 47. Subsection (b) of section 20-9 of the 2014 supplement to the
2206 general statutes, as amended by section 138 of public act 13-234, is
2207 repealed and the following is substituted in lieu thereof (*Effective July*
2208 *1, 2014*):

2209 (b) The provisions of this chapter shall not apply to:

- 2210 (1) Dentists while practicing dentistry only;
- 2211 (2) Any person in the employ of the United States government while
2212 acting in the scope of his employment;
- 2213 (3) Any person who furnishes medical or surgical assistance in cases
2214 of sudden emergency;
- 2215 (4) Any person residing out of this state who is employed to come
2216 into this state to render temporary assistance to or consult with any
2217 physician or surgeon who has been licensed in conformity with the
2218 provisions of this chapter;
- 2219 (5) Any physician or surgeon residing out of this state who holds a
2220 current license in good standing in another state and who is employed
2221 to come into this state to treat, operate or prescribe for any injury,
2222 deformity, ailment or disease from which the person who employed
2223 such physician, or the person on behalf of whom such physician is
2224 employed, is suffering at the time when such nonresident physician or
2225 surgeon is so employed, provided such physician or surgeon may
2226 practice in this state without a Connecticut license for a period not to
2227 exceed thirty consecutive days;
- 2228 (6) Any person rendering service as (A) an advanced practice
2229 registered nurse if such service is rendered in collaboration with a
2230 licensed physician, or (B) an advanced practice registered nurse
2231 maintaining classification from the American Association of Nurse
2232 Anesthetists if such service is under the direction of a licensed
2233 physician;
- 2234 (7) Any nurse-midwife practicing nurse-midwifery in accordance
2235 with the provisions of chapter 377;
- 2236 (8) Any podiatrist licensed in accordance with the provisions of
2237 chapter 375;
- 2238 (9) Any Christian Science practitioner who does not use or prescribe
2239 in his practice any drugs, poisons, medicines, chemicals, nostrums or

2240 surgery;

2241 (10) Any person licensed to practice any of the healing arts named
2242 in section 20-1, who does not use or prescribe in his practice any drugs,
2243 medicines, poisons, chemicals, nostrums or surgery;

2244 (11) Any graduate of any school or institution giving instruction in
2245 the healing arts who has been issued a permit in accordance with
2246 subsection (a) of section 20-11a and who is serving as an intern,
2247 resident or medical officer candidate in a hospital;

2248 (12) Any student participating in a clinical clerkship program who
2249 has the qualifications specified in subsection (b) of section 20-11a;

2250 (13) Any person, otherwise qualified to practice medicine in this
2251 state except that he is a graduate of a medical school located outside of
2252 the United States or the Dominion of Canada which school is
2253 recognized by the American Medical Association or the World Health
2254 Organization, to whom the Connecticut Medical Examining Board,
2255 subject to such regulations as the Commissioner of Public Health, with
2256 advice and assistance from the board, prescribes, has issued a permit
2257 to serve as an intern or resident in a hospital in this state for the
2258 purpose of extending his education;

2259 (14) Any person rendering service as a physician assistant licensed
2260 pursuant to section 20-12b, a registered nurse, a licensed practical
2261 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
2262 as amended by this act, acting within the scope of regulations adopted
2263 pursuant to section 19a-179, as amended by this act, if such service is
2264 rendered under the supervision, control and responsibility of a
2265 licensed physician;

2266 (15) Any student enrolled in an accredited physician assistant
2267 program or paramedic program approved in accordance with
2268 regulations adopted pursuant to section 19a-179, as amended by this
2269 act, who is performing such work as is incidental to his course of
2270 study;

2271 (16) Any person who, on June 1, 1993, has worked continuously in
2272 this state since 1979 performing diagnostic radiology services and who,
2273 as of October 31, 1997, continued to render such services under the
2274 supervision, control and responsibility of a licensed physician solely
2275 within the setting where such person was employed on June 1, 1993;

2276 (17) Any person practicing athletic training, as defined in section 20-
2277 65f;

2278 (18) When deemed by the Connecticut Medical Examining Board to
2279 be in the public's interest, based on such considerations as academic
2280 attainments, specialty board certification and years of experience, to a
2281 foreign physician or surgeon whose professional activities shall be
2282 confined within the confines of a recognized medical school;

2283 (19) Any technician engaging in tattooing in accordance with the
2284 provisions of section 20-266o or 20-266p and any regulations adopted
2285 thereunder;

2286 (20) Any person practicing perfusion, as defined in section 20-162aa;
2287 [or]

2288 (21) Any foreign physician or surgeon (A) participating in
2289 supervised clinical training under the direct supervision and control of
2290 a physician or surgeon licensed in accordance with the provisions of
2291 this chapter, and (B) whose professional activities are confined to a
2292 licensed hospital that has a residency program accredited by the
2293 Accreditation Council for Graduate Medical Education or that is a
2294 primary affiliated teaching hospital of a medical school accredited by
2295 the Liaison Committee on Medical Education. Such hospital shall
2296 verify that the foreign physician or surgeon holds a current valid
2297 license in another country; or

2298 (22) Any person practicing as a nuclear medicine technologist, as
2299 defined in section 20-74uu, while performing under the supervision
2300 and direction of a physician licensed in accordance with the provisions
2301 of this chapter.

2302 Sec. 48. Section 20-13c of the general statutes is repealed and the
2303 following is substituted in lieu thereof (*Effective October 1, 2014*):

