



General Assembly

Amendment

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LCO No. 4406

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Offered by:

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To: Subst. House Bill No. 5537

File No. 516

Cal. No. 340

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 19a-493b of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective October 1, 2014*):

5 (a) As used in this section and subsection (a) of section 19a-490,
6 "outpatient surgical facility" means any entity, individual, firm,
7 partnership, corporation, limited liability company or association,
8 other than a hospital, engaged in providing surgical services or
9 diagnostic procedures for human health conditions that include the
10 use of moderate or deep sedation, moderate or deep analgesia or
11 general anesthesia, as such levels of anesthesia are defined from time
12 to time by the American Society of Anesthesiologists, or by such other
13 professional or accrediting entity recognized by the Department of

14 Public Health. An outpatient surgical facility shall not include a
15 medical office owned and operated exclusively by a person or persons
16 licensed pursuant to section 20-13, provided such medical office: (1)
17 Has no operating room or designated surgical area; (2) bills no facility
18 fees to third party payers; (3) administers no deep sedation or general
19 anesthesia; (4) performs only minor surgical procedures incidental to
20 the work performed in said medical office of the physician or
21 physicians that own and operate such medical office; and (5) uses only
22 light or moderate sedation or analgesia in connection with such
23 incidental minor surgical procedures. [Nothing in this subsection shall
24 be construed to affect any obligation to comply with the provisions of
25 section 19a-691.]

26 (b) No entity, individual, firm, partnership, corporation, limited
27 liability company or association, other than a hospital, shall
28 individually or jointly establish or operate an outpatient surgical
29 facility in this state without complying with chapter 368z, except as
30 otherwise provided by this section, and obtaining a license within the
31 time specified in this subsection from the Department of Public Health
32 for such facility pursuant to the provisions of this chapter, unless such
33 entity, individual, firm, partnership, corporation, limited liability
34 company or association: (1) Provides to the Office of Health Care
35 Access division of the Department of Public Health satisfactory
36 evidence that it was in operation on or before July 1, 2003, or (2)
37 obtained, on or before July 1, 2003, from the Office of Health Care
38 Access, a determination that a certificate of need is not required. An
39 entity, individual, firm, partnership, corporation, limited liability
40 company or association otherwise in compliance with this section may
41 operate an outpatient surgical facility without a license through March
42 30, 2007, and shall have until March 30, 2007, to obtain a license from
43 the Department of Public Health.

44 (c) Notwithstanding the provisions of this section, no outpatient
45 surgical facility shall be required to comply with section 19a-631, 19a-
46 632, 19a-644, 19a-645, 19a-646, 19a-649, [19a-654 to 19a-660, inclusive,]
47 19a-664 to 19a-666, inclusive, 19a-673 to 19a-676, inclusive, 19a-678,

48 19a-681 or 19a-683. Each outpatient surgical facility shall continue to be
49 subject to the obligations and requirements applicable to such facility,
50 including, but not limited to, any applicable provision of this chapter
51 and those provisions of chapter 368z not specified in this subsection,
52 except that a request for permission to undertake a transfer or change
53 of ownership or control shall not be required pursuant to subsection
54 (a) of section 19a-638 if the Office of Health Care Access division of the
55 Department of Public Health determines that the following conditions
56 are satisfied: (1) Prior to any such transfer or change of ownership or
57 control, the outpatient surgical facility shall be owned and controlled
58 exclusively by persons licensed pursuant to section 20-13 or chapter
59 375, either directly or through a limited liability company, formed
60 pursuant to chapter 613, a corporation, formed pursuant to chapters
61 601 and 602, or a limited liability partnership, formed pursuant to
62 chapter 614, that is exclusively owned by persons licensed pursuant to
63 section 20-13 or chapter 375, or is under the interim control of an estate
64 executor or conservator pending transfer of an ownership interest or
65 control to a person licensed under section 20-13 or chapter 375, and (2)
66 after any such transfer or change of ownership or control, persons
67 licensed pursuant to section 20-13 or chapter 375, a limited liability
68 company, formed pursuant to chapter 613, a corporation, formed
69 pursuant to chapters 601 and 602, or a limited liability partnership,
70 formed pursuant to chapter 614, that is exclusively owned by persons
71 licensed pursuant to section 20-13 or chapter 375, shall own and
72 control no less than a sixty per cent interest in the outpatient surgical
73 facility.

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

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

80 [(f)] (e) The Commissioner of Public Health may provide a waiver

81 for outpatient surgical facilities from the physical plant and staffing
82 requirements of the licensing regulations adopted pursuant to this
83 chapter, provided no waiver may be granted unless the health, safety
84 and welfare of patients is ensured.

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

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

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

114 rescission, in accordance with the provisions of section 46b-172, as
115 amended by this act. Birth certificates amended under this subsection
116 shall not be marked "Amended".

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

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

148 and the father that DNA testing may be able to establish paternity with
149 a high degree of accuracy and may, under certain circumstances, be
150 available at state expense. The notices shall also explain the right to
151 rescind the acknowledgment, as set forth in subdivision (2) of this
152 subsection, including the address where such notice of rescission
153 should be sent, and shall explain that the acknowledgment cannot be
154 challenged after sixty days, except in court upon a showing of fraud,
155 duress or material mistake of fact.

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

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

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

181 state.

182 Sec. 4. Subsections (b) and (c) of section 19a-7h of the general
183 statutes are repealed and the following is substituted in lieu thereof
184 (*Effective October 1, 2014*):

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

213 (c) Except as specified in subsections (a) and (b) of this section, all

214 personal information including vaccination status and dates of
215 vaccination of individuals shall be confidential pursuant to section 19a-
216 25 and shall not be further disclosed without the authorization of the
217 child or the child's legal guardian. The commissioner shall adopt
218 regulations, pursuant to chapter 54, to specify how information on
219 vaccinations or exemptions from vaccination [will be] is reported in a
220 timely manner to the registry, how information on the registry [will
221 be] is made available to health care providers, parents or guardians,
222 [and] directors of health [,] and school nurses, how parents or
223 guardians may decline their child's enrollment in the registry, and to
224 otherwise implement the provisions of this section.

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

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

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

240 (c) The office shall assist the department in its efforts in the
241 following areas:

242 (1) [With regard to health status: (A)] Monitor the health status of
243 [African Americans; Latinos/Hispanics; Native Americans/Alaskan
244 Natives; and Asians, Native Hawaiians and other Pacific Islanders]
245 persons reporting membership in one of the following racial or ethnic

246 groups: Hispanic or Latino, American Indian or Alaska Native, Asian,
247 black or African American, Native Hawaiian or other Pacific Islander
248 and persons reporting more than one race;

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

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

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

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

260 (d) The office may:

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

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

268 Sec. 6. (NEW) (*Effective October 1, 2014*) (a) No person shall bury the
269 body of any deceased person less than three hundred fifty feet from
270 any residential dwelling unless a public highway intervenes between
271 such place of burial and such dwelling, or unless such body is encased
272 in a burial vault made of concrete or other impermeable material,
273 except (1) in a cemetery established on or before November 1, 1911, (2)
274 in a cemetery that, when established, was more than three hundred
275 fifty feet from any dwelling house, or (3) with the written approval of

276 the Commissioner of Public Health, in a plot of land adjacent to a
277 cemetery, as described in subdivision (1) or (2) of this subsection that
278 has been made a part of either cemetery. Such written approval shall
279 contain a detailed description of the land adjacent to the cemetery and
280 shall be recorded in the land records of the town in which the cemetery
281 is located.

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

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

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

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

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

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

306 (1) (A) The name and business address of the applicant and whether
307 the applicant is an individual, partnership, corporation or other legal
308 entity; (B) if the applicant is a partnership, corporation or other legal
309 entity, the names of the officers, directors, trustees, managing and
310 general partners of the applicant, the names of the persons who have a
311 ten per cent or greater beneficial ownership interest in the partnership,
312 corporation or other legal entity, and a description of each such
313 person's relationship to the applicant; (C) if the applicant is a
314 corporation incorporated in another state, a certificate of good
315 standing from the state agency with jurisdiction over corporations in
316 such state; and (D) if the applicant currently provides nursing facility
317 management services in another state, a certificate of good standing
318 from the licensing agency with jurisdiction over public health for each
319 state in which such services are provided;

320 (2) A description of the applicant's nursing facility management
321 experience;

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

338 (4) The location and description of any nursing facility in this state

339 or another state in which the applicant currently provides
340 management services or has provided such services within the past
341 five years.

342 (d) In addition to the information provided pursuant to subsection
343 (c) of this section, the department may reasonably request to review
344 the applicant's audited and certified financial statements, which shall
345 remain the property of the applicant when used for either initial or
346 renewal certification under this section.

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

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

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

369 (h) In any case in which the Commissioner of Public Health finds
370 that there has been a substantial failure to comply with the

371 requirements established under this section, the commissioner may
372 initiate disciplinary action against a nursing facility management
373 services certificate holder pursuant to section 19a-494.

374 (i) The department may limit or restrict the provision of
375 management services by any nursing facility management services
376 certificate holder against whom disciplinary action has been initiated
377 under subsection (h) of this section.

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

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

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

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

401 (d) The director of health of the town, city or borough shall provide

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

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

429 Upon receipt of each report of confirmed venous blood lead level
430 equal to or greater than twenty micrograms per deciliter of blood, the
431 local director of health shall make or cause to be made an
432 epidemiological investigation of the source of the lead causing the
433 increased lead level or abnormal body burden and shall order action to
434 be taken by the appropriate person [or persons] responsible for the
435 condition [or conditions which] that brought about such lead

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

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

469 (a) Each primary care provider giving pediatric care in this state,

470 excluding a hospital emergency department and its staff: (1) Shall
471 conduct lead [screening] testing at least annually for each child nine to
472 thirty-five months of age, inclusive, in accordance with the Childhood
473 Lead Poisoning Prevention Screening Advisory Committee
474 recommendations for childhood lead screening in Connecticut; (2)
475 shall conduct lead [screening] testing for any child thirty-six to
476 seventy-two months of age, inclusive, who has not been previously
477 [screened] tested or for any child under seventy-two months of age, if
478 clinically indicated as determined by the primary care provider in
479 accordance with the Childhood Lead Poisoning Prevention Screening
480 Advisory Committee recommendations for childhood lead screening
481 in Connecticut; (3) shall provide, at the time such lead testing occurs,
482 educational materials or anticipatory guidance information concerning
483 lead poisoning prevention to such child's parent or guardian in
484 accordance with the Childhood Lead Poisoning Prevention Screening
485 Advisory Committee recommendations for childhood lead screening
486 in Connecticut; (4) shall conduct a medical risk assessment at least
487 annually for each child thirty-six to [seventy-one] seventy-two months
488 of age, inclusive, in accordance with the Childhood Lead Poisoning
489 Prevention Screening Advisory Committee recommendations for
490 childhood lead screening in Connecticut; [(4)] and (5) may conduct a
491 medical risk assessment at any time for any child thirty-six months of
492 age or younger who is determined by the primary care provider to be
493 in need of such risk assessment in accordance with the Childhood
494 Lead Poisoning Prevention Screening Advisory Committee
495 recommendations for childhood lead screening in Connecticut.

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

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

501 (a) A chronic and convalescent nursing home or a rest home with
502 nursing supervision shall preserve all patient medical records,

503 irrespective of whether such records are in a printed or electronic
504 format, for not less than seven years following the date of the patient's
505 discharge from such facility or, in the case of a patient who dies at the
506 facility, for not less than seven years following the date of death. A
507 chronic and convalescent nursing home or rest home with nursing
508 supervision may maintain all or any portion of a patient's medical
509 record in an electronic format that complies with accepted professional
510 standards for such medical records. [In accordance with section 19a-36,
511 the] The Commissioner of Public Health shall [amend the Public
512 Health Code in conformity with] adopt regulations, in accordance with
513 the provisions of chapter 54, to implement the provisions of this
514 [section] subsection.

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

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

522 (a) Each ambulance, [or rescue vehicle used by an ambulance or
523 rescue service] invalid coach and intermediate or paramedic intercept
524 vehicle used by an emergency medical service organization shall be
525 registered with the Department of Motor Vehicles pursuant to chapter
526 246. [Said] The Department of Motor Vehicles shall not issue a
527 certificate of registration for any such ambulance, [or rescue vehicle]
528 invalid coach or intermediate or paramedic intercept vehicle unless the
529 applicant for such certificate of registration presents to said
530 department a safety certificate from the Commissioner of Public
531 Health certifying that said ambulance, [or rescue vehicle] invalid coach
532 and intermediate or paramedic intercept vehicle has been inspected
533 and has met the minimum standards prescribed by the [commissioner]
534 Commissioner of Public Health. Each vehicle so registered with the
535 Department of Motor Vehicles shall be inspected once every two years

536 thereafter [by the Commissioner of Public Health] on or before the
537 anniversary date of the issuance of the certificate of registration. [Each]
538 Such inspection shall be conducted (1) in accordance with 49 CFR
539 396.17, as amended from time to time, and (2) by a person (A) qualified
540 to perform such inspection in accordance with 49 CFR 396.19 and 49
541 CFR 396.25, as amended from time to time, and (B) employed by the
542 state or a municipality of the state or licensed in accordance with
543 section 14-52. A record of each inspection shall be made in accordance
544 with section 49 CFR 396.21, as amended from time to time. Each such
545 inspector, upon determining that such ambulance, [or rescue vehicle]
546 invalid coach or intermediate or paramedic intercept vehicle meets the
547 standards of safety and equipment prescribed by the Commissioner of
548 Public Health, shall affix a safety certificate to such vehicle in such
549 manner and form as [the] said commissioner designates, and such
550 sticker shall be so placed as to be readily visible to any person in the
551 rear compartment of such vehicle.

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

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

560 (e) The commissioner shall not grant a permit for the sale, lease,
561 assignment or change in use of any land in class II unless (1) [the land
562 in class II is being sold, leased or assigned as part of a larger parcel of
563 land also containing land in class III and] use restrictions applicable to
564 [the] such land [in class II] will prevent the land [in class II] from being
565 developed, (2) the applicant demonstrates that the proposed sale,
566 lease, assignment or change in use will not have a significant adverse
567 impact upon the purity and adequacy of the public drinking water
568 supply and that any use restrictions which the commissioner requires

569 as a condition of granting a permit can be enforced against subsequent
570 owners, lessees and assignees, (3) the commissioner determines, after
571 giving effect to any use restrictions which may be required as a
572 condition of granting the permit, that such proposed sale, lease,
573 assignment or change in use will not have a significant adverse effect
574 on the public drinking water supply, whether or not similar permits
575 have been granted, and (4) on or after January 1, 2003, as a condition to
576 the sale, lease or assignment of any class II lands, a permanent
577 conservation easement on the land is entered into to preserve the land
578 in perpetuity predominantly in its natural scenic and open condition
579 for the protection of natural resources and public water supplies while
580 allowing for recreation consistent with such protection and
581 improvements necessary for the protection or provision of safe and
582 adequate potable water, except in cases where the class II land is
583 deemed necessary to provide access or egress to a parcel of class III
584 land, as defined in section 25-37c, that is approved for sale.
585 Preservation in perpetuity shall not include permission for the land to
586 be developed for any commercial, residential or industrial uses, nor
587 shall it include permission for recreational purposes requiring intense
588 development, including, but not limited to, golf courses, driving
589 ranges, tennis courts, ballfields, swimming pools and uses by
590 motorized vehicles other than vehicles needed by water companies to
591 carry out their purposes, provided trails or pathways for pedestrians,
592 motorized wheelchairs or nonmotorized vehicles shall not be
593 considered intense development.

