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Amendment

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Offered by:

REP. JOHNSON, 49th Dist.

SEN. GERRATANA, 6th Dist.

REP. SRINIVASAN, 31st Dist.

SEN. WELCH, 31st Dist.

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 Section 19a-493b of the general statutes is repealed and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 white, non-Hispanic; [Caucasians/whites; and (C)]

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) In any case in which the commissioner finds that there has been
383 a substantial failure to comply with the requirements established
384 under this chapter, or regulations adopted thereunder, the
385 commissioner may require the nursing facility licensee and the nursing
386 facility management service certificate holder to jointly submit a plan
387 of correction as described in section 19a-496.

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

392 Sec. 8. Subsection (d) of section 19a-110 of the general statutes is

393 repealed and the following is substituted in lieu thereof (*Effective*
394 *October 1, 2014*):

395 (d) The director of health of the town, city or borough shall provide
396 or cause to be provided, to the parent or guardian of a child [reported,]
397 who is known to have a confirmed venous blood lead level of five
398 micrograms per deciliter or more or who is reported, by an institution
399 or clinical laboratory pursuant to subsection (a) of this section, with
400 information describing the dangers of lead poisoning, precautions to
401 reduce the risk of lead poisoning, information about potential
402 eligibility for services for children from birth to three years of age
403 pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and
404 regulations concerning lead abatement after receiving an initial report
405 of an abnormal body burden of lead in the blood of such child as
406 described in this subsection. Said information shall be developed by
407 the Department of Public Health and provided to each local and
408 district director of health. With respect to the child reported, the
409 director shall conduct an on-site inspection to identify the source of the
410 lead causing a confirmed venous blood lead level equal to or greater
411 than fifteen micrograms per deciliter but less than twenty micrograms
412 per deciliter in two tests taken at least three months apart and order
413 remediation of such sources by the appropriate persons responsible for
414 the conditions at such source. On and after January 1, [2012] 2019, if
415 one per cent or more of children in this state under the age of six report
416 blood lead levels equal to or greater than ten micrograms per deciliter,
417 the director shall conduct such on-site inspection and order such
418 remediation for any child having a confirmed venous blood lead level
419 equal to or greater than ten micrograms per deciliter in two tests taken
420 at least three months apart.

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

423 Upon receipt of each report of confirmed venous blood lead level
424 equal to or greater than twenty micrograms per deciliter of blood, the
425 local director of health shall make or cause to be made an

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

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

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

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

493 Sec. 11. Section 19a-522b of the general statutes is repealed and the

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

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

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

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

516 (a) Each ambulance, [or rescue vehicle used by an ambulance or
517 rescue service] invalid coach and intermediate or paramedic intercept
518 vehicle used by an emergency medical service organization shall be
519 registered with the Department of Motor Vehicles pursuant to chapter
520 246. [Said] The Department of Motor Vehicles shall not issue a
521 certificate of registration for any such ambulance, [or rescue vehicle]
522 invalid coach or intermediate or paramedic intercept vehicle unless the
523 applicant for such certificate of registration presents to said
524 department a safety certificate from the Commissioner of Public
525 Health certifying that said ambulance, [or rescue vehicle] invalid coach

526 and intermediate or paramedic intercept vehicle has been inspected
527 and has met the minimum standards prescribed by the [commissioner]
528 Commissioner of Public Health. Each vehicle so registered with the
529 Department of Motor Vehicles shall be inspected once every two years
530 thereafter [by the Commissioner of Public Health] on or before the
531 anniversary date of the issuance of the certificate of registration. [Each]
532 Such inspection shall be conducted (1) in accordance with 49 CFR
533 396.17, as amended from time to time, and (2) by a person (A) qualified
534 to perform such inspection in accordance with 49 CFR 396.19 and 49
535 CFR 396.25, as amended from time to time, and (B) employed by the
536 state or a municipality of the state or licensed in accordance with
537 section 14-52. A record of each inspection shall be made in accordance
538 with section 49 CFR 396.21, as amended from time to time. Each such
539 inspector, upon determining that such ambulance, [or rescue vehicle]
540 invalid coach or intermediate or paramedic intercept vehicle meets the
541 standards of safety and equipment prescribed by the Commissioner of
542 Public Health, shall affix a safety certificate to such vehicle in such
543 manner and form as [the] said commissioner designates, and such
544 sticker shall be so placed as to be readily visible to any person in the
545 rear compartment of such vehicle.