2304 The board is authorized to restrict, suspend or revoke the license or
2305 limit the right to practice of a physician or take any other action in
2306 accordance with section 19a-17, for any of the following reasons: (1)
2307 Physical illness or loss of motor skill, including, but not limited to,
2308 deterioration through the aging process; (2) emotional disorder or
2309 mental illness; (3) abuse or excessive use of drugs, including alcohol,
2310 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in
2311 the practice of medicine; (5) possession, use, prescription for use, or
2312 distribution of controlled substances or legend drugs, except for
2313 therapeutic or other medically proper purposes; (6) misrepresentation
2314 or concealment of a material fact in the obtaining or reinstatement of a
2315 license to practice medicine; (7) failure to adequately supervise a
2316 physician assistant; (8) failure to fulfill any obligation resulting from
2317 participation in the National Health Service Corps; (9) failure to
2318 maintain professional liability insurance or other indemnity against
2319 liability for professional malpractice as provided in subsection (a) of
2320 section 20-11b; (10) failure to provide information requested by the
2321 department for purposes of completing a health care provider profile,
2322 as required by section 20-13j; (11) engaging in any activity for which
2323 accreditation is required under section 19a-690 [or 19a-691] without the
2324 appropriate accreditation required by section 19a-690; [or 19a-691;] (12)
2325 failure to provide evidence of accreditation required under section 19a-
2326 690 or 19a-691 as requested by the department pursuant to section 19a-
2327 690; [or 19a-691;] (13) failure to comply with the continuing medical
2328 education requirements set forth in section 20-10b, as amended by this
2329 act; or (14) violation of any provision of this chapter or any regulation
2330 established hereunder. In each case, the board shall consider whether
2331 the physician poses a threat, in the practice of medicine, to the health
2332 and safety of any person. If the board finds that the physician poses
2333 such a threat, the board shall include such finding in its final decision
2334 and act to suspend or revoke the license of said physician.

2335 Sec. 49. Section 19a-194 of the general statutes is repealed and the

2336 following is substituted in lieu thereof (*Effective October 1, 2014*):

2337 (a) A motorcycle equipped to handle medical emergencies shall be
2338 deemed a rescue vehicle. [for the purposes of section 19a-181.] The
2339 commissioner shall issue a safety certificate to such motorcycle upon
2340 examination of such vehicle and a determination that such motorcycle
2341 (1) is in satisfactory mechanical condition, (2) is as safe to operate as
2342 the average motorcycle, and (3) is equipped with such emergency
2343 medical equipment as may be required by subsection (b) of this
2344 section.

2345 (b) The commissioner shall annually issue a list specifying the
2346 minimum equipment that a motorcycle must carry to operate as a
2347 rescue vehicle pursuant to this section. Such equipment shall include
2348 those items that would enable an emergency medical technician,
2349 paramedic or other individual similarly trained to render to a person
2350 requiring emergency medical assistance the maximum benefit possible
2351 from the operation of such motorcycle rescue vehicle.

2352 Sec. 50. Section 20-71 of the general statutes is repealed and the
2353 following is substituted in lieu thereof (*Effective October 1, 2014*):

2354 (a) The Department of Public Health may issue a license to practice
2355 physical therapy without examination, on payment of a fee of two
2356 hundred twenty-five dollars, to an applicant who is a physical
2357 therapist registered or licensed under the laws of any other state or
2358 territory of the United States, any province of Canada or any other
2359 country, if the requirements for registration or licensure of physical
2360 therapists in such state, territory, province or country are deemed by
2361 the department to be equivalent to, or higher than those prescribed in
2362 this chapter.

2363 (b) The department may issue a physical therapist assistant license
2364 without examination, on payment of a fee of one hundred fifty dollars,
2365 to an applicant who is a physical therapist assistant registered or
2366 licensed under the laws of any other state or territory of the United
2367 States, any province of Canada or any other country, if the

2368 requirements for registration or licensure of physical therapist
2369 assistants in such state, territory, province or country are deemed by
2370 the department to be equivalent to, or higher than those prescribed in
2371 this chapter.

2372 (c) Notwithstanding the provisions of section 20-70, prior to April
2373 30, 2007, the commissioner may issue a physical therapist assistant
2374 license to any applicant who presents evidence satisfactory to the
2375 commissioner of having completed twenty years of employment as a
2376 physical therapist assistant prior to October 1, 1989, on payment of a
2377 fee of one hundred fifty dollars.

2378 (d) Notwithstanding the provisions of section 20-70, the
2379 commissioner may issue a physical therapist assistant license to any
2380 applicant who presents evidence satisfactory to the commissioner of
2381 having registered as a physical therapist assistant with the Department
2382 of Public Health on or before April 1, 2006, on payment of a fee of one
2383 hundred fifty dollars.

2384 (e) Notwithstanding the provisions of section 20-70, prior to July 1,
2385 2015, the commissioner may issue a physical therapist assistant license
2386 to any applicant who presents evidence satisfactory to the
2387 commissioner of having been eligible to register as a physical therapist
2388 assistant with the Department of Public Health on or before April 1,
2389 2006, on payment of a fee of one hundred fifty dollars.

2390 Sec. 51. Subsection (d) of section 20-74s of the 2014 supplement to
2391 the general statutes is repealed and the following is substituted in lieu
2392 thereof (*Effective from passage*):

2393 (d) To be eligible for licensure as a licensed alcohol and drug
2394 counselor, an applicant shall (1) have attained a master's degree from
2395 an accredited institution of higher education in social work, marriage
2396 and family therapy, counseling, psychology or a related field approved
2397 by the commissioner that included a minimum of eighteen graduate
2398 semester hours in (A) counseling, [or] (B) counseling-related subjects,
2399 or (C) another subject approved by the commissioner, provided the

2400 semester hours in a subject other than counseling or a counseling-
 2401 related subject were in progress on or before July 1, 2013, and
 2402 completed on or before October 1, 2014, except applicants holding
 2403 certified clinical supervisor status by the Connecticut Certification
 2404 Board, Inc. as of October 1, 1998, may substitute such certification in
 2405 lieu of the master's degree requirement, and (2) have completed the
 2406 certification eligibility requirements described in subsection (e) of this
 2407 section.