594 Sec. 14. (NEW) (*Effective October 1, 2014*) Each chronic and
595 convalescent nursing home or rest home with nursing supervision
596 shall complete a comprehensive medical history and medical
597 examination for each patient upon the patient's admission and
598 annually thereafter. The Commissioner of Public Health shall prescribe
599 the medical examination requirements, including tests and procedures
600 to be performed, in regulations adopted in accordance with the
601 provisions of chapter 54 of the general statutes. A urinalysis, including
602 protein and glucose qualitative determination and microscopic

603 examination, shall not be required as part of such facility's post-
604 admission tests.

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

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

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

626 (c) The commissioner may waive any provisions of the regulations
627 affecting [the physical plant requirements of residential care homes] an
628 institution, as defined in section 19a-490, if the commissioner
629 determines that such waiver would not endanger the health, safety or
630 welfare of any patient or resident. The commissioner may impose
631 conditions, upon granting the waiver, that assure the health, safety and
632 welfare of patients or residents, and may revoke the waiver upon a
633 finding that the health, safety or welfare of any patient or resident has
634 been jeopardized. The commissioner shall not grant a waiver that

635 would result in a violation of the Fire Safety Code or State Building
636 Code. The commissioner may adopt regulations, in accordance with
637 chapter 54, establishing procedures for an application for a waiver
638 pursuant to this subsection.

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

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

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

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

648 (3) "Ambulance" means a motor vehicle specifically designed to
649 carry patients;

650 (4) "Ambulance service" means an organization which transports
651 patients;

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

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

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

662 (8) "Communications facility" means any facility housing the

663 personnel and equipment for handling the emergency communications
664 needs of a particular geographic area;

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

667 (10) "Emergency medical service organization" means any
668 organization whether public, private or voluntary [which] that offers
669 transportation or treatment services to patients primarily under
670 emergency conditions;

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

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

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

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

685 (15) "Paramedic" means a person licensed pursuant to section 20-
686 206ll;

687 (16) "Commercial ambulance service" means an ambulance service
688 which primarily operates for profit;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

756 The commissioner shall:

757 (1) With the advice of the Office of Emergency Medical Services
758 established pursuant to section 19a-178 and of an advisory committee
759 on emergency medical services and with the benefit of meetings held
760 pursuant to subsection (b) of section 19a-184, adopt every five years a
761 state-wide plan for the coordinated delivery of emergency medical
762 services;

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

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

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

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

782 (6) Establish such minimum standards and adopt such regulations
783 in accordance with the provisions of chapter 54, as may be necessary to

784 develop the following components of an emergency medical service
785 system: (A) Communications, which shall include, but not be limited
786 to, equipment, radio frequencies and operational procedures; (B)
787 transportation services, which shall include, but not be limited to,
788 vehicle type, design, condition and maintenance, and operational
789 procedure; (C) training, which shall include, but not be limited to,
790 emergency medical technicians, communications personnel,
791 paraprofessionals associated with emergency medical services,
792 firefighters and state and local police; and (D) emergency medical
793 service facilities, which shall include, but not be limited to,
794 categorization of emergency departments as to their treatment
795 capabilities and ancillary services;

796 (7) Coordinate training of all personnel related to emergency
797 medical services;

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

818 information required under this subdivision may be submitted in any
819 written or electronic form selected by such licensed ambulance service,_z
820 [or] certified ambulance service or paramedic intercept service and
821 approved by the commissioner, provided the commissioner shall take
822 into consideration the needs of such licensed ambulance service,_z [or]
823 certified ambulance service,_z or paramedic intercept service in
824 approving such written or electronic form. The commissioner may
825 conduct an audit of any such licensed ambulance service,_z [or] certified
826 ambulance service or paramedic intercept service as the commissioner
827 deems necessary in order to verify the accuracy of such reported
828 information.

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

848 (C) If any licensed ambulance service,_z [or] certified ambulance
849 service or paramedic intercept service does not submit the information
850 required under subparagraph (A) of this subdivision for a period of six
851 consecutive months, or if the commissioner believes that such licensed

852 ambulance service, [or] certified ambulance service or paramedic
853 intercept service knowingly or intentionally submitted incomplete or
854 false information, the commissioner shall issue a written order
855 directing such licensed ambulance service, [or] certified ambulance
856 service, or paramedic intercept service to comply with the provisions
857 of subparagraph (A) of this subdivision and submit all missing
858 information or such corrected information as the commissioner may
859 require. If such licensed ambulance service, [or] certified ambulance
860 service or paramedic intercept service fails to fully comply with such
861 order not later than three months from the date such order is issued,
862 the commissioner (i) shall conduct a hearing, in accordance with
863 chapter 54, at which such licensed ambulance service, [or] certified
864 ambulance service or paramedic intercept service shall be required to
865 show cause why the primary service area assignment of such licensed
866 ambulance service, [or] certified ambulance service or paramedic
867 intercept service should not be revoked, and (ii) may take such
868 disciplinary action under section 19a-17 as the commissioner deems
869 appropriate.

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

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

886 subdivision, licensed ambulance service shall not include emergency
887 air transport services.

888 (B) Adopt regulations, in accordance with the provisions of chapter
889 54, establishing methods for setting rates and conditions for charging
890 such rates. Such regulations shall include, but not be limited to,
891 provisions requiring that on and after July 1, 2000: (i) Requests for rate
892 increases may be filed no more frequently than once a year, except
893 that, in any case where an agency's schedule of maximum allowable
894 rates falls below that of the Medicare allowable rates for that agency,
895 the commissioner shall immediately amend such schedule so that the
896 rates are at or above the Medicare allowable rates; (ii) only licensed
897 ambulance services, [and] certified ambulance services and paramedic
898 intercept services that apply for a rate increase in excess of the Medical
899 Care Services Consumer Price Index, as published by the Bureau of
900 Labor Statistics of the United States Department of Labor, for the prior
901 year, and do not accept the maximum allowable rates contained in any
902 voluntary state-wide rate schedule established by the commissioner for
903 the rate application year shall be required to file detailed financial
904 information with the commissioner, provided any hearing that the
905 commissioner may hold concerning such application shall be
906 conducted as a contested case in accordance with chapter 54; (iii)
907 licensed ambulance services, [and] certified ambulance services and
908 paramedic intercept services that do not apply for a rate increase in
909 any year in excess of the Medical Care Services Consumer Price Index,
910 as published by the Bureau of Labor Statistics of the United States
911 Department of Labor, for the prior year, or that accept the maximum
912 allowable rates contained in any voluntary state-wide rate schedule
913 established by the commissioner for the rate application year shall, not
914 later than July fifteenth of such year, file with the commissioner a
915 statement of emergency and nonemergency call volume, and, in the
916 case of a licensed ambulance service, [or] certified ambulance service
917 or paramedic intercept service that is not applying for a rate increase, a
918 written declaration by such licensed ambulance service, [or] certified
919 ambulance service or paramedic intercept service that no change in its

920 currently approved maximum allowable rates will occur for the rate
921 application year; and (iv) detailed financial and operational
922 information filed by licensed ambulance services, [and] certified
923 ambulance services and paramedic intercept services to support a
924 request for a rate increase in excess of the Medical Care Services
925 Consumer Price Index, as published by the Bureau of Labor Statistics
926 of the United States Department of Labor, for the prior year, shall
927 cover the time period pertaining to the most recently completed fiscal
928 year and the rate application year of the licensed ambulance service,
929 [or] certified ambulance service or paramedic intercept service.

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

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

954 of such outcome measures and, after such outcome measures are
955 developed, an analysis of emergency medical services system
956 outcomes;

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

959 (12) Revoke primary services area assignments upon determination
960 by the commissioner that it is in the best interests of patient care to do
961 so; and

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

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

972 (a) No person shall operate any ambulance service, paramedic
973 intercept service or rescue service [or management service] without
974 either a license or a certificate issued by the commissioner. No person
975 shall operate a commercial ambulance service or commercial rescue
976 service [or a management service] without a license issued by the
977 commissioner. A certificate shall be issued to any volunteer or
978 municipal ambulance service [which] or any ambulance service or
979 paramedic intercept service that is operated and maintained by a state
980 agency and that shows proof satisfactory to the commissioner that it
981 meets the minimum standards of the commissioner in the areas of
982 training, equipment and personnel. No license or certificate shall be
983 issued to any volunteer, municipal or commercial ambulance service,
984 paramedic intercept service or rescue service or [management service,
985 as defined in subdivision (19) of section 19a-175] any ambulance

986 service or paramedic intercept service that is operated and maintained
987 by a state agency, unless it meets the requirements of subsection (e) of
988 section 14-100a. Applicants for a license shall use the forms prescribed
989 by the commissioner and shall submit such application to the
990 commissioner accompanied by an annual fee of two hundred dollars.
991 In considering requests for approval of permits for new or expanded
992 emergency medical services in any region, the commissioner shall
993 consult with the Office of Emergency Medical Services and the
994 emergency medical services council of such region and shall hold a
995 public hearing to determine the necessity for such services. Written
996 notice of such hearing shall be given to current providers in the
997 geographic region where such new or expanded services would be
998 implemented, provided, any volunteer ambulance service which elects
999 not to levy charges for services rendered under this chapter shall be
1000 exempt from the provisions concerning requests for approval of
1001 permits for new or expanded emergency medical services set forth in
1002 this subsection. A primary service area responder that operates in the
1003 service area identified in the application shall, upon request, be
1004 granted intervenor status with opportunity for cross-examination.
1005 Each applicant for licensure shall furnish proof of financial
1006 responsibility which the commissioner deems sufficient to satisfy any
1007 claim. The commissioner may adopt regulations, in accordance with
1008 the provisions of chapter 54, to establish satisfactory kinds of coverage
1009 and limits of insurance for each applicant for either licensure or
1010 certification. Until such regulations are adopted, the following shall be
1011 the required limits for licensure: (1) For damages by reason of personal
1012 injury to, or the death of, one person on account of any accident, at
1013 least five hundred thousand dollars, and more than one person on
1014 account of any accident, at least one million dollars, (2) for damage to
1015 property at least fifty thousand dollars, and (3) for malpractice in the
1016 care of one passenger at least two hundred fifty thousand dollars, and
1017 for more than one passenger at least five hundred thousand dollars. In
1018 lieu of the limits set forth in subdivisions (1) to (3), inclusive, of this
1019 subsection, a single limit of liability shall be allowed as follows: (A) For
1020 damages by reason of personal injury to, or death of, one or more

1021 persons and damage to property, at least one million dollars; and (B)
1022 for malpractice in the care of one or more passengers, at least five
1023 hundred thousand dollars. A certificate of such proof shall be filed
1024 with the commissioner. Upon determination by the commissioner that
1025 an applicant is financially responsible, properly certified and otherwise
1026 qualified to operate a commercial ambulance service, paramedic
1027 intercept service or rescue service, [or management service,] the
1028 commissioner shall issue the appropriate license effective for one year
1029 to such applicant. If the commissioner determines that an applicant for
1030 either a certificate or license is not so qualified, the commissioner shall
1031 notify such applicant of the denial of the application with a statement
1032 of the reasons for such denial. Such applicant shall have thirty days to
1033 request a hearing on the denial of the application.

1034 (b) Any person [, management service organization] or emergency
1035 medical service organization [which] that does not maintain standards
1036 or violates regulations adopted under any section of this chapter
1037 applicable to such person or organization may have such person's or
1038 organization's license or certification suspended or revoked or may be
1039 subject to any other disciplinary action specified in section 19a-17 after
1040 notice by certified mail to such person or organization of the facts or
1041 conduct [which] that warrant the intended action. Such person or
1042 emergency medical service organization shall have an opportunity to
1043 show compliance with all requirements for the retention of such
1044 certificate or license. In the conduct of any investigation by the
1045 commissioner of alleged violations of the standards or regulations
1046 adopted under the provisions of this chapter, the commissioner may
1047 issue subpoenas requiring the attendance of witnesses and the
1048 production by any medical service organization or person of reports,
1049 records, tapes or other documents [which] that concern the allegations
1050 under investigation. All records obtained by the commissioner in
1051 connection with any such investigation shall not be subject to the
1052 provisions of section 1-210 for a period of six months from the date of
1053 the petition or other event initiating such investigation, or until such
1054 time as the investigation is terminated pursuant to a withdrawal or

1055 other informal disposition or until a hearing is convened pursuant to
1056 chapter 54, whichever is earlier. A complaint, as defined in subdivision
1057 (6) of section 19a-13, shall be subject to the provisions of section 1-210
1058 from the time that it is served or mailed to the respondent. Records
1059 [which] that are otherwise public records shall not be deemed
1060 confidential merely because they have been obtained in connection
1061 with an investigation under this chapter.

1062 (c) Any person [, management service organization] or emergency
1063 medical service organization aggrieved by an act or decision of the
1064 commissioner regarding certification or licensure may appeal in the
1065 manner provided by chapter 54.

1066 (d) Any person who commits any of the following acts shall be
1067 guilty of a class C misdemeanor: (1) In any application to the
1068 commissioner or in any proceeding before or investigation made by
1069 the commissioner, knowingly making any false statement or
1070 representation, or, with knowledge of its falsity, filing or causing to be
1071 filed any false statement or representation in a required application or
1072 statement; (2) issuing, circulating or publishing or causing to be issued,
1073 circulated or published any form of advertisement or circular for the
1074 purpose of soliciting business which contains any statement that is
1075 false or misleading, or otherwise likely to deceive a reader thereof,
1076 with knowledge that it contains such false, misleading or deceptive
1077 statement; (3) giving or offering to give anything of value to any
1078 person for the purpose of promoting or securing ambulance or rescue
1079 service business or obtaining favors relating thereto; (4) administering
1080 or causing to be administered, while serving in the capacity of an
1081 employee of any licensed ambulance or rescue service, any alcoholic
1082 liquor to any patient in such employee's care, except under the
1083 supervision and direction of a licensed physician; (5) in any respect
1084 wilfully violating or failing to comply with any provision of this
1085 chapter or wilfully violating, failing, omitting or neglecting to obey or
1086 comply with any regulation, order, decision or license, or any part or
1087 provisions thereof; or (6) with one or more other persons, conspiring to
1088 violate any license or order issued by the commissioner or any

1089 provision of this chapter.