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

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

554 (e) The commissioner shall not grant a permit for the sale, lease,
555 assignment or change in use of any land in class II unless (1) [the land
556 in class II is being sold, leased or assigned as part of a larger parcel of
557 land also containing land in class III and] use restrictions applicable to
558 [the] such land [in class II] will prevent the land [in class II] from being

559 developed, (2) the applicant demonstrates that the proposed sale,
560 lease, assignment or change in use will not have a significant adverse
561 impact upon the purity and adequacy of the public drinking water
562 supply and that any use restrictions which the commissioner requires
563 as a condition of granting a permit can be enforced against subsequent
564 owners, lessees and assignees, (3) the commissioner determines, after
565 giving effect to any use restrictions which may be required as a
566 condition of granting the permit, that such proposed sale, lease,
567 assignment or change in use will not have a significant adverse effect
568 on the public drinking water supply, whether or not similar permits
569 have been granted, and (4) on or after January 1, 2003, as a condition to
570 the sale, lease or assignment of any class II lands, a permanent
571 conservation easement on the land is entered into to preserve the land
572 in perpetuity predominantly in its natural scenic and open condition
573 for the protection of natural resources and public water supplies while
574 allowing for recreation consistent with such protection and
575 improvements necessary for the protection or provision of safe and
576 adequate potable water, except in cases where the class II land is
577 deemed necessary to provide access or egress to a parcel of class III
578 land, as defined in section 25-37c, that is approved for sale.
579 Preservation in perpetuity shall not include permission for the land to
580 be developed for any commercial, residential or industrial uses, nor
581 shall it include permission for recreational purposes requiring intense
582 development, including, but not limited to, golf courses, driving
583 ranges, tennis courts, ballfields, swimming pools and uses by
584 motorized vehicles other than vehicles needed by water companies to
585 carry out their purposes, provided trails or pathways for pedestrians,
586 motorized wheelchairs or nonmotorized vehicles shall not be
587 considered intense development.

588 Sec. 14. (NEW) (*Effective October 1, 2014*) Each chronic and
589 convalescent nursing home or rest home with nursing supervision
590 shall complete a comprehensive medical history and medical
591 examination for each patient upon the patient's admission and
592 annually thereafter. The Commissioner of Public Health shall prescribe

593 the medical examination requirements, including tests and procedures
594 to be performed, in regulations adopted in accordance with the
595 provisions of chapter 54 of the general statutes. A urinalysis, including
596 protein and glucose qualitative determination and microscopic
597 examination, shall not be required as part of such facility's post-
598 admission tests.

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

601 If the Commissioner of Public Health finds that the health, safety or
602 welfare of any patient or patients served by an institution, as defined
603 in [subsections (d) and (e) of] section 19a-490, imperatively requires
604 emergency action and [he] the commissioner incorporates a finding to
605 that effect in [his] an order, [he] the commissioner may issue a
606 summary order to the holder of a license issued pursuant to section
607 19a-493 pending completion of any proceedings conducted pursuant
608 to section 19a-494. These proceedings shall be promptly instituted and
609 determined. The orders [which] that the commissioner may issue shall
610 include, but not be limited to: (1) Revoking or suspending the license;
611 (2) prohibiting such institution from contracting with new patients or
612 terminating its relationship with current patients; (3) limiting the
613 license of such institution in any respect, including reducing the
614 patient capacity or services which may be provided by such
615 institution; and (4) compelling compliance with the applicable statutes
616 or regulations of the department. Prior to issuing any summary order
617 that revokes or suspends a hospital's license, the commissioner shall
618 prepare, in collaboration with such hospital and one or more health
619 care providers that provides services in the same geographic area as
620 such hospital, a detailed plan for the relocation of such hospital's
621 inpatients and the provision of comparable services for such hospital's
622 outpatients.

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] emergency
765 medical services personnel and communications personnel; (B)
766 emergency room facilities and communications facilities; and (C)
767 transportation equipment, including land, sea and air vehicles used for
768 transportation of patients to emergency facilities and periodically
769 inspect life saving equipment, emergency facilities and emergency
770 transportation vehicles to [insure] ensure that state standards are
771 maintained;

772 (3) Annually inventory emergency medical services resources
773 within the state, including facilities, equipment, and personnel, for the

774 purposes of determining the need for additional services and the
775 effectiveness of existing services;