2408 Sec. 52. Sections 19a-73, 19a-121c, 19a-121e to 19a-121g, inclusive,
 2409 19a-179d and 19a-691 of the general statutes are repealed. (*Effective*
 2410 *October 1, 2014*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	19a-493b
Sec. 2	<i>October 1, 2014</i>	19a-42(d)
Sec. 3	<i>October 1, 2014</i>	46b-172(a)
Sec. 4	<i>October 1, 2014</i>	19a-7h(b) and (c)
Sec. 5	<i>October 1, 2014</i>	19a-4j
Sec. 6	<i>October 1, 2014</i>	New section
Sec. 7	<i>October 1, 2014</i>	19a-561
Sec. 8	<i>October 1, 2014</i>	19a-110(d)
Sec. 9	<i>October 1, 2014</i>	19a-111
Sec. 10	<i>October 1, 2014</i>	19a-111g
Sec. 11	<i>October 1, 2014</i>	19a-522b
Sec. 12	<i>October 1, 2014</i>	19a-181
Sec. 13	<i>October 1, 2014</i>	25-32(e)
Sec. 14	<i>October 1, 2014</i>	New section
Sec. 15	<i>October 1, 2014</i>	19a-494a
Sec. 16	<i>October 1, 2014</i>	19a-495(c)
Sec. 17	<i>October 1, 2014</i>	19a-175
Sec. 18	<i>October 1, 2014</i>	19a-177
Sec. 19	<i>October 1, 2014</i>	19a-180
Sec. 20	<i>October 1, 2014</i>	19a-179
Sec. 21	<i>October 1, 2014</i>	20-206mm
Sec. 22	<i>October 1, 2014</i>	20-206oo
Sec. 23	<i>October 1, 2014</i>	19a-179a
Sec. 24	<i>October 1, 2014</i>	19a-195a

Sec. 25	October 1, 2014	19a-179c
Sec. 26	October 1, 2014	New section
Sec. 27	October 1, 2014	New section
Sec. 28	October 1, 2014	19a-562a(a)
Sec. 29	October 1, 2014	19a-490k(c)
Sec. 30	October 1, 2014	19a-89b
Sec. 31	October 1, 2014	19a-72
Sec. 32	October 1, 2014	19a-2a
Sec. 33	October 1, 2014	19a-32
Sec. 34	from passage	20-10b(b)
Sec. 35	October 1, 2014	20-146(a)
Sec. 36	October 1, 2014	20-188
Sec. 37	October 1, 2014	20-195dd
Sec. 38	October 1, 2014	20-195n
Sec. 39	from passage	20-252
Sec. 40	from passage	20-413
Sec. 41	from passage	10a-155b(a)
Sec. 42	October 1, 2014	20-74ee(a)(4)
Sec. 43	October 1, 2014	20-126l(k)
Sec. 44	October 1, 2014	19a-29a
Sec. 45	October 1, 2014	20-482
Sec. 46	October 1, 2014	20-402(b)
Sec. 47	July 1, 2014	20-9(b)
Sec. 48	October 1, 2014	20-13c
Sec. 49	October 1, 2014	19a-194
Sec. 50	October 1, 2014	20-71
Sec. 51	from passage	20-74s(d)
Sec. 52	October 1, 2014	Repealer section

Statement of Legislative Commissioners:

In section 4(b), the phrase "in [his] such jurisdiction" was changed to "in his or her jurisdiction", for clarity; in section 5(c)(4), the phrase "subdivisions (1) to (3), inclusive," was changed to "subdivision (1)" for accuracy; in section 7(k), the phrase "a decline" was changed to "any decline", for clarity; in section 19(a), the phrase "state agency that" was changed to "state agency and that", for clarity; in section 19(j), the phrase "operation, attests" was changed to "operation and attests", for clarity; in section 23(b), the phrase "emergency medical service instructors" was changed to "emergency medical services instructors", for internal consistency; in section 26(e), the phrase "that the organization" was changed to "that the emergency medical service

organization", for clarity and internal consistency; in section 28(a)(2), the phrase "training in" was inserted before "oral health", for clarity and internal consistency; and section 50 was deleted to avoid repetition and the remaining sections renumbered accordingly.

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 15 \$	FY 16 \$
Public Health, Dept.	GF - Revenue Loss	600	600
Public Health, Dept.	GF - Potential Revenue Gain	Minimal	Minimal
Public Health, Dept.	GF - Potential Revenue Loss	Minimal	Minimal

Municipal Impact: None

Explanation

The bill makes various changes to Department of Public Health (DPH) statutes. The sections of the bill that have a fiscal impact are detailed below.

Section 19 eliminated DPH licensure or certification of emergency medical services (EMS) management organizations resulting in an annual revenue loss of \$600. Currently, DPH licenses/certifies three EMS management organizations for an annual fee of \$200 each.

Section 26 allows DPH to issue summary orders and to impose a civil fine of not more than \$10,000 for each day of EMS organization noncompliance with provisions under the bill. To the extent that DPH chooses to impose such a fine, a minimal revenue gain would be realized. There are 395 such organizations currently licensed.

Section 35 allows DPH to accept registered apprenticeships in other states toward optician licensure, resulting in a potential minimal revenue gain to the extent that more individuals choose to apply for optician licensure that would not have before this change. The fee for

optician licensure is \$200.

Section 36 allows psychologists licensed in other states who apply for DPH licensure to substitute two years of licensed or certified work experience in lieu of requirements under CGS Sec. 20-188(2). This results in a potential minimal revenue gain to the extent that more individuals choose to apply for psychologist licensure that would not have before this change. The fee for psychologist licensure is \$565.

Section 37 allows professional counselor applicants for licensure, that are currently licensed/certified in another state/territory/commonwealth of the U.S. to substitute three years of licensed/certified work experience for certain statutory requirements. This results in a potential minimal revenue gain to the extent that more individuals choose to apply for professional counselor licensure that would not have before this change. The fee for psychologist licensure is \$315.

Section 38 allows clinical social worker applicants for licensure, that are currently licensed/certified in another state/territory/commonwealth of the U.S. to substitute three years of licensed/certified work experience for certain statutory requirements. This results in a potential minimal revenue gain to the extent that more individuals choose to apply for clinical social worker licensure that would not have before this change. The fee for clinical social worker licensure is \$315.

Section 44 allows DPH to impose a civil penalty on environmental laboratories that have violated any provision of statute or regulations of not more than \$5,000 per violation, per day. There will be a potential revenue gain from this to the extent that there are violations, for which DPH chooses to impose a penalty, the amount of the penalty and the number of days it is imposed.

Section 45 increases the fine associated with violations of lead abatement licensure and certification statutes and regulations from \$1,000 per violation, per day to \$5,000 per violation, per day. To the

extent that DPH chooses to impose such a fine, a minimal revenue gain would be realized from the increase in the fine.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to various factors.

OLR Bill Analysis

sHB 5537

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

SUMMARY:

This bill makes numerous substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs.

The bill changes the definition and regulation of environmental laboratories, including expanding the type of testing such labs may conduct and allowing DPH to impose penalties for violating laboratory laws, regulations, or standards.