1090 (e) No person shall place any advertisement or produce any printed
1091 matter that holds that person out to be an ambulance service unless
1092 such person is licensed or certified pursuant to this section. Any such
1093 advertisement or printed matter shall include the license or certificate
1094 number issued by the commissioner.

1095 (f) Each licensed or certified [ambulance service shall] emergency
1096 medical service organization shall: (1) Ensure that its emergency
1097 medical personnel, whether such personnel are employees or
1098 contracted through an employment agency or personnel pool, are
1099 appropriately licensed or certified by the Department of Public Health
1100 to perform their job duties and that such licenses or certifications
1101 remain valid; (2) ensure that any employment agency or personnel
1102 pool, from which the emergency medical service organization obtains
1103 personnel meets the required general liability and professional liability
1104 insurance limits described in subsection (a) of this section and that all
1105 persons performing work or volunteering for the medical service
1106 organization are covered by such insurance; and (3) secure and
1107 maintain medical oversight, as defined in section 19a-175, as amended
1108 by this act, by a sponsor hospital, as defined in section 19a-175, as
1109 amended by this act. [for all its emergency medical personnel, whether
1110 such personnel are employed by the ambulance service or a
1111 management service.]

1112 (g) Each applicant whose request for new or expanded emergency
1113 medical services is approved shall, not later than six months after the
1114 date of such approval, acquire the necessary resources, equipment and
1115 other material necessary to comply with the terms of the approval and
1116 operate in the service area identified in the application. If the applicant
1117 fails to do so, the approval for new or expanded medical services shall
1118 be void and the commissioner shall rescind the approval.

1119 (h) Notwithstanding the provisions of subsection (a) of this section,
1120 any volunteer, hospital-based or municipal ambulance service or any

1121 ambulance service or paramedic intercept service operated and
1122 maintained by a state agency that is licensed or certified and is a
1123 primary service area responder may apply to the commissioner to add
1124 one emergency vehicle to its existing fleet every three years, on a short
1125 form application prescribed by the commissioner. No such volunteer,
1126 hospital-based or municipal ambulance service or any ambulance
1127 service or paramedic intercept service operated and maintained by a
1128 state agency may add more than one emergency vehicle to its existing
1129 fleet pursuant to this subsection regardless of the number of
1130 municipalities served by such volunteer, hospital-based or municipal
1131 ambulance service. Upon making such application, the applicant shall
1132 notify in writing all other primary service area responders in any
1133 municipality or abutting municipality in which the applicant proposes
1134 to add the additional emergency vehicle. Except in the case where a
1135 primary service area responder entitled to receive notification of such
1136 application objects, in writing, to the commissioner not later than
1137 fifteen calendar days after receiving such notice, the application shall
1138 be deemed approved thirty calendar days after filing. If any such
1139 primary service area responder files an objection with the
1140 commissioner within the fifteen-calendar-day time period and requests
1141 a hearing, the applicant shall be required to demonstrate need at a
1142 public hearing as required under subsection (a) of this section.

1143 (i) The commissioner shall develop a short form application for
1144 primary service area responders seeking to add an emergency vehicle
1145 to their existing fleets pursuant to subsection (h) of this section. The
1146 application shall require an applicant to provide such information as
1147 the commissioner deems necessary, including, but not limited to, (1)
1148 the applicant's name and address, (2) the primary service area where
1149 the additional vehicle is proposed to be used, (3) an explanation as to
1150 why the additional vehicle is necessary and its proposed use, (4) proof
1151 of insurance, (5) a list of the providers to whom notice was sent
1152 pursuant to subsection (h) of this section and proof of such
1153 notification, and (6) total call volume, response time and calls passed
1154 within the primary service area for the one-year period preceding the

1155 date of the application.

1156 (j) Notwithstanding the provisions of subsection (a) of this section
1157 any ambulance service or paramedic intercept service operated and
1158 maintained by a state agency on or before October 1, 2014, that notifies
1159 the Department of Public Health's Office of Emergency Medical
1160 Services, in writing, of such operation and attests to the ambulance
1161 service or paramedic intercept service being in compliance with all
1162 statutes and regulations concerning such operation (1) shall be deemed
1163 certified by the Commissioner of Public Health, or (2) shall be deemed
1164 licensed by the Commissioner of Public Health if such ambulance
1165 service or paramedic intercept service levies charges for emergency
1166 and nonemergency services.

1167 Sec. 20. Section 19a-179 of the general statutes is repealed and the
1168 following is substituted in lieu thereof (*Effective October 1, 2014*):

1169 [(a)] The commissioner shall adopt regulations, in accordance with
1170 chapter 54, concerning [(1) the methods and conditions for the
1171 issuance, renewal and reinstatement of licensure and certification or
1172 recertification of emergency medical service personnel, (2)] (1) the
1173 methods and conditions for licensure and certification of the
1174 operations, facilities and equipment enumerated in section 19a-177, as
1175 amended by this act, and [(3)] (2) complaint procedures for the public
1176 and any emergency medical service organization. Such regulations
1177 shall be in conformity with the policies and standards established by
1178 the commissioner. Such regulations shall require that, as an express
1179 condition of the purchase of any business holding a primary service
1180 area, the purchaser shall agree to abide by any performance standards
1181 to which the purchased business was obligated pursuant to its
1182 agreement with the municipality.

1183 [(b)] The commissioner may issue an emergency medical technician
1184 certificate to an applicant who presents evidence satisfactory to the
1185 commissioner that the applicant (1) is currently certified as an
1186 emergency medical technician in good standing in any New England

1187 state, New York or New Jersey, (2) has completed an initial training
1188 program consistent with the United States Department of
1189 Transportation, National Highway Traffic Safety Administration
1190 emergency medical technician curriculum, and (3) has no pending
1191 disciplinary action or unresolved complaint against him or her.

1192 (c) The commissioner may issue a temporary emergency medical
1193 technician certificate to an applicant who presents evidence
1194 satisfactory to the commissioner that (1) the applicant was certified by
1195 the department as an emergency medical technician prior to becoming
1196 licensed as a paramedic pursuant to section 20-206ll, and (2) the
1197 applicant's certification as an emergency medical technician has
1198 expired and the applicant's license as a paramedic has become void
1199 pursuant to section 19a-88. Such temporary certificate shall be valid for
1200 a period not to exceed one year and shall not be renewable.

1201 (d) An applicant who is issued a temporary emergency medical
1202 technician certificate pursuant to subsection (c) of this section may,
1203 prior to the expiration of such temporary certificate, apply to the
1204 department for:

1205 (1) Renewal of such person's paramedic license, giving such
1206 person's name in full, such person's residence and business address
1207 and such other information as the department requests, provided the
1208 application for license renewal is accompanied by evidence satisfactory
1209 to the commissioner that the applicant was under the medical
1210 oversight of a sponsor hospital on the date the applicant's paramedic
1211 license became void for nonrenewal; or

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

1219 initial certification specified in regulations adopted by the
1220 commissioner pursuant to this section.

1221 (e) For purposes of subsection (d) of this section, "medical oversight"
1222 means the active surveillance by physicians of mobile intensive care
1223 sufficient for the assessment of overall practice levels, as defined by
1224 state-wide protocols, and "sponsor hospital" means a hospital that has
1225 agreed to maintain staff for the provision of medical oversight,
1226 supervision and direction to an emergency medical service
1227 organization, as defined in section 19a-175, and its personnel and has
1228 been approved for such activity by the Office of Emergency Medical
1229 Services.]

1230 Sec. 21. Section 20-206mm of the general statutes is repealed and the
1231 following is substituted in lieu thereof (*Effective October 1, 2014*):

1232 (a) Except as provided in subsections (b) and (c) of this section, an
1233 applicant for a license as a paramedic shall submit evidence
1234 satisfactory to the [commissioner, as defined in section 19a-175,]
1235 Commissioner of Public Health that the applicant has successfully (1)
1236 completed a [mobile intensive care] paramedic training program
1237 approved by the commissioner, and (2) passed an examination
1238 prescribed by the commissioner.

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

1251 Highway Traffic Safety Administration for the paramedic scope of
1252 practice model conducted by an organization offering a program that
1253 is recognized by the national emergency medical services program
1254 accrediting organization, and (C) has no pending disciplinary action or
1255 unresolved complaint against him or her.

1256 (c) Any person who is certified as an emergency medical technician-
1257 paramedic by the Department of Public Health on October 1, 1997,
1258 shall be deemed a licensed paramedic. Any person so deemed shall
1259 renew his license pursuant to section 19a-88 for a fee of one hundred
1260 fifty dollars.

1261 (d) The commissioner may issue an emergency medical technician
1262 certificate or emergency medical responder certificate to an applicant
1263 who presents evidence satisfactory to the commissioner that the
1264 applicant (1) is currently certified as an emergency medical technician,
1265 or emergency medical responder in good standing in any New
1266 England state, New York or New Jersey, (2) has completed an initial
1267 training program consistent with the National Emergency Medical
1268 Services Education Standards, as promulgated by the National
1269 Highway Traffic Safety Administration for the emergency medical
1270 technician or emergency medical responder curriculum, and (3) has no
1271 pending disciplinary action or unresolved complaint against him or
1272 her.

1273 (e) The commissioner may issue a temporary emergency medical
1274 technician certificate to an applicant who presents evidence
1275 satisfactory to the commissioner that (1) the applicant was certified by
1276 the department as an emergency medical technician prior to becoming
1277 licensed as a paramedic pursuant to section 20-206ll, or (2) the
1278 applicant's certification as an emergency medical technician has
1279 expired and the applicant's license as a paramedic has become void
1280 pursuant to section 19a-88. Such temporary certificate shall be valid for
1281 a period not to exceed one year and shall not be renewable.

1282 (f) An applicant who is issued a temporary emergency medical

1283 technician certificate pursuant to subsection (e) of this section may,
1284 prior to the expiration of such temporary certificate, apply to the
1285 department for: (1) Renewal of such person's paramedic license, giving
1286 such person's name in full, such person's residence and business
1287 address and such other information as the department requests,
1288 provided the application for license renewal is accompanied by
1289 evidence satisfactory to the commissioner that the applicant was under
1290 the medical oversight of a sponsor hospital, as those terms are defined
1291 in section 19a-175, as amended by this act, on the date the applicant's
1292 paramedic license became void for nonrenewal; or (2) recertification as
1293 an emergency medical technician, provided the application for
1294 recertification is accompanied by evidence satisfactory to the
1295 commissioner that the applicant completed emergency medical
1296 technician refresher training approved by the commissioner not later
1297 than one year after issuance of the temporary emergency medical
1298 technician certificate. The department shall recertify such person as an
1299 emergency medical technician without the examination required for
1300 initial certification specified in regulations adopted by the
1301 commissioner pursuant to section 20-206oo, as amended by this act.

1302 (g) The commissioner may issue an emergency medical responder
1303 certificate to an applicant who presents evidence satisfactory to the
1304 commissioner that the applicant (1) is currently certified as an
1305 emergency medical responder in good standing by a state that
1306 maintains licensing requirements that the commissioner determines
1307 are equal to, or greater than, those in this state, (2) has completed an
1308 initial department-approved emergency medical responder training
1309 program that includes written and practical examinations at the
1310 completion of the course, or a program outside the state that adheres
1311 to national education standards for the emergency medical responder
1312 scope of practice and that includes an examination, and (3) has no
1313 pending disciplinary action or unresolved complaint against him or
1314 her.

1315 (h) The commissioner may issue an emergency medical services
1316 instructor certificate to an applicant who presents (1) evidence

1317 satisfactory to the commissioner that the applicant is currently certified
1318 as an emergency medical technician in good standing, (2)
1319 documentation satisfactory to the commissioner, with reference to
1320 national education standards, regarding qualifications as an
1321 emergency medical service instructor, (3) a letter of endorsement
1322 signed by two instructors holding current emergency medical service
1323 instructor certification, (4) documentation of having completed written
1324 and practical examinations as prescribed by the commissioner, and (5)
1325 evidence satisfactory to the commissioner that the applicant has no
1326 pending disciplinary action or unresolved complaints against him or
1327 her.

1328 Sec. 22. Section 20-206oo of the general statutes is repealed and the
1329 following is substituted in lieu thereof (*Effective October 1, 2014*):

1330 The Commissioner of Public Health may adopt regulations in
1331 accordance with the provisions of chapter 54 to carry out the
1332 provisions of subdivision [(18)] (24) of subsection (c) of section 19a-14,
1333 subsection (e) of section 19a-88, subdivision (15) of section 19a-175, as
1334 amended by this act, subsection (b) of section 20-9, as amended by this
1335 act, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff,
1336 inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by
1337 this act.

1338 Sec. 23. Section 19a-179a of the general statutes is repealed and the
1339 following is substituted in lieu thereof (*Effective October 1, 2014*):

1340 (a) Notwithstanding any provision of the general statutes or any
1341 regulation adopted pursuant to this chapter, the scope of practice of
1342 any person certified or licensed as an emergency medical responder,
1343 emergency medical technician, advanced emergency medical
1344 technician, emergency medical services instructor or a paramedic
1345 under regulations adopted pursuant to this section [19a-179] may
1346 include treatment modalities not specified in the regulations of
1347 Connecticut state agencies, provided such treatment modalities are (1)
1348 approved by the Connecticut Emergency Medical Services Medical

1349 Advisory Committee established pursuant to section 19a-178a and the
1350 Commissioner of Public Health, and (2) administered at the medical
1351 oversight and direction of a sponsor hospital. [, as defined in section
1352 28-8b.]

1353 (b) The Commissioner of Public Health shall adopt regulations, in
1354 accordance with chapter 54, concerning the methods and conditions
1355 for the issuance, renewal and reinstatement of licensure and
1356 certification or recertification of emergency medical responders,
1357 emergency medical technicians and emergency medical services
1358 instructors.

1359 Sec. 24. Section 19a-195a of the 2014 supplement to the general
1360 statutes is repealed and the following is substituted in lieu thereof
1361 (*Effective October 1, 2014*):

1362 (a) The Commissioner of Public Health shall adopt regulations in
1363 accordance with the provisions of chapter 54 to provide that
1364 emergency medical technicians shall be recertified every three years.
1365 For the purpose of maintaining an acceptable level of proficiency, each
1366 emergency medical technician who is recertified for a three-year
1367 period shall complete thirty hours of refresher training approved by
1368 the commissioner, or meet such other requirements as may be
1369 prescribed by the commissioner.

