



# Senate

General Assembly

**File No. 107**

February Session, 2014

Senate Bill No. 125

*Senate, March 25, 2014*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

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

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

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2 2014 supplement to the general statutes are repealed and the following  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

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

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

11 (1) An immunologist licensed and practicing in the state who has  
12 experience treating persons with pediatric autoimmune

13 neuropsychiatric disorder associated with streptococcal infections and  
14 pediatric acute neuropsychiatric syndrome and the use of intravenous  
15 immunoglobulin;

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

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

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

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

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

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

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

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

43 syndrome;

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

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

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

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

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

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

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

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

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

108 from an individual planning to be admitted to such facility not later  
 109 than thirty days [of] after receipt of written notification that the  
 110 individual is no longer planning to be admitted. A refund issued after  
 111 thirty days shall include interest at a rate of ten per cent per annum.  
 112 For the purposes of this section "deposit" shall include liquidated  
 113 damages under any contract for pending admission.

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

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

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

**PH**            *Joint Favorable*

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:** None

**Municipal Impact:** None

**Explanation**

The bill makes clarifying changes to existing statutes and, therefore, does not result in a fiscal impact.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None

**OLR Bill Analysis**

**SB 125**

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

**SUMMARY:**

This bill makes technical changes to the public health statutes, including correcting a reference to the Pediatric Autoimmune Neuropsychiatric Disorder Advisory Council.

EFFECTIVE DATE: October 1, 2014

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 26    Nay 0    (03/10/2014)