The bill extends the process for voluntary acknowledgements of paternity to include such acknowledgements of adult children. It allows school nurses to access the immunization registry to determine which students are overdue for immunizations. It expands the DPH commissioner's authority to waive regulatory requirements.

The bill makes several changes to the emergency medical services (EMS) statutes. For example, it (1) adds paramedic intercept services to the list of licensed providers, (2) removes licensing requirements for EMS staffing agencies that do not own EMS vehicles, and (3) requires EMS organizations to file strike contingency plans if they receive notice from their employees' labor organization of an intention to strike.

The bill also makes changes affecting outpatient surgical facilities; the office of multicultural health; burial depth and proximity to homes; nursing facility management services; childhood lead testing; nursing homes; sale of water company land; the DPH commissioner's authority

to issue emergency summary orders; the Connecticut Tumor Registry; the fine for violating lead abatement statutes; and DPH's authority to contract with other states.

The bill also makes changes to several licensed or certified professions, including hairdressers, professional counselors, and nuclear medicine technologists. A section-by-section analysis follows.

EFFECTIVE DATE: October 1, 2014, unless otherwise noted below.

§1 — OUTPATIENT SURGICAL FACILITIES

The bill resolves a statutory conflict regarding certain reporting requirements for outpatient surgical facilities, thus specifying that the facilities are subject to these requirements.

Under the bill, outpatient surgical facilities must respond to a biennial Office of Health Care Access (OHCA) questionnaire which asks for the (1) facility's name, location, and operating hours; (2) type of facility and services provided; and (3) number of clients, treatments, patient visits, and procedures or scans performed per year. OHCA can also require additional reporting of outpatient data as it deems necessary, beginning no later than July 1, 2015.

§§ 2 & 3 — ACKNOWLEDGEMENTS OF PATERNITY

The bill establishes specific requirements for voluntary acknowledgements of paternity of an adult child (age 18 or older). In addition to the current process, it requires the adult child to provide a notarized affidavit affirming his or her consent to the acknowledgment.

It creates a specific process for amending an adult child's birth certificate to reflect an acknowledgment of paternity. Under current law, if DPH receives such an acknowledgment from both of a child's unwed parents, the department must include on, or amend, the child's birth certificate to show that paternity. DPH must also change the child's name on the birth certificate if doing so is indicated on the acknowledgment of paternity form.

Under the bill, if DPH receives an acknowledgment of paternity involving an adult child, the department must receive a notarized affidavit from him or her before it can amend the certificate to reflect the paternity. In the affidavit, the person must affirm his or her agreement to amending the birth certificate as it relates to the acknowledgment of paternity.

In addition, the bill prohibits DPH, without a court order, from amending an adult child's birth certificate to reflect a name change.

§ 4 — SCHOOL NURSE ACCESS TO IMMUNIZATION REGISTRY

The bill gives school nurses access to DPH's childhood immunization registry, to allow the nurses to (1) determine which children in their jurisdiction are overdue for scheduled immunizations and (2) provide outreach to help get them vaccinated. The bill grants this access to school nurses who are required to verify students' immunization status in both public and private schools (pre-K to grade 12). Local and district health directors already have access to this information for the same purpose.

§ 5 — OFFICE OF HEALTH EQUITY

The bill renames the Office of Multicultural Health within DPH as the Office of Health Equity. The bill specifies that the office's work is focused on population groups with adverse health status or outcomes, and that these groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness, or geographic area of residence.

The bill also makes various minor and technical changes to the office's statutory responsibility.

§ 6 — BURIAL DEPTH AND PROXIMITY TO DWELLINGS

The bill reinstates restrictions on burial depth and burying a body near a dwelling that were repealed in 2012. The bill's provisions are substantially similar to those repealed in 2012, except for the authorized penalties.

Thus, the bill generally prohibits burying a body within 350 feet of a residential dwelling unless (1) the body is encased in a vault made of concrete or other impermeable material or (2) a public highway intervenes between the burial place and the dwelling. But the restriction does not apply to:

1. cemeteries established on or before November 1, 1911;
2. cemeteries that, when established, were more than 350 feet from any dwelling house; or
3. land adjacent to a cemetery described in (1) or (2) that has been made part of the cemetery, with the DPH commissioner's written approval (the approval must describe the land in detail and be recorded in the town's land records).

The bill also prohibits burials in which the top of the container is less than (1) one and a half feet below ground for containers made of concrete or other impermeable material or (1) two and a half feet below ground for other containers.

Violations are punishable by a fine of up to \$100 per day.

§ 7 — QUALITY RATING FOR NURSING FACILITY MANAGEMENT SERVICES

The bill requires nursing facility management service certificate holders to work to maintain their facility's five-star quality rating given by the federal Department of Health and Human Services under Medicare. Under the bill, if a certificate holder's quality rating declines by at least two stars, the holder must submit a written improvement plan to the DPH commissioner within 30 days. The plan must assess patient acuity and describe (1) the holder's plan to increase registered nurse staffing hours at the facility, (2) staff retraining, and (3) interventions to improve quality measures that are below the state average.

§§ 8-10 — CHILDHOOD LEAD TESTING

Under current law, when a local health director receives a report

from a health care institution or clinical laboratory that a child has been tested with a blood lead level of at least 10 micrograms of lead per deciliter of blood (10 µg/dL) or other abnormal body lead level, the director must inform the parents or guardians about (1) the child's potential eligibility for the state's Birth to Three program and (2) lead poisoning dangers, ways to reduce risks, and lead abatement laws.

The bill codifies current practice by requiring local health directors to also provide this information when they know of a child with a confirmed blood lead level of at least 5 µg/dL. It specifies that the information must be provided after the director receives an initial report of an abnormal blood lead level.

The bill eliminates the requirement for the DPH commissioner to prepare a quarterly summary of abnormal blood lead level reporting records.

Current law requires primary care providers who provide pediatric care, other than hospital emergency departments, to screen children for lead at designated times. The bill specifically requires testing rather than screening. It also requires these providers, when the testing occurs, to provide the parents or guardian with educational materials or anticipatory guidance information on lead poisoning prevention in accordance with an existing advisory committee's recommendations.