1370 (b) The commissioner shall adopt regulations, in accordance with
1371 the provisions of chapter 54, to (1) provide for state-wide
1372 standardization of certification for each class of emergency medical
1373 services personnel, including, but not limited to, (A) emergency
1374 medical technicians, [including, but not limited to, paramedics,] (B)
1375 emergency medical services instructors, and (C) emergency medical
1376 responders, (2) allow course work for such certification to be taken
1377 state-wide, and (3) allow persons so certified to perform within their
1378 scope of certification state-wide.

1379 Sec. 25. Section 19a-179c of the general statutes is repealed and the
1380 following is substituted in lieu thereof (*Effective October 1, 2014*):

1381 (a) Any ambulance used for interfacility critical care transport shall
1382 meet the requirements for a basic level ambulance, as prescribed in
1383 regulations adopted pursuant to section 19a-179, as amended by this
1384 act, including requirements concerning medically necessary supplies
1385 and services, and may be supplemented by a licensed registered nurse,
1386 advanced practice registered nurse, physician assistant or respiratory
1387 care practitioner, provided such licensed professionals shall have
1388 current training and certification in pediatric or adult advanced life
1389 support, or from the Neonatal Resuscitation Program of the American
1390 Academy of Pediatrics, as appropriate, based on the patient's
1391 condition.

1392 (b) A general hospital or children's general hospital licensed in
1393 accordance with section 19a-490 may utilize a ground or air ambulance
1394 service other than the primary service area responder for emergency
1395 interfacility transports of patients when (1) the primary service area
1396 responder is not authorized to the level of care required for the patient,
1397 (2) the primary service area responder does not have the equipment
1398 necessary to transport the patient safely, or (3) the transport takes the
1399 primary service area responder out of its service area for more than
1400 two hours and there is another ambulance service with the appropriate
1401 level of medical authorization and proper equipment available. The
1402 patient's attending physician shall determine when it is necessary to
1403 utilize the primary service area responder or other ambulance service
1404 for an expeditious and medically-appropriate transport.

1405 Sec. 26. (NEW) (*Effective October 1, 2014*) (a) Each emergency medical
1406 service organization licensed or certified by the Commissioner of
1407 Public Health shall, upon receipt of a notice of intention to strike by a
1408 labor organization representing the employees of such emergency
1409 medical service organization file a strike contingency plan, in
1410 accordance with the provisions of the National Labor Relations Act, 29
1411 USC 158, as amended from time to time, with the commissioner not
1412 later than five days before the date indicated for commencement of the
1413 strike.

1414 (b) The commissioner may issue a summary order to any emergency
1415 medical service organization, as defined in section 19a-175 of the
1416 general statutes, as amended by this act, that fails to file a strike
1417 contingency plan that complies with the provisions of this section and
1418 the regulations adopted by the commissioner pursuant to this section
1419 within the specified time period. Such order shall require the
1420 emergency medical service organization to immediately file a strike
1421 contingency plan that complies with the provisions of this section and
1422 the regulations adopted by the commissioner pursuant to this section.

1423 (c) Any emergency medical service organization that fails to comply
1424 with this section shall be subject to a civil penalty of not more than ten
1425 thousand dollars for each day of noncompliance.

1426 (d) (1) If the commissioner determines that an emergency medical
1427 service organization has failed to comply with the provisions of this
1428 section or the regulations adopted pursuant to this section, for which a
1429 civil penalty is authorized by subsection (c) of this section, the
1430 commissioner may send to an authorized officer or agent of the
1431 emergency medical service organization, by certified mail, return
1432 receipt requested, or personally serve upon such officer or agent, a
1433 notice that includes: (A) A reference to this section or the section or
1434 sections of the regulations with which the emergency medical service
1435 organization has failed to comply; (B) a short and plain statement of
1436 the matters asserted or charged; (C) a statement of the maximum civil
1437 penalty that may be imposed for such noncompliance; and (D) a
1438 statement of the party's right to request a hearing to contest the
1439 imposition of the civil penalty.

1440 (2) An emergency medical service organization may make written
1441 application for a hearing to contest the imposition of a civil penalty
1442 pursuant to this section not later than twenty days after the date such
1443 notice is mailed or served. All hearings under this section shall be
1444 conducted in accordance with the provisions of chapter 54 of the
1445 general statutes. If an emergency medical service organization fails to
1446 request a hearing or fails to appear at the hearing or if, after the

1447 hearing, the commissioner finds that the emergency medical services
1448 organization is in noncompliance, the commissioner may, in the
1449 commissioner's discretion, order a civil penalty to be imposed that is
1450 not greater than the penalty stated in the notice. The commissioner
1451 shall send a copy of any order issued pursuant to this subsection by
1452 certified mail, return receipt requested, to the emergency medical
1453 service organization named in such order.

1454 (e) The commissioner shall adopt regulations, in accordance with
1455 the provisions of chapter 54 of the general statutes: (1) Establishing
1456 requirements for a strike contingency plan, that shall include, but need
1457 not be limited to, a requirement that the plan contain documentation
1458 that the emergency medical service organization has arranged, in the
1459 event of a strike, for adequate staffing and security, fuel,
1460 pharmaceuticals and other essential supplies and services necessary to
1461 meet the needs of the patient population served by the emergency
1462 medical service organization; and (2) for purposes of the imposition of
1463 a civil penalty upon an emergency medical service organization
1464 pursuant to subsections (c) and (d) of this section.

1465 (f) Such plan shall be deemed a statement of strategy or negotiations
1466 with respect to collective bargaining for the purpose of subdivision (9)
1467 of subsection (b) of section 1-210 of the general statutes.

1468 Sec. 27. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of
1469 Public Health shall develop and implement a plan in circumstances
1470 where the Governor declares a state of emergency to mobilize state
1471 emergency medical service assets to aid areas where local emergency
1472 medical services and ordinary mutual aid resources are overwhelmed.
1473 Such plan shall be known as the Forward Movement of Patients Plan.
1474 Such plan shall include, but not be limited to, a procedure for the
1475 request of resources, authority for plan activation, the typing of
1476 resources, resource command and control and logistical
1477 considerations.

1478 (b) Emergency rates established by the commissioner for certified

1479 emergency medical service, paramedic intercept service, invalid coach
1480 and temporary transportation needs for a specified event or incident
1481 shall apply when the emergency medical service organization is
1482 authorized by the commissioner to function as part of the Forward
1483 Movement of Patients Plan.

1484 Sec. 28. Subsection (a) of section 19a-562a of the general statutes is
1485 repealed and the following is substituted in lieu thereof (*Effective*
1486 *October 1, 2014*):

1487 (a) Each nursing home facility that is not a residential care home or
1488 an Alzheimer's special care unit or program shall annually provide (1)
1489 a minimum of two hours of training in pain recognition and
1490 administration of pain management techniques, and (2) a minimum of
1491 one hour of training in oral health and oral hygiene techniques to all
1492 licensed and registered direct care staff and nurse's aides who provide
1493 direct patient care to residents.

1494 Sec. 29. Subsection (c) of section 19a-490k of the general statutes is
1495 repealed and the following is substituted in lieu thereof (*Effective*
1496 *October 1, 2014*):

1497 (c) A hospital may administer influenza and pneumococcal
1498 [polysaccharide] vaccines to patients, after an assessment for
1499 contraindications, without a physician's order, in accordance with a
1500 physician-approved hospital policy. The Commissioner of Public
1501 Health shall adopt regulations, in accordance with the provisions of
1502 chapter 54, to carry out the provisions of this subsection.

1503 Sec. 30. Section 19a-89b of the general statutes is repealed and the
1504 following is substituted in lieu thereof (*Effective October 1, 2014*):

1505 (a) Notwithstanding the provisions of sections 4-166 and 4-168, the
1506 Commissioner of Public Health may establish public swimming pool
1507 design guidelines without adopting such design guidelines as
1508 regulations pursuant to this chapter to establish minimum standards
1509 for the proper construction and maintenance of public swimming

1510 pools.

1511 [(a)] (b) The Department of Public Health shall charge a fee of fifteen
1512 dollars for a copy of its pool design guidelines.

1513 [(b)] (c) The department shall charge a fee of fifteen dollars for a
1514 copy of its food compliance guide.

1515 Sec. 31. Section 19a-72 of the 2014 supplement to the general statutes
1516 is repealed and the following is substituted in lieu thereof (*Effective*
1517 *October 1, 2014*):

1518 (a) As used in this section:

1519 (1) "Clinical laboratory" means any facility or other area used for
1520 microbiological, serological, chemical, hematological,
1521 immunohematological, biophysical, cytological, pathological or other
1522 examinations of human body fluids, secretions, excretions or excised
1523 or exfoliated tissues, for the purpose of providing information for the
1524 diagnosis, prevention or treatment of any human disease or
1525 impairment, for the assessment of human health or for the presence of
1526 drugs, poisons or other toxicological substances;

1527 (2) "Hospital" means an establishment for the lodging, care and
1528 treatment of persons suffering from disease or other abnormal physical
1529 or mental conditions and includes inpatient psychiatric services in
1530 general hospitals;

1531 (3) "Health care provider" means any person or organization that
1532 furnishes health care services and is licensed or certified to furnish
1533 such services pursuant to chapters 370, 372, 373, 375, [to 384a,
1534 inclusive, 388, 398 and 399] 378 and 379 or is licensed or certified
1535 pursuant to chapter 368d; [and]

1536 (4) "Occupation" means the usual kind of work performed by an
1537 individual;

1538 (5) "Industry" means the type of business to which an occupation

1539 relates; and

1540 [(4)] (6) "Reportable tumor" means tumors and conditions included
1541 in the Connecticut Tumor Registry reportable list maintained by the
1542 Department of Public Health, as amended from time to time, as
1543 deemed necessary by the department.

1544 (b) The Department of Public Health shall maintain and operate the
1545 Connecticut Tumor Registry. Said registry shall include a report of
1546 every occurrence of a reportable tumor that is diagnosed or treated in
1547 the state. Such reports shall be made to the department by any
1548 hospital, clinical laboratory [and] or health care provider in the state.
1549 Such reports shall include, but not be limited to, pathology reports and
1550 information obtained from records of any person licensed as a health
1551 care provider and may include a collection of actual tissue samples
1552 and such information as the department may prescribe. [Follow-up
1553 information shall also be contained in the report and] Information
1554 contained in the report shall include, when available: (1) Demographic
1555 data; (2) occupation and industry of the patient; (3) diagnostic,
1556 treatment and pathology reports; [(3)] (4) operative reports,
1557 hematology, medical oncology and radiation therapy consults, or
1558 abstracts of such reports or consults in a format prescribed by the
1559 department; and [(4)] (5) other medical information as the department
1560 may prescribe. Such information shall be reported to the department
1561 not later than six months after diagnosis or the first encounter for
1562 treatment of a reportable tumor, in the form and manner prescribed by
1563 the department and updates of such information shall be reported to
1564 the department, annually, for the duration of the patient's lifetime.
1565 [The Commissioner of Public Health shall promulgate a list of required
1566 data items, which may be amended from time to time.] Such reports
1567 shall include every occurrence of a reportable tumor that is diagnosed
1568 or treated during a calendar year.

1569 (c) The Department of Public Health shall be provided such access
1570 to records of any health care provider, as the department deems
1571 necessary, to perform case finding or other quality improvement

1572 audits to ensure completeness of reporting and data accuracy
1573 consistent with the purposes of this section.

1574 (d) The Department of Public Health may enter into a contract for
1575 the receipt, storage, holding [and] or maintenance of the data, files or
1576 tissue samples under its control and management.

1577 (e) The Department of Public Health may enter into reciprocal
1578 reporting agreements with the appropriate agencies of other states to
1579 exchange tumor reports.

1580 (f) (1) Failure by a hospital, clinical laboratory or health care
1581 provider to comply with the reporting requirements prescribed in this
1582 section may result in the department electing to perform the registry
1583 services for such hospital, clinical laboratory or provider. In such case,
1584 the hospital, clinical laboratory or provider shall reimburse the
1585 department for actual expenses incurred in performing such services.

1586 (2) Any hospital, clinical laboratory or health care provider that fails
1587 to comply with the provisions of this section shall be liable for a civil
1588 penalty not to exceed five hundred dollars for each failure to disclose a
1589 reportable tumor, as determined by the commissioner.

1590 (3) A hospital, clinical laboratory or health care provider that fails to
1591 report cases of cancer as required in regulations adopted [pursuant to
1592 section 19a-73 by a date that is not later than nine months after the date
1593 of first contact with such hospital, clinical laboratory or health care
1594 provider for diagnosis or treatment] in accordance with the provisions
1595 of subsection (h) of this section, shall be assessed a civil penalty not to
1596 exceed two hundred fifty dollars per business day, for each day
1597 thereafter that the report is not submitted and ordered to comply with
1598 the terms of this subsection by the Commissioner of Public Health.

1599 (4) The reimbursements, expenses and civil penalties set forth in this
1600 section shall be assessed only after the Department of Public Health
1601 [provides a] has provided a hospital, clinical laboratory or health care
1602 provider with written notice of deficiency and [the provider is

1603 afforded the opportunity to respond to such notice. A provider shall
1604 have not more] such hospital, clinical laboratory or health care
1605 provider has been afforded not less than fourteen business days after
1606 the date of receiving such notice to provide a written response to the
1607 department. Such written response shall include any information
1608 requested by the department.

1609 (g) The Commissioner of Public Health may request that the
1610 Attorney General initiate an action to collect any civil penalties
1611 assessed pursuant to this section and obtain such orders as necessary
1612 to enforce any provision of this section.

1613 (h) The Commissioner of Public Health may adopt regulations, in
1614 accordance with the provisions of chapter 54, to implement the
1615 provisions of this section.