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

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

783 (6) Establish such minimum standards and adopt such regulations
784 in accordance with the provisions of chapter 54, as may be necessary to
785 develop the following components of an emergency medical service
786 system: (A) Communications, which shall include, but not be limited
787 to, equipment, radio frequencies and operational procedures; (B)
788 transportation services, which shall include, but not be limited to,
789 vehicle type, design, condition and maintenance, and operational
790 procedure; (C) training, which shall include, but not be limited to,
791 emergency medical technicians, communications personnel,
792 paraprofessionals associated with emergency medical services,
793 firefighters and state and local police; and (D) emergency medical
794 service facilities, which shall include, but not be limited to,
795 categorization of emergency departments as to their treatment
796 capabilities and ancillary services;

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

799 (8) (A) Not later than October 1, 2001, develop or cause to be
800 developed a data collection system that will follow a patient from
801 initial entry into the emergency medical service system through arrival
802 at the emergency room and, within available appropriations, may
803 expand the data collection system to include clinical treatment and
804 patient outcome data. The commissioner shall, on a quarterly basis,

805 collect the following information from each licensed ambulance
806 service, [or] certified ambulance service or paramedic intercept service
807 that provides emergency medical services: (i) The total number of calls
808 for emergency medical services received by such licensed ambulance
809 service, [or] certified ambulance service or paramedic intercept service
810 through the 9-1-1 system during the reporting period; (ii) each level of
811 emergency medical services, as defined in regulations adopted
812 pursuant to section 19a-179, as amended by this act, required for each
813 such call; (iii) the response time for each licensed ambulance service,
814 [or] certified ambulance service or paramedic intercept service during
815 the reporting period; (iv) the number of passed calls, cancelled calls
816 and mutual aid calls during the reporting period; and (v) for the
817 reporting period, the prehospital data for the nonscheduled transport
818 of patients required by regulations adopted pursuant to subdivision
819 (6) of this section. The information required under this subdivision
820 may be submitted in any written or electronic form selected by such
821 licensed ambulance service, [or] certified ambulance service or
822 paramedic intercept service and approved by the commissioner,
823 provided the commissioner shall take into consideration the needs of
824 such licensed ambulance service, [or] certified ambulance service, or
825 paramedic intercept service in approving such written or electronic
826 form. The commissioner may conduct an audit of any such licensed
827 ambulance service, [or] certified ambulance service or paramedic
828 intercept service as the commissioner deems necessary in order to
829 verify the accuracy of such reported information.

830 (B) The commissioner shall prepare a report to the Emergency
831 Medical Services Advisory Board, established pursuant to section 19a-
832 178a, that shall include, but not be limited to, the following
833 information: (i) The total number of calls for emergency medical
834 services received during the reporting year by each licensed
835 ambulance service, [or] certified ambulance service or paramedic
836 intercept service; (ii) the level of emergency medical services required
837 for each such call; (iii) the name of the provider of each such level of
838 emergency medical services furnished during the reporting year; (iv)

839 the response time, by time ranges or fractile response times, for each
840 licensed ambulance service, [or] certified ambulance service or
841 paramedic intercept service, using a common definition of response
842 time, as provided in regulations adopted pursuant to section 19a-179,
843 as amended by this act; and (v) the number of passed calls, cancelled
844 calls and mutual aid calls during the reporting year. The commissioner
845 shall prepare such report in a format that categorizes such information
846 for each municipality in which the emergency medical services were
847 provided, with each such municipality grouped according to urban,
848 suburban and rural classifications.

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

871 (D) The commissioner shall collect the information required by

872 subparagraph (A) of this subdivision, in the manner provided in said
873 subparagraph, from each person or emergency medical service
874 organization licensed or certified under section 19a-180, as amended
875 by this act, that provides emergency medical services;

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

889 (B) Adopt regulations, in accordance with the provisions of chapter
890 54, establishing methods for setting rates and conditions for charging
891 such rates. Such regulations shall include, but not be limited to,
892 provisions requiring that on and after July 1, 2000: (i) Requests for rate
893 increases may be filed no more frequently than once a year, except
894 that, in any case where an agency's schedule of maximum allowable
895 rates falls below that of the Medicare allowable rates for that agency,
896 the commissioner shall immediately amend such schedule so that the
897 rates are at or above the Medicare allowable rates; (ii) only licensed
898 ambulance services, [and] certified ambulance services and paramedic
899 intercept services that apply for a rate increase in excess of the Medical
900 Care Services Consumer Price Index, as published by the Bureau of
901 Labor Statistics of the United States Department of Labor, for the prior
902 year, and do not accept the maximum allowable rates contained in any
903 voluntary state-wide rate schedule established by the commissioner for
904 the rate application year shall be required to file detailed financial