§ 11 — ELECTRONIC SIGNATURES FOR MEDICAL RECORDS IN NURSING HOME FACILITIES

The bill allows chronic or convalescent nursing homes and rest homes with nursing supervision to use electronic signatures for patient medical records, as long as the facility has written policies to maintain the signatures' privacy and security.

§§ 12, 17-27, & 52 — EMERGENCY MEDICAL SERVICES

The bill makes a series of changes and additions to EMS statutes and related laws, including many minor and technical changes. Substantive changes are discussed below.

§ 12 — Inspection of EMS Vehicles

Current law requires ambulances and other rescue vehicles used by ambulance or rescue services to be registered with the Department of Motor Vehicles (DMV). As part of this process, these vehicles must be inspected every two years by DPH to ensure that they meet safety and equipment standards. The vehicles are also inspected by the DMV.

The bill updates terminology to refer to ambulances, invalid coaches, and intermediate or paramedic intercept vehicles used by EMS organizations. Instead of DPH inspections, it allows the inspections to be performed by state or municipal employees, or DMV-licensed motor vehicle repairers or dealers, who are qualified under federal regulations.

The bill specifies that these inspections must be conducted in accordance with federal regulations. It also requires a record of each inspection to be made in accordance with those regulations.

Federal regulations specify the required components of the inspection of commercial motor vehicles and related recordkeeping (49 C.F.R. §§ 396.17, 396.21). They also specify inspectors' qualifications (49 C.F.R. §§ 396.19, § 396.25). For example, inspectors must have completed an approved training or certification program or have at least one year of relevant training or experience.

§§ 17-19 — Paramedic Intercept Services

The bill requires paramedic intercept services to be licensed or certified by DPH. It defines them as paramedic treatment services provided by an entity that does not provide the ground ambulance transport.

Under the bill, the requirements for paramedic intercept services are generally similar to those in existing law and the bill for ambulance services. For example:

1. licensure applicants must show proof of financial responsibility and hold set amounts of insurance;

2. licenses must be renewed annually;
3. DPH must generally hold a hearing to determine the need for the service before granting a permit for new or expanded EMS in any region;
4. DPH can take various forms of disciplinary action against services that fail to maintain standards or violate regulations, after notice and an opportunity to show compliance, and services have the right to appeal adverse decisions;
5. paramedic intercept services must report specified information about their service delivery to DPH on a quarterly basis; and
6. the commissioner must (a) establish rates that paramedic intercept services can charge and (b) adopt regulations concerning rate-setting.

§§ 17 & 19 — Management Service Organizations; Qualifications of Employees or Contracted Personnel

The bill removes DPH's authority to license management service organizations, currently defined as employment organizations that do not own or lease ambulances or other emergency medical vehicles and that provide EMTs or paramedics to an EMS organization.

Current law requires licensed or certified ambulance services to secure and keep medical oversight by a sponsor hospital for all their EMS personnel, whether they or a management service employs them. The bill instead specifies that all licensed or certified EMS organizations must secure and maintain medical oversight by a sponsor hospital. It requires all such EMS organizations to ensure that:

1. their emergency medical personnel, whether employees or contracted through an employment agency or personnel pool, have the appropriate and valid DPH license or certification and
2. any employment agency or personnel pool from which they obtain personnel meets the law's required general and

professional liability insurance limits and that all people working or volunteering for the EMS organization are covered by that insurance.

§ 19 — Services Operated by State Agencies

The bill requires DPH to certify ambulance or paramedic intercept services operated and maintained by state agencies, if they show satisfactory proof that they meet the commissioner's minimum standards for training, equipment, and personnel.

Under the bill, any ambulance or paramedic intercept service operated and maintained by a state agency on or before October 1, 2014 is deemed licensed or certified if it notifies DPH's Office of Emergency Medical Services, in writing, of its operation and attests to being in compliance with applicable statutes and regulations. If it charges for services, it is deemed licensed; otherwise it is deemed certified.

The bill allows an ambulance or paramedic intercept service operated and maintained by a state agency, and that is a primary service area responder (PSAR), to add one emergency vehicle every three years without necessarily having to demonstrate need at a public hearing. A hearing is still required if another PSAR files a timely written objection with DPH.

§§ 17, 25 — Interfacility Transport

By law, an ambulance used for interfacility critical care transport must meet requirements set forth in regulations for a basic-level ambulance, including requirements on medically necessary supplies and services. The ambulance may be supplemented by certain licensed health care providers who have specified training or certification in advanced life support. The bill extends these provisions to transport of patients between all licensed health care institutions, rather than just between hospitals as under current law.

The bill allows licensed general or children's general hospitals to use ground or air ambulance services other than the PSAR for

emergency interfacility transports of patients when (1) the PSAR is not authorized for the level of care the patient needs, (2) the PSAR lacks the equipment needed to transport the patient safely, or (3) the transport would take the PSAR out of its service area for more than two hours and there is another ambulance service with the appropriate medical authorization level and proper equipment available. The bill gives the patient's attending physician authority to decide when it is necessary to use the PSAR or another ambulance service for an expeditious and medically appropriate transport.

§ 21 — Emergency Medical Responder Certification By Endorsement

As is already the case with EMTs and paramedics, the bill allows the DPH commissioner to issue an emergency medical responder (EMR) certification to an applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing in any New England state, New York, or New Jersey;
2. has completed an initial training program consistent with federal standards; and
3. faces no pending disciplinary action or unresolved complaints.

It also allows the commissioner to issue an EMR certification to an applicant who presents satisfactory evidence that he or she:

1. is currently certified in good standing by a state that maintains licensing requirements that the commissioner determines are at least equal to Connecticut's,
2. has completed (a) an initial department-approved training program which culminated with a written and practical exam or (b) a program outside the state adhering to national education standards and that includes an examination, and
3. faces no pending disciplinary action or unresolved complaints.

§ 21 — EMS Instructor Certification

The bill allows the commissioner to issue an EMS instructor certificate to an applicant who presents:

1. satisfactory evidence that he or she is currently certified as an EMT in good standing;
2. satisfactory documentation, referencing national education standards, regarding his or her qualifications as an EMS instructor;
3. a letter of endorsement signed by two currently certified instructors;
4. documentation of having completed written and practical exams prescribed by the commissioner; and
5. satisfactory evidence that he or she faces no pending disciplinary action or unresolved complaints.