1616 Sec. 32. Section 19a-2a of the general statutes is repealed and the
1617 following is substituted in lieu thereof (*Effective October 1, 2014*):

1618 The Commissioner of Public Health shall employ the most efficient
1619 and practical means for the prevention and suppression of disease and
1620 shall administer all laws under the jurisdiction of the Department of
1621 Public Health and the Public Health Code. The commissioner shall
1622 have responsibility for the overall operation and administration of the
1623 Department of Public Health. The commissioner shall have the power
1624 and duty to: (1) Administer, coordinate and direct the operation of the
1625 department; (2) adopt and enforce regulations, in accordance with
1626 chapter 54, as are necessary to carry out the purposes of the
1627 department as established by statute; (3) establish rules for the internal
1628 operation and administration of the department; (4) establish and
1629 develop programs and administer services to achieve the purposes of
1630 the department as established by statute; (5) [contract] enter into a
1631 contract, including, but not limited to, a contract with another state, for
1632 facilities, services and programs to implement the purposes of the
1633 department as established by statute; (6) designate a deputy
1634 commissioner or other employee of the department to sign any license,

1635 certificate or permit issued by said department; (7) conduct a hearing,
1636 issue subpoenas, administer oaths, compel testimony and render a
1637 final decision in any case when a hearing is required or authorized
1638 under the provisions of any statute dealing with the Department of
1639 Public Health; (8) with the health authorities of this and other states,
1640 secure information and data concerning the prevention and control of
1641 epidemics and conditions affecting or endangering the public health,
1642 and compile such information and statistics and shall disseminate
1643 among health authorities and the people of the state such information
1644 as may be of value to them; (9) annually issue a list of reportable
1645 diseases, emergency illnesses and health conditions and a list of
1646 reportable laboratory findings and amend such lists as the
1647 commissioner deems necessary and distribute such lists as well as any
1648 necessary forms to each licensed physician and clinical laboratory in
1649 this state. The commissioner shall prepare printed forms for reports
1650 and returns, with such instructions as may be necessary, for the use of
1651 directors of health, boards of health and registrars of vital statistics;
1652 and (10) specify uniform methods of keeping statistical information by
1653 public and private agencies, organizations and individuals, including a
1654 client identifier system, and collect and make available relevant
1655 statistical information, including the number of persons treated,
1656 frequency of admission and readmission, and frequency and duration
1657 of treatment. The client identifier system shall be subject to the
1658 confidentiality requirements set forth in section 17a-688 and
1659 regulations adopted thereunder. The commissioner may designate any
1660 person to perform any of the duties listed in subdivision (7) of this
1661 section. The commissioner shall have authority over directors of health
1662 and may, for cause, remove any such director; but any person claiming
1663 to be aggrieved by such removal may appeal to the Superior Court
1664 which may affirm or reverse the action of the commissioner as the
1665 public interest requires. The commissioner shall assist and advise local
1666 directors of health in the performance of their duties, and may require
1667 the enforcement of any law, regulation or ordinance relating to public
1668 health. When requested by local directors of health, the commissioner
1669 shall consult with them and investigate and advise concerning any

1670 condition affecting public health within their jurisdiction. The
1671 commissioner shall investigate nuisances and conditions affecting, or
1672 that he or she has reason to suspect may affect, the security of life and
1673 health in any locality and, for that purpose, the commissioner, or any
1674 person authorized by the commissioner, may enter and examine any
1675 ground, vehicle, apartment, building or place, and any person
1676 designated by the commissioner shall have the authority conferred by
1677 law upon constables. Whenever the commissioner determines that any
1678 provision of the general statutes or regulation of the Public Health
1679 Code is not being enforced effectively by a local health department, he
1680 or she shall forthwith take such measures, including the performance
1681 of any act required of the local health department, to ensure
1682 enforcement of such statute or regulation and shall inform the local
1683 health department of such measures. In September of each year the
1684 commissioner shall certify to the Secretary of the Office of Policy and
1685 Management the population of each municipality. The commissioner
1686 may solicit and accept for use any gift of money or property made by
1687 will or otherwise, and any grant of or contract for money, services or
1688 property from the federal government, the state, [or] any political
1689 subdivision thereof, any other state or any private source, and do all
1690 things necessary to cooperate with the federal government or any of its
1691 agencies in making an application for any grant or contract. The
1692 commissioner may establish state-wide and regional advisory councils.

1693 Sec. 33. Section 19a-32 of the general statutes is repealed and the
1694 following is substituted in lieu thereof (*Effective October 1, 2014*):

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

1704 property so received, the names of its donors, its location, the use
1705 made thereof and the amount of unexpended balances on hand.

1706 Sec. 34. Subsection (b) of section 20-10b of the 2014 supplement to
1707 the general statutes is repealed and the following is substituted in lieu
1708 thereof (*Effective from passage*):

1709 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1710 this section, a licensee applying for license renewal shall earn a
1711 minimum of fifty contact hours of continuing medical education
1712 within the preceding twenty-four-month period. Such continuing
1713 medical education shall (1) be in an area of the physician's practice; (2)
1714 reflect the professional needs of the licensee in order to meet the health
1715 care needs of the public; and (3) during the first renewal period in
1716 which continuing medical education is required and not less than once
1717 every six years thereafter, include at least one contact hour of training
1718 or education in each of the following topics: (A) Infectious diseases,
1719 including, but not limited to, acquired immune deficiency syndrome
1720 and human immunodeficiency virus, (B) risk management, (C) sexual
1721 assault, (D) domestic violence, (E) cultural competency, and (F)
1722 behavioral health. For purposes of this section, qualifying continuing
1723 medical education activities include, but are not limited to, courses
1724 offered or approved by the American Medical Association, American
1725 Osteopathic Medical Association, Connecticut Hospital Association,
1726 Connecticut State Medical Society, county medical societies or
1727 equivalent organizations in another jurisdiction, educational offerings
1728 sponsored by a hospital or other health care institution or courses
1729 offered by a regionally accredited academic institution or a state or
1730 local health department. The commissioner, or the commissioner's
1731 designee, may grant a waiver for not more than ten contact hours of
1732 continuing medical education for a physician who: (i) Engages in
1733 activities related to the physician's service as a member of the
1734 Connecticut Medical Examining Board, established pursuant to section
1735 20-8a; (ii) engages in activities related to the physician's service as a
1736 member of a medical hearing panel, pursuant to section 20-8a; or (iii)
1737 assists the department with its duties to boards and commissions as

1738 described in section 19a-14.

1739 Sec. 35. Subsection (a) of section 20-146 of the general statutes is
1740 repealed and the following is substituted in lieu thereof (*Effective*
1741 *October 1, 2014*):

1742 (a) Except as provided in section 20-146a, no person shall produce
1743 or reproduce ophthalmic lenses and similar products or mount the
1744 same to supporting materials or fit the same by mechanical
1745 manipulation, molding techniques or other related functions, unless
1746 such person is licensed by the Department of Public Health. Said
1747 department may issue license certificates as licensed optician to all
1748 persons who lawfully apply for the same, upon their submitting to the
1749 [commission] department an acceptable written application, and after
1750 they have passed examinations as hereinafter provided: Any person
1751 shall be admitted to take the examinations for a license to practice as a
1752 licensed optician who has satisfied the department that he or she is a
1753 person of good professional character, has served as a registered
1754 apprentice in this state or any other state for not less than four calendar
1755 years' full-time employment under the supervision of a licensed
1756 optician in an optical establishment, office, department, store, shop or
1757 laboratory where prescriptions for optical glasses from given formulas
1758 have been filled, and has acquired experience in the producing and
1759 reproducing of ophthalmic lenses, mounting the same to supporting
1760 materials, of which one year, at least, shall have been acquired within
1761 the five years last preceding the date of such application and who has
1762 acquired experience in the fitting of ophthalmic lenses to the eyes by
1763 mechanical manipulation, molding technique or other related
1764 functions, of which one year, at least, shall have been acquired within
1765 the five years last preceding the date of such application, under the
1766 supervision of a licensed optician. Any person who is licensed to
1767 perform optical services in any other state or territory with licensure
1768 requirements similar to or higher than those required in this state shall
1769 be eligible for licensure without examination. Successful completion of
1770 a two-year educational program approved by the board with the
1771 consent of the Commissioner of Public Health may be substituted for

1772 the four-year work experience requirement.

1773 Sec. 36. Section 20-188 of the general statutes is repealed and the
1774 following is substituted in lieu thereof (*Effective October 1, 2014*):

1775 Before granting a license to a psychologist, the department shall,
1776 except as provided in section 20-190, require any applicant therefor to
1777 pass an examination in psychology prescribed by the department with
1778 the advice and consent of the board. Each applicant shall pay a fee of
1779 five hundred sixty-five dollars, and shall satisfy the department that
1780 such applicant: (1) [has] Has received the doctoral degree based on a
1781 program of studies whose content was primarily psychological from
1782 an educational institution approved in accordance with section 20-189;
1783 and (2) has had at least one year's experience that meets the
1784 requirements established in regulations adopted by the department, in
1785 consultation with the board, in accordance with the provisions of
1786 chapter 54. The department shall establish a passing score with the
1787 consent of the board. Any certificate granted by the board of examiners
1788 prior to June 24, 1969, shall be deemed a valid license permitting
1789 continuance of profession subject to the provisions of this chapter. An
1790 applicant who is licensed or certified as a psychologist in another state,
1791 territory or commonwealth of the United States may substitute two
1792 years of licensed or certified work experience in the practice of
1793 psychology, as defined in section 20-187a, in lieu of the requirements
1794 of subdivision (2) of this section.

1795 Sec. 37. Section 20-195dd of the general statutes is repealed and the
1796 following is substituted in lieu thereof (*Effective October 1, 2014*):

1797 (a) Except as provided in subsections (b) and (c) of this section, an
1798 applicant for a license as a professional counselor shall submit
1799 evidence satisfactory to the Commissioner of Public Health of having:
1800 (1) Completed sixty graduate semester hours in or related to the
1801 discipline of counseling at a regionally accredited institution of higher
1802 education, which included coursework in each of the following areas:
1803 (A) Human growth and development, (B) social and cultural

1804 foundations, (C) counseling theories and techniques or helping
1805 relationships, (D) group dynamics, (E) processing and counseling, (F)
1806 career and lifestyle development, (G) appraisals or tests and
1807 measurements for individuals and groups, (H) research and
1808 evaluation, and (I) professional orientation to counseling; (2) earned,
1809 from a regionally accredited institution of higher education a master's
1810 or doctoral degree in social work, marriage and family therapy,
1811 counseling, psychology or a related mental health field; (3) acquired
1812 three thousand hours of postgraduate-degree-supervised experience in
1813 the practice of professional counseling, performed over a period of not
1814 less than one year, that included a minimum of one hundred hours of
1815 direct supervision by (A) a physician licensed pursuant to chapter 370
1816 who has obtained certification in psychiatry from the American Board
1817 of Psychiatry and Neurology, (B) a psychologist licensed pursuant to
1818 chapter 383, (C) an advanced practice registered nurse licensed
1819 pursuant to chapter 378 and certified as a clinical specialist in adult
1820 psychiatric and mental health nursing with the American Nurses
1821 Credentialing Center, (D) a marital and family therapist licensed
1822 pursuant to chapter 383a, (E) a clinical social worker licensed pursuant
1823 to chapter 383b, (F) a professional counselor licensed, or prior to
1824 October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or
1825 (G) a physician certified in psychiatry by the American Board of
1826 Psychiatry and Neurology, psychologist, advanced practice registered
1827 nurse certified as a clinical specialist in adult psychiatric and mental
1828 health nursing with the American Nurses Credentialing Center,
1829 marital and family therapist, clinical social worker or professional
1830 counselor licensed or certified as such or as a person entitled to
1831 perform similar services, under a different designation, in another state
1832 or jurisdiction whose requirements for practicing in such capacity are
1833 substantially similar to or higher than those of this state; and (4) passed
1834 an examination prescribed by the commissioner.

1835 [(b) Prior to December 30, 2001, an applicant for a license as a
1836 professional counselor may, in lieu of the requirements set forth in
1837 subsection (a) of this section, submit evidence satisfactory to the

1838 commissioner of having: (A) Earned at least a thirty-hour master's
1839 degree, sixth-year degree or doctoral degree from a regionally
1840 accredited institution of higher education with a major in social work,
1841 marriage and family therapy, counseling, psychology or forensic
1842 psychology; (B) practiced professional counseling for a minimum of
1843 two years within a five-year period immediately preceding
1844 application; and (C) passed an examination prescribed by the
1845 commissioner.]

1846 [(c)] (b) An applicant for licensure by endorsement shall present
1847 evidence satisfactory to the commissioner that the applicant is licensed
1848 or certified as a professional counselor, or as a person entitled to
1849 perform similar services under a different designation, in another state
1850 or jurisdiction whose requirements for practicing in such capacity are
1851 substantially similar to or higher than those of this state and that there
1852 are no disciplinary actions or unresolved complaints pending.

1853 (c) An applicant who is currently licensed or certified as a
1854 professional counselor or its equivalent in another state, territory or
1855 commonwealth of the United States may substitute three years of
1856 licensed or certified work experience in the practice of professional
1857 counseling in lieu of the requirements of subdivision (3) of subsection
1858 (a) of this section, provided the commissioner finds that such
1859 experience is equal to or greater than the requirements of this state.

1860 Sec. 38. Section 20-195n of the general statutes is repealed and the
1861 following is substituted in lieu thereof (*Effective October 1, 2014*):

1862 (a) No person shall practice clinical social work unless such person
1863 has obtained a license pursuant to this section.

1864 (b) An applicant for licensure as a master social worker shall: (1)
1865 Hold a master's degree from a social work program accredited by the
1866 Council on Social Work Education or, if educated outside the United
1867 States or its territories, have completed an educational program
1868 deemed equivalent by the council; and (2) pass the masters level
1869 examination of the Association of Social Work Boards or any other

1870 examination prescribed by the commissioner.

1871 (c) An applicant for licensure as a clinical social worker shall: (1)
1872 Hold a doctorate or master's degree from a social work program
1873 accredited by the Council on Social Work Education or, if educated
1874 outside the United States or its territories, have completed an
1875 educational program deemed equivalent by the council; (2) have three
1876 thousand hours post-master's social work experience which shall
1877 include not less than one hundred hours of work under professional
1878 supervision by a licensed clinical or certified independent social
1879 worker, provided on and after October 1, 2011, such hours completed
1880 in this state shall be as a licensed master social worker; and (3) pass the
1881 clinical level examination of the Association of Social Work Boards or
1882 any other examination prescribed by the commissioner. On and after
1883 October 1, 1995, any person certified as an independent social worker
1884 prior to October 1, 1995, shall be deemed licensed as a clinical social
1885 worker pursuant to this section, except a person certified as an
1886 independent social worker on and after October 1, 1990, shall not be
1887 deemed licensed as a clinical social worker pursuant to this chapter
1888 unless such person has satisfied the requirements of subdivision (3) of
1889 this subsection.

1890 (d) Notwithstanding the provisions of subsection (b) of this section,
1891 the commissioner may grant a license by endorsement to an applicant
1892 who presents evidence satisfactory to the commissioner that the
1893 applicant (1) is licensed or certified as a master social worker or clinical
1894 social worker in good standing in another state or jurisdiction whose
1895 requirements for practicing in such capacity are substantially similar to
1896 or higher than those of this state, and (2) has successfully completed
1897 the master level examination of the Association of Social Work Boards,
1898 or its successor organization, or any other examination prescribed by
1899 the commissioner. No license shall be issued under this subsection to
1900 any applicant against whom professional disciplinary action is
1901 pending or who is the subject of an unresolved complaint.

1902 (e) Notwithstanding the provisions of subsection (c) of this section,

1903 the commissioner may grant a license by endorsement to an applicant
1904 who presents evidence satisfactory to the commissioner that the
1905 applicant (1) is licensed or certified as a clinical social worker in good
1906 standing in another state or jurisdiction whose requirements for
1907 practicing in such capacity are substantially similar to or [higher]
1908 greater than those of this state, and (2) has successfully completed the
1909 clinical level examination of the Association of Social Work Boards, or
1910 its successor organization, or any other examination prescribed by the
1911 commissioner. No license shall be issued under this subsection to any
1912 applicant against whom professional disciplinary action is pending or
1913 who is the subject of an unresolved complaint.

1914 (f) Notwithstanding the provisions of this section, an applicant who
1915 is licensed or certified as a clinical social worker or its equivalent in
1916 another state, territory or commonwealth of the United States may
1917 substitute three years of licensed or certified work experience in the
1918 practice of clinical social work in lieu of the requirements of
1919 subdivision (2) of subsection (c) of this section, provided the
1920 commissioner finds that such experience is equal to or greater than the
1921 requirements of this state.

1922 Sec. 39. Section 20-252 of the general statutes is repealed and the
1923 following is substituted in lieu thereof (*Effective from passage*):

1924 No person shall engage in the occupation of registered hairdresser
1925 and cosmetician without having obtained a license from the
1926 department. Persons desiring such licenses shall apply in writing on
1927 forms furnished by the department. No license shall be issued, except a
1928 renewal of a license, to a registered hairdresser and cosmetician unless
1929 the applicant has shown to the satisfaction of the department that the
1930 applicant has complied with the laws and the regulations administered
1931 or adopted by the department. No applicant shall be licensed as a
1932 registered hairdresser and cosmetician, except by renewal of a license,
1933 until the applicant has made written application to the department,
1934 setting forth by affidavit that the applicant has successfully completed
1935 the [eighth] ninth grade and that the applicant has completed a course

1936 of not less than fifteen hundred hours of study in a school approved in
1937 accordance with the provisions of this chapter, in a school teaching
1938 hairdressing and cosmetology under the supervision of the State Board
1939 of Education, or, if trained outside of Connecticut, in a school teaching
1940 hairdressing and cosmetology whose requirements are equivalent to
1941 those of a Connecticut school and until the applicant has passed a
1942 written examination satisfactory to the department. Examinations
1943 required for licensure under this chapter shall be prescribed by the
1944 department with the advice and assistance of the board. The
1945 department shall establish a passing score for examinations with the
1946 advice and assistance of the board which shall be the same as the
1947 passing score established in section 20-236.

1948 Sec. 40. Section 20-413 of the general statutes is repealed and the
1949 following is substituted in lieu thereof (*Effective from passage*):

1950 Nothing in this chapter shall be construed as prohibiting:

1951 (1) Consulting with or disseminating research findings and scientific
1952 information to accredited academic institutions or governmental
1953 agencies or offering lectures to the public for a fee, monetary or
1954 otherwise;

1955 (2) The activities and services of a graduate student or speech and
1956 language pathology intern in speech and language pathology pursuing
1957 a course of study leading to a graduate degree in speech and language
1958 pathology at an accredited or approved college or university or a
1959 clinical training facility approved by the department, provided these
1960 activities and services constitute a part of his or her supervised course
1961 of study and that such person is designated as "Speech and Language
1962 Pathology Intern", "Speech and Language Pathology Trainee", or other
1963 such title clearly indicating the training status appropriate to [his] the
1964 level of training;

1965 (3) (A) A person from another state offering speech and language
1966 pathology services in this state, provided such services are performed
1967 for no more than five days in any calendar year and provided such

1968 person meets the qualifications and requirements for licensing in this
1969 state; or (B) a person from another state who is licensed or certified as a
1970 speech and language pathologist by a similar authority of another
1971 state, or territory of the United States, or of a foreign country or
1972 province whose standards are equivalent to or [higher] greater than, at
1973 the date of his or her certification or licensure, the requirements of this
1974 chapter and regulations adopted hereunder, or a person who meets
1975 such qualifications and requirements and resides in a state or territory
1976 of the United States, or a foreign country or province which does not
1977 grant certification or license to speech and language pathologists, from
1978 offering speech and language pathology services in this state for a total
1979 of not more than thirty days in any calendar year;

1980 (4) The activities and services of a person who meets the
1981 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
1982 411, while such person is engaged in full or part-time employment in
1983 fulfillment of the professional employment requirement of subdivision
1984 (3) of said subsection (a);

1985 (5) The use of supervised support personnel to assist licensed
1986 speech and language pathologists with tasks that are (A) designed by
1987 the licensed speech and language pathologists being assisted, (B)
1988 routine, and (C) related to maintenance of assistive and prosthetic
1989 devices, recording and charting or implementation of evaluation or
1990 intervention plans. For purposes of this subdivision, "supervised"
1991 means (i) not more than three support personnel are assisting one
1992 licensed speech and language pathologist, (ii) in-person
1993 communication between the licensed speech and language pathologist
1994 and support personnel is available at all times, and (iii) the licensed
1995 speech and language pathologist provides the support personnel with
1996 regularly scheduled direct observation, guidance, direction and
1997 conferencing for not less than thirty per cent of client contact time for
1998 the support personnel's first ninety workdays and for not less than
1999 twenty per cent of client contact time thereafter; or

2000 (6) The provision of applied behavior analysis services by a board

2001 certified behavior analyst or a board certified assistant behavior
2002 analyst, as such terms are defined in section 20-185i, in accordance
2003 with section 10-76ii.

2004 Sec. 41. Subsection (a) of section 10a-155b of the general statutes is
2005 repealed and the following is substituted in lieu thereof (*Effective from*
2006 *passage*):

2007 (a) For the [2002-2003] 2014-2015 school year, and each school year
2008 thereafter, each public or private college or university in this state shall
2009 require that each student who resides in on-campus housing be
2010 vaccinated against meningitis and submit evidence of having received
2011 a meningococcal conjugate vaccine not more than five years before
2012 enrollment as a condition of such residence. The provisions of this
2013 subsection shall not apply to any such student who (1) presents a
2014 certificate from a physician, [or] an advanced practice registered nurse
2015 or a physician assistant stating that, in the opinion of such physician,
2016 [or] advanced practice registered nurse or physician assistant, such
2017 vaccination is medically contraindicated because of the physical
2018 condition of such student, or (2) presents a statement that such
2019 vaccination would be contrary to the religious beliefs of such student.

2020 Sec. 42. Subdivision (4) of subsection (a) of section 20-74ee of the
2021 2014 supplement to the general statutes is repealed and the following
2022 is substituted in lieu thereof (*Effective October 1, 2014*):

2023 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
2024 20-74cc, inclusive, and this section shall be construed to: [prohibit] (A)
2025 Prohibit a nuclear medicine technologist, as defined in section 20-74uu,
2026 who [(A)] (i) has successfully completed the individual certification
2027 exam for computed tomography or magnetic resonance imaging
2028 administered by the American Registry of Radiologic Technologists,
2029 and [(B)] (ii) holds and maintains in good standing, computed
2030 tomography or magnetic resonance imaging certification by the
2031 American Registry of Radiologic Technologists, from fully operating a
2032 computed tomography or magnetic resonance imaging portion of a

2033 hybrid-fusion imaging system, including diagnostic imaging, in
2034 conjunction with a positron emission tomography or single-photon
2035 emission computed tomography imaging system; or (B) require a
2036 technologist who is certified by the International Society for Clinical
2037 Densitometry or the American Registry of Radiologic Technologists
2038 and who operates a bone densitometry system under the supervision,
2039 control and responsibility of a physician licensed pursuant to chapter
2040 370, to be licensed as a radiographer.

2041 Sec. 43. Subsection (k) of section 20-126l of the 2014 supplement to
2042 the general statutes is repealed and the following is substituted in lieu
2043 thereof (*Effective October 1, 2014*):

2044 (k) A licensee whose license has become void pursuant to section
2045 19a-88 and who applies to the department for reinstatement of such
2046 license, shall: (1) [For a license that has been void for two years or less,
2047 submit] Submit evidence of completion of a minimum of twenty-four
2048 contact hours of qualifying [continued education] continuing
2049 education, as described in subsection (g) of this section, during the
2050 two-year period immediately preceding the application for
2051 reinstatement; or (2) [for a license that has been void] for an applicant
2052 who has not been in the active practice of dental hygiene for more than
2053 two years, submit evidence of successful completion of the National
2054 Board Dental Hygiene Examination, [or] the North East Regional
2055 Board of Dental Examiners Examination in Dental Hygiene or a
2056 refresher course approved by the department during the [year] one-
2057 year period immediately preceding the application for reinstatement.

2058 Sec. 44. Section 19a-29a of the general statutes is repealed and the
2059 following is substituted in lieu thereof (*Effective October 1, 2014*):

2060 (a) As used in this section, "environmental laboratory" means any
2061 facility or other area, including, but not limited to, an outdoor area
2062 where testing occurs, used for [biological, chemical, physical]
2063 microbiological, chemical, radiological or other [examination] analyte
2064 testing of drinking waters, ground waters, sea waters, rivers, streams

2065 and surface waters, recreational waters, fresh water sources,
2066 wastewaters, swimming pools, [air] construction, renovation and
2067 demolition building materials, soil, solid waste, [hazardous waste,
2068 food, food utensils] animal and plant tissues, sewage, sewage effluent,
2069 [or] sewage sludge or any other matrix for the purpose of providing
2070 information on the sanitary quality or the amount of pollution [and] or
2071 any substance prejudicial to health or the environment. For purposes
2072 of this section (1) "analyte" means a microbiological, chemical,
2073 radiological or other component of a matrix being measured by an
2074 analytical test, and (2) "matrix" means the substance or medium in
2075 which an analyte is contained, that may include drinking water or
2076 wastewater.

2077 (b) The Department of Public Health shall [, in its Public Health
2078 Code,] (1) adopt regulations, [and] in accordance with the provisions
2079 of chapter 54, to establish reasonable standards governing
2080 environmental laboratory operations and facilities, personnel
2081 qualifications, [and] certification for testing, levels of acceptable
2082 proficiency in testing programs approved by the department, the
2083 collection, acceptance and suitability of samples for analysis and such
2084 other pertinent laboratory functions, including the establishment of
2085 advisory committees, as may be necessary to [insure] ensure
2086 environmental quality, public health and safety, and (2) establish one
2087 or more schedules of the amounts of civil penalties that may be
2088 imposed under this section. Each registered environmental laboratory
2089 shall comply with all standards for environmental laboratories [set
2090 forth in the Public Health Code] established by the department and
2091 shall be subject to inspection by said department, including inspection
2092 of all records necessary to carry out the purposes of this section. The
2093 Commissioner of Public Health may revoke or otherwise limit the
2094 license of any environmental laboratory that fails to comply with the
2095 provisions of this section or regulations adopted under this section.

2096 (c) The Commissioner of Public Health shall determine whether it is
2097 necessary for the protection of the public health or the environment for
2098 an environmental laboratory to be registered and to have certification

2099 to conduct a test for an analyte in a matrix. If the commissioner
2100 determines that it is necessary for the environmental laboratory to be
2101 registered, such environmental laboratory shall obtain from the
2102 commissioner a certification to conduct such tests for analytes. No
2103 person shall operate, manage or control an environmental laboratory
2104 that tests for analytes for the purpose of providing information on the
2105 sanitary quality or the amount of pollution of any substance
2106 prejudicial to health or the environment for which the commissioner
2107 has determined registration and certification is required without
2108 having first registered and obtained such certification.

2109 (d) The commissioner shall, annually, publish a list setting forth all
2110 analytes and matrices for which a certification for testing is required.

2111 ~~[(c)]~~ (e) Each application for registration of an environmental
2112 laboratory [or application for approval] and for certification for testing
2113 any analyte shall be made on forms provided by said department, shall
2114 be accompanied by a fee of one thousand two hundred fifty dollars
2115 and shall be executed by the owner or owners or by a responsible
2116 officer [of the] authorized to do so by the agency, firm or corporation
2117 owning the environmental laboratory. Upon receipt of any such
2118 application, the department shall make such inspections and
2119 investigations as are necessary and shall deny registration [or
2120 approval] when operation of the environmental laboratory would be
2121 prejudicial to the health of the public. Registration [or approval] shall
2122 not be in force until notice of its effective date and term has been sent
2123 to the applicant.

2124 ~~[(d)]~~ (f) Each registration or certificate of approval shall be issued for
2125 a period of not less than twenty-four or more than twenty-seven
2126 months from [the] any deadline for applications established by the
2127 commissioner. Renewal applications shall be made (1) biennially
2128 within the twenty-fourth month of the current registration; [or
2129 certificate of approval;] (2) before any change in ownership [or change
2130 in director] is made; and (3) prior to any major expansion or alteration
2131 in, or changing of, quarters.

2132 [(e)] (g) This section shall not apply to any environmental laboratory
2133 [which] that only provides laboratory services or information for the
2134 agency, person, firm or corporation which owns or operates such
2135 laboratory. [and the fee required under subsection (c) of this section
2136 shall not be required of laboratories operated by a state agency.]

2137 (h) If, upon review, investigation or inspection, the Commissioner of
2138 Public Health determines an environmental laboratory has violated
2139 any provision of this section or regulations adopted under this section,
2140 the commissioner may impose a civil penalty not to exceed five
2141 thousand dollars per violation per day and issue such other orders as
2142 the commissioner determines necessary to protect the public health.
2143 Upon notice of imposition of the civil penalty, the commissioner shall
2144 provide the environmental laboratory with an opportunity for a
2145 hearing. Governmental immunity shall not be a defense against the
2146 imposition of any civil penalty imposed pursuant to this section. In
2147 determining the amount of the civil penalty to be imposed on an
2148 environmental laboratory, the commissioner shall consider the degree
2149 of the threat to public health or the environment, the amount necessary
2150 to achieve compliance, and the history of compliance of the
2151 environmental laboratory. Any order issued under this provision may
2152 be appealed in accordance with the provisions of section 4-183.

2153 (i) The failure of an environmental laboratory to pay a civil penalty
2154 imposed by the commissioner shall be grounds for revocation of the
2155 environmental laboratory's registration and certification for testing.

2156 (j) The commissioner may order an unregistered environmental
2157 laboratory to cease operations.

2158 (k) The commissioner may request the Attorney General to petition
2159 the Superior Court for an order to aid in enforcement of any provision
2160 of this section.

2161 Sec. 45. Section 20-482 of the general statutes is repealed and the
2162 following is substituted in lieu thereof (*Effective October 1, 2014*):

2163 Any person or entity who knowingly violates any provision of
2164 sections 20-474 to 20-481, inclusive, and subsections (e) and (f), of
2165 section 19a-88 or any regulation adopted thereunder, shall be fined not
2166 more than [one] five thousand dollars per violation per day and be
2167 subject to disciplinary action pursuant to section 19a-17.