§ 21 — Temporary Emergency Medical Technician (EMT) Certificate

Under current law, the DPH commissioner can issue a temporary EMT certificate to an applicant presenting satisfactory evidence that (1) he or she was certified by DPH as an EMT before becoming a licensed paramedic and (2) his or her EMT certification has expired and paramedic license is void for failure to renew. The bill allows the commissioner to issue a temporary certificate if either of these conditions is met.

§ 21 — Paramedic Training

The bill requires applicants for paramedic licensure to complete a paramedic training program, rather than a mobile intensive care program. Current law defines “mobile intensive care” as prehospital care involving invasive or definitive skills, equipment, procedures, and other therapies.

By law, the person must also complete an exam. Requirements

differ for applicants by endorsement.

§ 23 — Scope of Practice

Existing law specifies that the scope of practice of certified or licensed EMTs, advanced EMTs, and paramedics can include treatment methods not specified in state regulations if they are (1) approved by the Connecticut EMS Medical Advisory Committee and DPH commissioner and (2) administered at the medical control and direction of a sponsor hospital. The bill extends these provisions to certified or licensed EMRs and EMS instructors.

§ 26 — EMS Organization Strikes

Under existing law, health care institutions must file a strike contingency plan with the DPH commissioner when their employees' union notifies them of its intention to strike. The bill adds the same requirement for licensed or certified EMS organizations. It sets similar conditions to those that already apply for nursing homes and residential care homes in this situation. Thus, among other things:

1. the EMS organization must file the plan no later than five days before the scheduled strike,
2. the commissioner can issue a summary order to any EMS organization that fails to comply,
3. a noncomplying organization is subject to a civil penalty of up to \$10,000 per day,
4. the organization can request a hearing to contest the penalty,
5. the commissioner must adopt regulations establishing plan requirements, and
6. the plan is exempt from disclosure under the Freedom of Information Act.

§ 27 — EMS During Declared State of Emergency

The bill requires the DPH commissioner to develop and implement

a “Forward Movement of Patients Plan” for use during governor-declared states of emergency. The plan must address mobilizing state EMS assets to help areas whose local EMS and ordinary mutual aid resources are overwhelmed. The plan must include (1) a procedure for requesting resources, (2) authority to activate the plan, and (3) the typing of resources, resource command and control, and logistical considerations.

The bill specifies that when the commissioner authorizes an EMS organization to act under the plan, her established emergency rates apply. These include rates for certified emergency medical service, paramedic intercept service, invalid coach, and temporary transportation needs for specified events or incidents.

§ 52 — Policies While Adopting Regulations

The bill repeals a statute (CGS § 19a-179d) that allows the DPH commissioner to implement policies and procedures concerning training, recertification, and licensure or certification reinstatement of EMRs, EMTs, advanced EMTs, and paramedics, while in the process of adopting them in regulation.

§ 13 — SALE OF CLASS II WATER COMPANY LAND

The bill removes a current restriction on the DPH commissioner’s authority to grant permits for the sale, lease, or transfer of Class II water company land, by allowing her to grant such permits even if the land is not part of a parcel containing Class III land. As under existing law, Class II land sold, leased, or transferred must meet certain other requirements (e.g., the applicant must demonstrate that the transaction will not have a significant adverse impact on the purity and adequacy of the public drinking water supply).

By law, there are three classes of water company land with different restrictions on the sale or other disposition of each class (CGS § 25-37c). Generally, Class I land is water company property that is closest to a supply source, e.g., within 250 feet of a reservoir. Class II land is other property that is (1) within a watershed or (2) off a watershed but

within 150 feet of a reservoir or a stream that flows into a reservoir. Class III land is other unimproved off-watershed land.

§ 14 — MEDICAL EXAMINATION OF NURSING HOME FACILITY PATIENTS

The bill requires chronic and convalescent nursing homes and rest homes with nursing supervision to complete a comprehensive medical history and examination for each patient upon admission, and annually after that. It requires the DPH commissioner to prescribe the medical examination requirements in regulations, including tests and procedures to be performed.

The bill specifies that a urinalysis, including protein and glucose qualitative determination and microscopic examination, must not be required as part of the post-admission tests at these facilities. Existing DPH regulations require an annual urinalysis for patients in these settings (Conn. Agency Regs. § 19-13-D8t(n)).

§ 15 — EMERGENCY SUMMARY ORDERS

Current law allows the DPH commissioner to issue a summary order to the licensee of a home health care agency or homemaker-home health aide agency if she finds that the health, safety, or welfare of a patient necessitates emergency action. The bill extends the commissioner's authority to issue these orders to include all DPH-licensed institutions (e.g., hospitals, nursing homes, outpatient clinics).

As under existing law, the bill allows the commissioner to issue such an order pending completion of disciplinary proceedings. The order can:

1. revoke, suspend, or limit the institution's license;
2. prohibit the institution from taking new patients or ending relationships with current patients; or
3. compel compliance with applicable law or DPH regulations.

§ 16 — AUTHORITY TO WAIVE REGULATIONS

Under certain conditions, the bill authorizes the DPH commissioner to waive regulations affecting any DPH-licensed institution. She already can waive physical plant requirements for residential care homes.

The bill allows the commissioner to:

1. waive regulations affecting an institution if she determines that doing so would not endanger the health, safety, or welfare of any patient or resident;
2. impose waiver conditions assuring patients' or resident' health, safety, and welfare; and
3. revoke the waiver if she finds that health, safety, or welfare has been jeopardized.

She cannot grant a waiver that would lead to a violation of the state fire safety or building code. She can adopt regulations establishing a waiver application procedure.

§ 28 — ORAL HYGIENE TRAINING FOR NURSING HOME FACILITIES

The bill generally requires nursing home facilities to provide at least one hour of annual training in oral health and oral hygiene techniques to all licensed and registered direct-care staff and nurse's aides who provide direct patient care.

The requirement does not apply to Alzheimer's special care units or programs.

§ 29 — INFLUENZA AND PNEUMOCOCCAL POLYSACCHARIDE VACCINES

The bill expands the types of flu and pneumococcal vaccines hospitals may administer to patients under certain conditions by eliminating the requirement that such vaccines be polysaccharides. Pneumococcal vaccines are used to help prevent pneumococcus. According to the Center for Disease Control and Prevention,

pneumococcus is a common cause of pneumonia, meningitis and middle ear infections in young children.