2168 Sec. 46. Subsection (b) of section 20-402 of the general statutes is
2169 repealed and the following is substituted in lieu thereof (*Effective*
2170 *October 1, 2014*):

2171 (b) (1) Except as provided in subsection (c) of this section, for
2172 registration periods beginning on and after October 1, 2014, a licensee
2173 applying for license renewal shall earn not less than sixteen hours of
2174 continuing education within the preceding twenty-four-month period.
2175 Such continuing education shall consist of courses offered or approved
2176 by the [National Board of Certification in Hearing Instrument Sciences]
2177 International Hearing Society, the American Academy of Audiology or
2178 the American Speech-Language Hearing Association or such successor
2179 organizations as may be approved by the Commissioner of Public
2180 Health.

2181 (2) Each licensee applying for license renewal pursuant to section
2182 19a-88, except a licensee applying for a license renewal for the first
2183 time, shall sign a statement attesting that he or she has satisfied the
2184 continuing education requirements described in subdivision (1) of this
2185 subsection on a form prescribed by the department. Each licensee shall
2186 retain records of attendance or certificates of completion that
2187 demonstrate compliance with the continuing education requirements
2188 described in subdivision (1) of this subsection for not less than three
2189 years following the date on which the continuing education was
2190 completed. Each licensee shall submit such records to the department
2191 for inspection not later than forty-five days after a request by the
2192 department for such records.

2193 (3) In individual cases involving medical disability or illness, the
2194 commissioner may grant a waiver of the continuing education

2195 requirements or an extension of time within which to fulfill such
2196 requirements of this subsection to any licensee, provided the licensee
2197 submits to the department an application for waiver or extension of
2198 time on a form prescribed by the commissioner, along with a
2199 certification by a licensed physician of the disability or illness and such
2200 other documentation as may be required by the department. The
2201 commissioner may grant a waiver or extension for a period not to
2202 exceed one registration period, except that the commissioner may
2203 grant additional waivers or extensions if the medical disability or
2204 illness upon which a waiver or extension is granted continues beyond
2205 the period of the waiver or extension and the licensee applies for an
2206 additional waiver or extension.

2207 Sec. 47. Subsection (b) of section 20-9 of the 2014 supplement to the
2208 general statutes, as amended by section 138 of public act 13-234, is
2209 repealed and the following is substituted in lieu thereof (*Effective July*
2210 *1, 2014*):

2211 (b) The provisions of this chapter shall not apply to:

2212 (1) Dentists while practicing dentistry only;

2213 (2) Any person in the employ of the United States government while
2214 acting in the scope of his employment;

2215 (3) Any person who furnishes medical or surgical assistance in cases
2216 of sudden emergency;

2217 (4) Any person residing out of this state who is employed to come
2218 into this state to render temporary assistance to or consult with any
2219 physician or surgeon who has been licensed in conformity with the
2220 provisions of this chapter;

2221 (5) Any physician or surgeon residing out of this state who holds a
2222 current license in good standing in another state and who is employed
2223 to come into this state to treat, operate or prescribe for any injury,
2224 deformity, ailment or disease from which the person who employed

2225 such physician, or the person on behalf of whom such physician is
2226 employed, is suffering at the time when such nonresident physician or
2227 surgeon is so employed, provided such physician or surgeon may
2228 practice in this state without a Connecticut license for a period not to
2229 exceed thirty consecutive days;

2230 (6) Any person rendering service as (A) an advanced practice
2231 registered nurse if such service is rendered in collaboration with a
2232 licensed physician, or (B) an advanced practice registered nurse
2233 maintaining classification from the American Association of Nurse
2234 Anesthetists if such service is under the direction of a licensed
2235 physician;

2236 (7) Any nurse-midwife practicing nurse-midwifery in accordance
2237 with the provisions of chapter 377;

2238 (8) Any podiatrist licensed in accordance with the provisions of
2239 chapter 375;

2240 (9) Any Christian Science practitioner who does not use or prescribe
2241 in his practice any drugs, poisons, medicines, chemicals, nostrums or
2242 surgery;

2243 (10) Any person licensed to practice any of the healing arts named
2244 in section 20-1, who does not use or prescribe in his practice any drugs,
2245 medicines, poisons, chemicals, nostrums or surgery;

2246 (11) Any graduate of any school or institution giving instruction in
2247 the healing arts who has been issued a permit in accordance with
2248 subsection (a) of section 20-11a and who is serving as an intern,
2249 resident or medical officer candidate in a hospital;

2250 (12) Any student participating in a clinical clerkship program who
2251 has the qualifications specified in subsection (b) of section 20-11a;

2252 (13) Any person, otherwise qualified to practice medicine in this
2253 state except that he is a graduate of a medical school located outside of
2254 the United States or the Dominion of Canada which school is

2255 recognized by the American Medical Association or the World Health
2256 Organization, to whom the Connecticut Medical Examining Board,
2257 subject to such regulations as the Commissioner of Public Health, with
2258 advice and assistance from the board, prescribes, has issued a permit
2259 to serve as an intern or resident in a hospital in this state for the
2260 purpose of extending his education;

2261 (14) Any person rendering service as a physician assistant licensed
2262 pursuant to section 20-12b, a registered nurse, a licensed practical
2263 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
2264 as amended by this act, acting within the scope of regulations adopted
2265 pursuant to section 19a-179, as amended by this act, if such service is
2266 rendered under the supervision, control and responsibility of a
2267 licensed physician;

2268 (15) Any student enrolled in an accredited physician assistant
2269 program or paramedic program approved in accordance with
2270 regulations adopted pursuant to section 19a-179, as amended by this
2271 act, who is performing such work as is incidental to his course of
2272 study;

2273 (16) Any person who, on June 1, 1993, has worked continuously in
2274 this state since 1979 performing diagnostic radiology services and who,
2275 as of October 31, 1997, continued to render such services under the
2276 supervision, control and responsibility of a licensed physician solely
2277 within the setting where such person was employed on June 1, 1993;

2278 (17) Any person practicing athletic training, as defined in section 20-
2279 65f;

2280 (18) When deemed by the Connecticut Medical Examining Board to
2281 be in the public's interest, based on such considerations as academic
2282 attainments, specialty board certification and years of experience, to a
2283 foreign physician or surgeon whose professional activities shall be
2284 confined within the confines of a recognized medical school;

2285 (19) Any technician engaging in tattooing in accordance with the

2286 provisions of section 20-266o or 20-266p and any regulations adopted
2287 thereunder;

2288 (20) Any person practicing perfusion, as defined in section 20-162aa;
2289 [or]

2290 (21) Any foreign physician or surgeon (A) participating in
2291 supervised clinical training under the direct supervision and control of
2292 a physician or surgeon licensed in accordance with the provisions of
2293 this chapter, and (B) whose professional activities are confined to a
2294 licensed hospital that has a residency program accredited by the
2295 Accreditation Council for Graduate Medical Education or that is a
2296 primary affiliated teaching hospital of a medical school accredited by
2297 the Liaison Committee on Medical Education. Such hospital shall
2298 verify that the foreign physician or surgeon holds a current valid
2299 license in another country; or

2300 (22) Any person practicing as a nuclear medicine technologist, as
2301 defined in section 20-74uu, while performing under the supervision
2302 and direction of a physician licensed in accordance with the provisions
2303 of this chapter.

2304 Sec. 48. Section 20-13c of the general statutes is repealed and the
2305 following is substituted in lieu thereof (*Effective October 1, 2014*):

2306 The board is authorized to restrict, suspend or revoke the license or
2307 limit the right to practice of a physician or take any other action in
2308 accordance with section 19a-17, for any of the following reasons: (1)
2309 Physical illness or loss of motor skill, including, but not limited to,
2310 deterioration through the aging process; (2) emotional disorder or
2311 mental illness; (3) abuse or excessive use of drugs, including alcohol,
2312 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in
2313 the practice of medicine; (5) possession, use, prescription for use, or
2314 distribution of controlled substances or legend drugs, except for
2315 therapeutic or other medically proper purposes; (6) misrepresentation
2316 or concealment of a material fact in the obtaining or reinstatement of a
2317 license to practice medicine; (7) failure to adequately supervise a

2318 physician assistant; (8) failure to fulfill any obligation resulting from
2319 participation in the National Health Service Corps; (9) failure to
2320 maintain professional liability insurance or other indemnity against
2321 liability for professional malpractice as provided in subsection (a) of
2322 section 20-11b; (10) failure to provide information requested by the
2323 department for purposes of completing a health care provider profile,
2324 as required by section 20-13j; (11) engaging in any activity for which
2325 accreditation is required under section 19a-690 [or 19a-691] without the
2326 appropriate accreditation required by section 19a-690; [or 19a-691;] (12)
2327 failure to provide evidence of accreditation required under section 19a-
2328 690 or 19a-691 as requested by the department pursuant to section 19a-
2329 690; [or 19a-691;] (13) failure to comply with the continuing medical
2330 education requirements set forth in section 20-10b, as amended by this
2331 act; or (14) violation of any provision of this chapter or any regulation
2332 established hereunder. In each case, the board shall consider whether
2333 the physician poses a threat, in the practice of medicine, to the health
2334 and safety of any person. If the board finds that the physician poses
2335 such a threat, the board shall include such finding in its final decision
2336 and act to suspend or revoke the license of said physician.

2337 Sec. 49. Section 19a-194 of the general statutes is repealed and the
2338 following is substituted in lieu thereof (*Effective October 1, 2014*):

2339 (a) A motorcycle equipped to handle medical emergencies shall be
2340 deemed a rescue vehicle. [for the purposes of section 19a-181.] The
2341 commissioner shall issue a safety certificate to such motorcycle upon
2342 examination of such vehicle and a determination that such motorcycle
2343 (1) is in satisfactory mechanical condition, (2) is as safe to operate as
2344 the average motorcycle, and (3) is equipped with such emergency
2345 medical equipment as may be required by subsection (b) of this
2346 section.

2347 (b) The commissioner shall annually issue a list specifying the
2348 minimum equipment that a motorcycle must carry to operate as a
2349 rescue vehicle pursuant to this section. Such equipment shall include
2350 those items that would enable an emergency medical technician,

2351 paramedic or other individual similarly trained to render to a person
2352 requiring emergency medical assistance the maximum benefit possible
2353 from the operation of such motorcycle rescue vehicle.

2354 Sec. 50. Section 20-71 of the general statutes is repealed and the
2355 following is substituted in lieu thereof (*Effective October 1, 2014*):

2356 (a) The Department of Public Health may issue a license to practice
2357 physical therapy without examination, on payment of a fee of two
2358 hundred twenty-five dollars, to an applicant who is a physical
2359 therapist registered or licensed under the laws of any other state or
2360 territory of the United States, any province of Canada or any other
2361 country, if the requirements for registration or licensure of physical
2362 therapists in such state, territory, province or country are deemed by
2363 the department to be equivalent to, or higher than those prescribed in
2364 this chapter.

2365 (b) The department may issue a physical therapist assistant license
2366 without examination, on payment of a fee of one hundred fifty dollars,
2367 to an applicant who is a physical therapist assistant registered or
2368 licensed under the laws of any other state or territory of the United
2369 States, any province of Canada or any other country, if the
2370 requirements for registration or licensure of physical therapist
2371 assistants in such state, territory, province or country are deemed by
2372 the department to be equivalent to, or higher than those prescribed in
2373 this chapter.

2374 (c) Notwithstanding the provisions of section 20-70, prior to April
2375 30, 2007, the commissioner may issue a physical therapist assistant
2376 license to any applicant who presents evidence satisfactory to the
2377 commissioner of having completed twenty years of employment as a
2378 physical therapist assistant prior to October 1, 1989, on payment of a
2379 fee of one hundred fifty dollars.

2380 (d) Notwithstanding the provisions of section 20-70, the
2381 commissioner may issue a physical therapist assistant license to any
2382 applicant who presents evidence satisfactory to the commissioner of

2383 having registered as a physical therapist assistant with the Department
2384 of Public Health on or before April 1, 2006, on payment of a fee of one
2385 hundred fifty dollars.

2386 (e) Notwithstanding the provisions of section 20-70, prior to July 1,
2387 2015, the commissioner may issue a physical therapist assistant license
2388 to any applicant who presents evidence satisfactory to the
2389 commissioner of having been eligible to register as a physical therapist
2390 assistant with the Department of Public Health on or before April 1,
2391 2006, on payment of a fee of one hundred fifty dollars.

2392 Sec. 51. Subsection (d) of section 20-74s of the 2014 supplement to
2393 the general statutes is repealed and the following is substituted in lieu
2394 thereof (*Effective from passage*):

2395 (d) To be eligible for licensure as a licensed alcohol and drug
2396 counselor, an applicant shall (1) have attained a master's degree from
2397 an accredited institution of higher education in social work, marriage
2398 and family therapy, counseling, psychology or a related field approved
2399 by the commissioner that included a minimum of eighteen graduate
2400 semester hours in (A) counseling, [or] (B) counseling-related subjects,
2401 or (C) another subject approved by the commissioner, provided the
2402 semester hours in a subject other than counseling or a counseling-
2403 related subject were in progress on or before July 1, 2013, and
2404 completed on or before October 1, 2014, except applicants holding
2405 certified clinical supervisor status by the Connecticut Certification
2406 Board, Inc. as of October 1, 1998, may substitute such certification in
2407 lieu of the master's degree requirement, and (2) have completed the
2408 certification eligibility requirements described in subsection (e) of this
2409 section.

2410 Sec. 52. Subdivision (3) of subsection (b) of section 20-87a of the
2411 general statutes, as amended by substitute senate bill 36 of the current
2412 session, as amended by senate amendment schedule "A", is repealed
2413 and the following is substituted in lieu thereof (*Effective July 1, 2014*):

2414 (3) An advanced practice registered nurse having (A) been issued a

2415 license pursuant to section 20-94a, (B) maintained such license for a
2416 period of not less than three years, and (C) engaged in the performance
2417 of advanced practice level nursing activities in collaboration with a
2418 physician for a period of not less than three years and not less than two
2419 thousand hours in accordance with the provisions of subdivision (2) of
2420 this subsection, may, thereafter, alone or in collaboration with a
2421 physician or another health care provider licensed to practice in this
2422 state: (i) Perform the acts of diagnosis and treatment of alterations in
2423 health status, as described in subsection (a) of this section; and (ii)
2424 prescribe, dispense and administer medical therapeutics and corrective
2425 measures and dispense drugs in the form of professional samples as
2426 described in subdivision (2) of this subsection in all settings. Any
2427 advanced practice registered nurse electing to practice not in
2428 collaboration with a physician in accordance with the provisions of
2429 this subdivision shall maintain documentation of having engaged in
2430 the performance of advanced practice level nursing activities in
2431 collaboration with a physician for a period of not less than three years
2432 and not less than two thousand hours. Such advanced practice
2433 registered nurse shall maintain such documentation for a period of not
2434 less than three years after completing such requirements and shall
2435 submit such documentation to the Department of Public Health for
2436 inspection not later than forty-five days after a request made by the
2437 department for such documentation. Any such advanced practice
2438 registered nurse shall submit written notice to the Commissioner of
2439 Public Health of his or her intention to practice without collaboration
2440 with a physician after completing the requirements described in this
2441 subdivision and prior to beginning such practice.

2442 Sec. 53. Subsection (b) of section 501 of substitute senate bill 36 of
2443 the current session, as amended by Senate Amendment Schedule "A",
2444 is repealed and the following is substituted in lieu thereof (*Effective*
2445 *from passage*):

2446 (b) Except as provided in this section, for registration periods
2447 beginning on and after October 1, 2014, a licensee applying for license
2448 renewal shall earn a minimum of fifty contact hours of continuing

2449 education within the preceding twenty-four-month period. Such
2450 continuing education shall: (1) Be in an area of the advanced practice
2451 registered nurse's practice; (2) reflect the professional needs of the
2452 licensee in order to meet the health care needs of the public; [and] (3)
2453 include at least five contact hours of training or education in
2454 pharmacotherapeutics; and (4) include at least one contact hour of
2455 training or education in each of the following topics: (A) Infectious
2456 diseases, including, but not limited to, acquired immune deficiency
2457 syndrome and human immunodeficiency virus, (B) risk management,
2458 (C) sexual assault, (D) domestic violence, (E) cultural competency, and
2459 (F) substance abuse.

2460 Sec. 54. Section 20-13j of the general statutes is repealed and the
2461 following is substituted in lieu thereof (*Effective October 1, 2014*):

2462 (a) For the purposes of this section:

2463 (1) "Department" means the Department of Public Health; [and]

2464 (2) ["Health care provider" means: (A) A physician licensed under
2465 this chapter; (B) a] "Other health care provider" means: (A) A dentist
2466 licensed under chapter 379; [(C)] (B) a chiropractor licensed under
2467 chapter 372; [(D)] (C) an optometrist licensed under chapter 380; [(E)]
2468 (D) a podiatrist licensed under chapter 375; [(F)] (E) a natureopath
2469 licensed under chapter 373; [(G)] (F) a dental hygienist licensed under
2470 chapter 379a; [(H) an advanced practice registered nurse licensed
2471 under chapter 378; or (I)] or (G) a physical therapist licensed under
2472 chapter 376;

2473 (3) "Advanced practice registered nurse" means an advanced
2474 practice registered nurse licensed under chapter 378; and

2475 (4) "Physician" means a physician licensed under this chapter.

2476 (b) The department, after consultation with the Connecticut Medical
2477 Examining Board, the Connecticut State Medical Society, or any other
2478 appropriate state board, shall [,] (1) collect the following information to

2479 create an individual profile on each physician and advanced practice
2480 registered nurse for dissemination to the public, and (2) within
2481 available appropriations, collect the following information to create an
2482 individual profile on each other health care provider for dissemination
2483 to the public:

2484 [(1)] (A) The name of the medical or dental school, chiropractic
2485 college, school or college of optometry, school or college of chiropody
2486 or podiatry, school or college of natureopathy, school of dental
2487 hygiene, school of physical therapy or other school or institution
2488 giving instruction in the healing arts attended by the physician,
2489 advanced practice registered nurse or other health care provider and
2490 the date of graduation;

2491 [(2)] (B) The site, training, discipline and inclusive dates of any
2492 completed postgraduate education or other professional education
2493 required pursuant to the applicable licensure section of the general
2494 statutes;

2495 [(3)] (C) The area of the physician's, advanced practice registered
2496 nurse's or other health care provider's practice specialty;

2497 [(4)] (D) The address of the physician's, advanced practice registered
2498 nurse's or other health care provider's primary practice location or
2499 primary practice locations, if more than one;

2500 [(5)] (E) A list of languages, other than English, spoken at the
2501 physician's, advanced practice registered nurse's or other health care
2502 provider's primary practice locations;

2503 [(6)] (F) An indication of any disciplinary action taken against the
2504 physician, advanced practice registered nurse or other health care
2505 provider by the department, the appropriate state board or any
2506 professional licensing or disciplinary body in another jurisdiction;

2507 [(7)] (G) Any current certifications issued to the physician, advanced
2508 practice registered nurse or other health care provider by a specialty

2509 board of the profession;

2510 [(8)] (H) The hospitals and nursing homes at which the physician,
2511 advanced practice registered nurse or other health care provider has
2512 been granted privileges;

2513 [(9)] (I) Any appointments of the physician, advanced practice
2514 registered nurse or other health care provider to a Connecticut medical
2515 school faculty and an indication as to whether the physician, advanced
2516 practice registered nurse or other health care provider has current
2517 responsibility for graduate medical education;

2518 [(10)] (J) A listing of the physician's, advanced practice registered
2519 nurse's or other health care provider's publications in peer reviewed
2520 literature;

2521 [(11)] (K) A listing of the physician's, advanced practice registered
2522 nurse's or other health care provider's professional services, activities
2523 and awards;

2524 [(12)] (L) Any hospital disciplinary actions against the physician,
2525 advanced practice registered nurse or other health care provider that
2526 resulted, within the past ten years, in the termination or revocation of
2527 the physician's, advanced practice registered nurse's or other health
2528 care provider's hospital privileges for a professional disciplinary cause
2529 or reason, or the resignation from, or nonrenewal of, professional staff
2530 membership or the restriction of privileges at a hospital taken in lieu of
2531 or in settlement of a pending disciplinary case related to professional
2532 competence in such hospital;

2533 [(13)] (M) A description of any criminal conviction of the physician,
2534 advanced practice registered nurse or other health care provider for a
2535 felony within the last ten years. For the purposes of this subdivision, a
2536 physician, advanced practice registered nurse or other health care
2537 provider shall be deemed to be convicted of a felony if the physician,
2538 advanced practice registered nurse or other health care provider
2539 pleaded guilty or was found or adjudged guilty by a court of

2540 competent jurisdiction or has been convicted of a felony by the entry of
2541 a plea of nolo contendere;

2542 [(14)] (N) To the extent available, and consistent with the provisions
2543 of subsection (c) of this section, all professional malpractice court
2544 judgments and all professional malpractice arbitration awards against
2545 the physician, advanced practice registered nurse or other health care
2546 provider in which a payment was awarded to a complaining party
2547 during the last ten years, and all settlements of professional
2548 malpractice claims against the physician, advanced practice registered
2549 nurse and other health care provider in which a payment was made to
2550 a complaining party within the last ten years;

2551 [(15)] (O) An indication as to whether the physician, advanced
2552 practice registered nurse or other health care provider is actively
2553 involved in patient care; and

2554 [(16)] (P) The name of the physician's, advanced practice registered
2555 nurse's or other health care provider's professional liability insurance
2556 carrier.

2557 (c) Any report of a professional malpractice judgment or award
2558 against a physician, advanced practice registered nurse or other health
2559 care provider made under [subdivision (14)] subparagraph (N) of
2560 subdivision (2) of subsection (b) of this section shall comply with the
2561 following: (1) Dispositions of paid claims shall be reported in a
2562 minimum of three graduated categories indicating the level of
2563 significance of the award or settlement; (2) information concerning
2564 paid professional malpractice claims shall be placed in context by
2565 comparing an individual physician's, advanced practice registered
2566 nurse's or other health care provider's professional malpractice
2567 judgments, awards and settlements to the experience of other
2568 physicians, advanced practice registered nurses and other health care
2569 providers licensed in Connecticut who perform procedures and treat
2570 patients with a similar degree of risk; (3) all judgment award and
2571 settlement information reported shall be limited to amounts actually

2572 paid by or on behalf of the physician, advanced practice registered
2573 nurse or other health care provider; and (4) comparisons of
2574 professional malpractice payment data shall be accompanied by (A) an
2575 explanation of the fact that physicians, advanced practice registered
2576 nurses and other health care providers treating certain patients and
2577 performing certain procedures are more likely to be the subject of
2578 litigation than others and that the comparison given is for physicians,
2579 advanced practice registered nurses and other health care providers
2580 who perform procedures and treat patients with a similar degree of
2581 risk; (B) a statement that the report reflects data for the last ten years
2582 and the recipient should take into account the number of years the
2583 physician, advanced practice registered nurse or other health care
2584 provider has been in practice when considering the data; (C) an
2585 explanation that an incident giving rise to a professional malpractice
2586 claim may have occurred years before any payment was made due to
2587 the time lawsuits take to move through the legal system; (D) an
2588 explanation of the effect of treating high-risk patients on a physician's,
2589 advanced practice registered nurse's or other health care provider's
2590 professional malpractice history; and (E) an explanation that
2591 professional malpractice cases may be settled for reasons other than
2592 liability and that settlements are sometimes made by the insurer
2593 without the physician's, advanced practice registered nurse's or other
2594 health care provider's consent. Information concerning all settlements
2595 shall be accompanied by the following statement: "Settlement of a
2596 claim may occur for a variety of reasons that do not necessarily reflect
2597 negatively on the professional competence or conduct of the physician,
2598 advanced practice registered nurse or other health care provider. A
2599 payment in settlement of a professional malpractice action or claim
2600 should not be construed as creating a presumption that professional
2601 malpractice has occurred."

2602 (d) Pending professional malpractice claims against a physician,
2603 advanced practice registered nurse or other health care provider and
2604 actual amounts paid by or on behalf of a physician, advanced practice
2605 registered nurse or other health care provider in connection with a

2606 professional malpractice judgment, award or settlement shall not be
2607 disclosed by the department to the public. This subsection shall not be
2608 construed to prevent the department from investigating and
2609 disciplining a physician, advanced practice registered nurse or other
2610 health care provider on the basis of professional malpractice claims
2611 that are pending.

2612 (e) Prior to the initial release of a physician's, advanced practice
2613 registered nurse's or other health care provider's profile to the public,
2614 the department shall provide the physician, advanced practice
2615 registered nurse or other health care provider with a copy of the
2616 physician's, advanced practice registered nurse's or other health care
2617 provider's profile. Additionally, any amendments or modifications to
2618 the profile that were not supplied by the physician, advanced practice
2619 registered nurse or other health care provider or not generated by the
2620 department itself shall be provided to the physician, advanced practice
2621 registered nurse or other health care provider for review prior to
2622 release to the public. A physician, advanced practice registered nurse
2623 or other health care provider shall have sixty days from the date the
2624 department mails or delivers the prepublication copy to dispute the
2625 accuracy of any information that the department proposes to include
2626 in such profile and to submit a written statement setting forth the basis
2627 for such dispute. If a physician, advanced practice registered nurse or
2628 other health care provider does not notify the department that the
2629 physician, advanced practice registered nurse or other health care
2630 provider disputes the accuracy of such information within such sixty-
2631 day period, the department shall make the profile available to the
2632 public and the physician, advanced practice registered nurse or other
2633 health care provider shall be deemed to have approved the profile and
2634 all information contained in the profile. If a physician, advanced
2635 practice registered nurse or other health care provider notifies the
2636 department that the physician, advanced practice registered nurse or
2637 other health care provider disputes the accuracy of such information in
2638 accordance with this subsection, the physician's, advanced practice
2639 registered nurse's or other health care provider's profile shall be

2640 released to the public without the disputed information, but with a
2641 statement to the effect that information in the identified category is
2642 currently the subject of a dispute and is therefore not currently
2643 available. Not later than thirty days after the department's receipt of
2644 notice of a dispute, the department shall review any information
2645 submitted by the physician, advanced practice registered nurse or
2646 other health care provider in support of such dispute and determine
2647 whether to amend the information contained in the profile. In the
2648 event that the department determines not to amend the disputed
2649 information, the disputed information shall be included in the profile
2650 with a statement that such information is disputed by the physician,
2651 advanced practice registered nurse or other health care provider.

2652 (f) A physician, advanced practice registered nurse or other health
2653 care provider may elect to have the physician's, advanced practice
2654 registered nurse's or other health care provider's profile omit
2655 information provided pursuant to [subdivisions (9) to (11)]
2656 subparagraphs (I) to (K), inclusive, of subdivision (2) of subsection (b)
2657 of this section. In collecting information for such profiles and in the
2658 dissemination of such profiles, the department shall inform physicians,
2659 advanced practice registered nurses and other health care providers
2660 that they may choose not to provide the information described in said
2661 [subdivisions (9) to (11)] subparagraphs (I) to (K), inclusive.

2662 (g) Each profile created pursuant to this section shall include the
2663 following statement: "This profile contains information that may be
2664 used as a starting point in evaluating a physician, advanced practice
2665 registered nurse or other health care provider. This profile should not,
2666 however, be your sole basis for selecting a physician, advanced
2667 practice registered nurse or other health care provider."

2668 (h) The department shall maintain a web site on the Internet for use
2669 by the public in obtaining profiles of physicians, advanced practice
2670 registered nurses and other health care providers.

2671 (i) No state law that would otherwise prohibit, limit or penalize

2672 disclosure of information about a physician, advanced practice
 2673 registered nurse or other health care provider shall apply to disclosure
 2674 of information required by this section.

2675 (j) All information provided by a physician, advanced practice
 2676 registered nurse or other health care provider pursuant to this section
 2677 shall be subject to the penalty for false statement under section 53a-
 2678 157b.

2679 (k) Except for the information in [subdivisions (1), (2), (10) and (11)]
 2680 subparagraphs (A), (B), (I) and (K) of subdivision (2) of subsection (b)
 2681 of this section, a physician, advanced practice registered nurse or other
 2682 health care provider shall notify the department of any changes to the
 2683 information required in subsection (b) of this section not later than
 2684 sixty days after such change.

2685 Sec. 55. Sections 19a-73, 19a-121c, 19a-121e to 19a-121g, inclusive,
 2686 19a-179d and 19a-691 of the general statutes are repealed. (*Effective*
 2687 *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	October 1, 2014	19a-175
Sec. 18	October 1, 2014	19a-177
Sec. 19	October 1, 2014	19a-180
Sec. 20	October 1, 2014	19a-179
Sec. 21	October 1, 2014	20-206mm
Sec. 22	October 1, 2014	20-206oo
Sec. 23	October 1, 2014	19a-179a
Sec. 24	October 1, 2014	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	<i>from passage</i>	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	<i>from passage</i>	20-252
Sec. 40	<i>from passage</i>	20-413
Sec. 41	<i>from passage</i>	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	<i>from passage</i>	20-74s(d)
Sec. 52	July 1, 2014	20-87a(b)(3)
Sec. 53	<i>from passage</i>	SB l 36 (current session), Sec. 501(b)
Sec. 54	October 1, 2014	20-13j
Sec. 55	October 1, 2014	Repealer section