§ 30 — PUBLIC SWIMMING POOL GUIDELINES

The bill allows the DPH commissioner to establish public swimming pool construction and maintenance guidelines without adopting the guidelines as regulations. In doing so, it exempts such guidelines from Uniform Administrative Procedure Act requirements.

§ 31 — CONNECTICUT TUMOR REGISTRY

Reporting

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. The bill eliminates such reporting requirements for the following health professionals:

1. athletic trainers;
2. physical, occupational, and message therapists;
3. psychologists;
4. behavior analysts;
5. marriage and family, alcohol and drug, and professional counselors;
6. master and clinical social workers;
7. radiographers, radiologic technologists, and radiologist assistants;
8. midwives;
9. nurse's aides;
10. dental hygienists;
11. optometrists and opticians;

12. respiratory care practitioners and perfusionists;
13. pharmacists;
14. veterinarians;
15. electrologists; and
16. hearing instrument specialists and speech and language pathologists.

Under the bill, doctors, chiropractors, naturopaths, podiatrists, nurses, dentists, and emergency medical service providers must still report to the registry.

The bill also broadens the information required in the reports to include, when available, the usual kind of work the patient does and the type of business to which the work relates. By law, the report must include, when available: (1) demographic data; (2) diagnostic treatment and pathology reports; (3) operative reports and reports of hematology, medical oncology, and radiation therapy consultations or abstracts of the reports or consultations; and (4) other information DPH may prescribe.

By law, a hospital, clinical laboratory, or specific health care provider must provide such a report within six months of the patient's diagnosis or first encounter for tumor treatment. The bill expands this reporting requirement to include annual updates to DPH for the patient's lifetime. It eliminates a requirement that the commissioner promulgate a list of data items required in such reports.

Contracts

Currently, DPH may contract for tissue sample storage, holding, and maintenance. The bill broadens the department's contracting authority by allowing it to contract for the receipt, storage, holding, or maintenance of certain data, files, or tissue samples.

Cancer Reporting Enforcement

Currently, hospitals, clinical laboratories, and health care providers must report cancer cases within nine months after first contact with the patient. The bill eliminates the nine-month reporting deadline. A hospital, clinical laboratory, or health care provider that fails to report as required in regulations the bill authorizes the DPH commissioner to adopt can face civil penalties of up to \$250 per business day.

Reimbursement, Expenses, and Civil Penalties

If a hospital, clinical laboratory, or provider fails to comply with the tumor registry reporting requirement, the law (1) requires reimbursement to DPH for actual expenses it incurs if the failure resulted in DPH performing the reporting requirements instead and (2) subjects the hospital, laboratory, or provider to a civil penalty of up to \$500 for each failure to disclose a reportable tumor.

The bill extends the amount of time, from up to 14 days to at least 14 days, that the hospital, laboratory, or health provider has to respond in writing to a deficiency notice from DPH before the department may assess such reimbursements, expenses, and civil penalties.

Regulations

The bill eliminates the DPH commissioner's authority to adopt regulations concerning cancer patients' occupational histories and instead gives her broad authority to adopt regulations to implement the registry requirements.

§§ 32-33 — CONTRACTS WITH OTHER STATES

The bill allows DPH to enter into contracts with other states for facilities, services, and programs to support its mission to prevent and suppress disease.

It also adds other states to the list of entities with which DPH may solicit and accept any grant of or contract for money, services, or property and from which it may (1) receive, hold, and use real estate and (2) receive, hold, invest, and disburse money.

§ 34 — PHYSICIAN CONTINUING EDUCATION CREDIT WAIVERS

The law allows the commissioner to grant waivers of continuing education credits for physicians who serve on the Connecticut Medical Examining Board, a medical hearing board, or otherwise assist the department in specific ways. The bill extends this authority to the commissioner's designee. Physicians may earn up to 10 continuing education hours for service to the department.

EFFECTIVE DATE: Upon passage

§ 35 — OPTICIAN APPRENTICESHIP REQUIREMENTS

The bill allows DPH to accept apprenticeship hours completed in another state towards meeting optician licensure requirements.

§§ 36-38 — LICENSED WORK EXPERIENCE IN LIEU OF CERTAIN REQUIREMENTS

The bill allows an applicant for licensure as a psychologist, professional counselor, or social worker who is licensed or certified in another state to substitute out-of-state work experience for certain licensure requirements. The substitutions may be made only if the commissioner finds that such experience is equal to or greater than the Connecticut licensure requirements. Under the bill, applicants for licensure as a:

1. psychologist may substitute two years of out-of state work for the required one-year of experience;
2. professional counselor may substitute three years of out-of-state work for the 3,000 hours of post-graduate-degree-supervised experienced requirement; and
3. social worker may substitute three years of out-of-state work for the 3,000 hours of post-master's social work experience requirement.

§ 39 — HAIRDRESSERS

The bill increases the minimum education requirement for hairdresser licensure from eighth to ninth grade completion.

EFFECTIVE DATE: Upon passage

§ 40 — BEHAVIOR ANALYSTS

The bill specifies that a board certified behavior analyst or assistant behavior analyst may provide special education services to children with autism spectrum disorder without being licensed as a speech pathologist.

EFFECTIVE DATE: Upon passage

§ 41 — MENINGOCOCCAL VACCINE

The law requires all students living in on-campus housing at a private or public college or university in Connecticut to be vaccinated against meningitis. The bill additionally requires students, starting with the 2014-2015 school year, to submit evidence that they received a meningococcal conjugate vaccine within five years of enrollment. (There are two types of meningitis vaccines. In practice the conjugate vaccine required by the bill is the preferred vaccine for people under age 55.)

The law exempts from the vaccination requirement a student who gets a certificate from a physician or advanced practice registered nurse stating that, in his or her opinion, the vaccine is medically contraindicated. The bill also allows a student to get such a certificate from a physician assistant.

EFFECTIVE DATE: Upon passage

§ 42 — BONE DENSITOMETRY LICENSING REQUIREMENTS

The bill specifies that a technologist who (1) operates a bone densitometry system under a licensed physician's supervision, control, and responsibility and (2) is certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists, does not need to be licensed as a radiographer.

§ 43 — DENTAL HYGIENISTS

The bill changes the (1) circumstances in which a dental hygienist

who applies to reinstate a voided license must submit evidence of completing continuing education or a dental board exam and (2) types of education that certain applicants may use to fulfill the reinstatement requirements.

Under current law, a dental hygienist whose license has been void (1) for two years or less must submit evidence that he or she completed at least 24 contact hours of qualifying continuing education during the two years prior to applying for reinstatement or (2) for more than two years must submit evidence of completing a dental board exam during the year before applying for reinstatement. The bill instead requires an applicant to submit the continuing education evidence or, if he or she has not been in active practice for more than two years, submit evidence of completing a dental board exam or other DPH-approved refresher course.

§ 44 — ENVIRONMENTAL LABORATORIES CERTIFICATION PROGRAM

By law, DPH approves and certifies environmental laboratories, which test various types of samples for bacteria, inorganics, organics, and radiochemicals. The bill makes several changes to the environmental laboratory certification program.

Laboratory Definition and Scope

The bill specifies that environmental laboratories (1) include any outdoor area where testing occurs, and (2) are used for microbiological, chemical, radiological or other analyte (i.e. component) testing of various substances. Current law states that such labs are used for biological, chemical, physical, or other examination of various substances. The bill expands the list of material such labs may test to include (1) construction, renovation, and demolition building materials; (2) animal and plant tissues; and (3) any other matrix (i.e., substance or medium containing a measurable component, including drinking or waste water). It eliminates air, hazardous waste, food, and food utensils from the list.

Testing Certification

The bill requires the commissioner to determine whether it is necessary for the protection of public health or the environment to require environmental laboratory registration and certification in order to conduct analyte testing. If the commissioner deems it necessary, the laboratory must obtain registration and certification prior to testing. The bill prohibits anyone from operating, managing, or controlling an environmental laboratory without the requisite registration and certification.

The bill requires the commissioner to annually publish a list containing the matrices and analytes for which testing certification is required.

It requires an application for registration and analyte testing certification to be made on DPH forms and include a \$1,250 fee. DPH must conduct a health and safety inspection of the environmental laboratory prior to granting registration and certification.

License Renewals

By law, a renewal is necessary (1) biennially, (2) before any change in ownership or director is made, and (3) prior to any major expansion or alteration in quarters. The bill also (1) requires a renewal application if a laboratory changes its quarters, and (2) eliminates the renewal application requirement when a laboratory changes its director. The bill also makes clarifying and conforming changes to the licensure process.

The bill eliminates the license-fee exemption for laboratories that only provide services and information to its owners or operators.

Penalties and Enforcement

The bill requires DPH to establish one or more civil penalty schedules that may be imposed for violating the laws, regulations, or standards governing environmental laboratories. It also grants the commissioner authority to revoke or otherwise limit the license of any environmental laboratory that fails to meet relevant standards or regulations.

The bill authorizes the commissioner, after reviewing and determining that an environmental laboratory has violated the laws or regulations, to impose a daily civil penalty of up to \$5,000 per violation and issue other orders necessary to protect the public health. The commissioner must provide the laboratory with an opportunity for a hearing. Under the bill, government immunity is not a defense against such a penalty. In determining the fine, the commissioner must consider the (1) degree of threat to public health or the environment, (2) amount necessary to achieve compliance, and (3) the environmental laboratory's history of compliance. If the laboratory fails to pay the fine, the commissioner may revoke its license and certification.

The bill (1) gives the commissioner authority to order an unregistered environmental laboratory to close and (2) allows the commissioner to request the attorney general to petition the Superior Court for an order to aid in environmental laboratory law or regulation enforcement.

§ 45 — LEAD ABATEMENT FINES

The bill increases the fine for violating lead abatement licensure and certification statutes or regulations, from \$1,000 per violation to \$5,000 per violation per day, to conform to federal regulations (CFR § 745.327). It also allows DPH to subject a violator to certain disciplinary actions, including revoking a license or certification.

§ 46 — HEARING INSTRUMENT SPECIALISTS CORRECTION

The law requires a hearing instrument specialist to complete at least 16 hours of continuing education before DPH renews his or her biennial license. Under current law, the continuing education must include courses offered or approved by the National Board of Certification in Hearing Instrument Sciences (NBCHIS), American Academy of Audiology, American Speech-Language Hearing Association, or any DPH-approved successor organizations. The bill removes the NBCHIS from the list of entities who may offer and approve such courses and replaces it with the International Hearing Society.

§ 47 — NUCLEAR MEDICINE TECHNOLOGIST LICENSE EXEMPTION

The bill exempts nuclear technologists working under the supervision of a licensed physician from medical licensure.

EFFECTIVE DATE: Upon passage

§ 50 — PHYSICAL THERAPIST ASSISTANT

The bill allows the DPH commissioner, from October 1, 2014 to July 1, 2015, to issue a physical therapist assistant license to any applicant who (1) presents evidence that he or she was eligible to register as a physical therapist assistant on or before April 1, 2006, and (2) pays a \$150 fee.

§ 51 — ALCOHOL AND DRUG COUNSELOR LICENSURE

The bill broadens the type of graduate courses an applicant for an alcohol and drug counselor license may count towards his or her education requirements. Current law requires applicants to complete at least 18 graduate semester hours in counseling or counseling-related subjects. The bill allows an applicant to also use 18 graduate semester hours in a different subject approved by the commissioner to fulfill this requirement, provided he or she began the coursework before July 1, 2013 and completed it before October 1, 2014.

EFFECTIVE DATE: Upon passage

§ 52 — REPEALER

The bill repeals laws that:

1. require DPH to establish a program to distribute HIV and AIDS informational pamphlets, films, and public service announcements (CGS § 19a-121c);
2. require DPH to establish an AIDS Task Force, provide grants for HIV and AIDS study, and run youth programs and services concerning HIV and AIDS (CGS §§ 19a-121e - 19a-121g); and
3. appear to allow general, moderate, or deep anesthesia in an

office or unlicensed facility that has appropriate certification, including a doctor's office. By law, physicians' offices may only perform light or moderate sedation.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/27/2014)