905 information with the commissioner, provided any hearing that the
906 commissioner may hold concerning such application shall be
907 conducted as a contested case in accordance with chapter 54; (iii)
908 licensed ambulance services, [and] certified ambulance services and
909 paramedic intercept services that do not apply for a rate increase in
910 any year in excess of the Medical Care Services Consumer Price Index,
911 as published by the Bureau of Labor Statistics of the United States
912 Department of Labor, for the prior year, or that accept the maximum
913 allowable rates contained in any voluntary state-wide rate schedule
914 established by the commissioner for the rate application year shall, not
915 later than July fifteenth of such year, file with the commissioner a
916 statement of emergency and nonemergency call volume, and, in the
917 case of a licensed ambulance service, [or] certified ambulance service
918 or paramedic intercept service that is not applying for a rate increase, a
919 written declaration by such licensed ambulance service, [or] certified
920 ambulance service or paramedic intercept service that no change in its
921 currently approved maximum allowable rates will occur for the rate
922 application year; and (iv) detailed financial and operational
923 information filed by licensed ambulance services, [and] certified
924 ambulance services and paramedic intercept services to support a
925 request for a rate increase in excess of the Medical Care Services
926 Consumer Price Index, as published by the Bureau of Labor Statistics
927 of the United States Department of Labor, for the prior year, shall
928 cover the time period pertaining to the most recently completed fiscal
929 year and the rate application year of the licensed ambulance service,
930 [or] certified ambulance service or paramedic intercept service.

931 (C) Establish rates for licensed ambulance services, [and] certified
932 ambulance services or paramedic intercept services for the following
933 services and conditions: (i) "Advanced life support assessment" and
934 "specialty care transports", which terms shall have the meaning
935 provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which
936 means mileage for an ambulance transport when the point of origin
937 and final destination for a transport is within the boundaries of the
938 same municipality. The rates established by the commissioner for each

939 such service or condition shall be equal to (I) the ambulance service's
940 base rate plus its established advanced life support/paramedic
941 surcharge when advanced life support assessment services are
942 performed; (II) two hundred twenty-five per cent of the ambulance
943 service's established base rate for specialty care transports; and (III)
944 "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied
945 by the ambulance service's established rate for intramunicipality
946 mileage. Such rates shall remain in effect until such time as the
947 commissioner establishes a new rate schedule as provided in this
948 subdivision;

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

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

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

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

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

973 (a) No person shall operate any ambulance service, paramedic
974 intercept service or rescue service [or management service] without
975 either a license or a certificate issued by the commissioner. No person
976 shall operate a commercial ambulance service or commercial rescue
977 service [or a management service] without a license issued by the
978 commissioner. A certificate shall be issued to any volunteer or
979 municipal ambulance service [which] or any ambulance service or
980 paramedic intercept service that is operated and maintained by a state
981 agency and that shows proof satisfactory to the commissioner that it
982 meets the minimum standards of the commissioner in the areas of
983 training, equipment and personnel. No license or certificate shall be
984 issued to any volunteer, municipal or commercial ambulance service,
985 paramedic intercept service or rescue service or [management service,
986 as defined in subdivision (19) of section 19a-175] any ambulance
987 service or paramedic intercept service that is operated and maintained
988 by a state agency, unless it meets the requirements of subsection (e) of
989 section 14-100a, as amended by this act. Applicants for a license shall
990 use the forms prescribed by the commissioner and shall submit such
991 application to the commissioner accompanied by an annual fee of two
992 hundred dollars. In considering requests for approval of permits for
993 new or expanded emergency medical services in any region, the
994 commissioner shall consult with the Office of Emergency Medical
995 Services and the emergency medical services council of such region
996 and shall hold a public hearing to determine the necessity for such
997 services. Written notice of such hearing shall be given to current
998 providers in the geographic region where such new or expanded
999 services would be implemented, provided, any volunteer ambulance
1000 service which elects not to levy charges for services rendered under
1001 this chapter shall be exempt from the provisions concerning requests
1002 for approval of permits for new or expanded emergency medical
1003 services set forth in this subsection. A primary service area responder
1004 that operates in the service area identified in the application shall,

1005 upon request, be granted intervenor status with opportunity for cross-
1006 examination. Each applicant for licensure shall furnish proof of
1007 financial responsibility which the commissioner deems sufficient to
1008 satisfy any claim. The commissioner may adopt regulations, in
1009 accordance with the provisions of chapter 54, to establish satisfactory
1010 kinds of coverage and limits of insurance for each applicant for either
1011 licensure or certification. Until such regulations are adopted, the
1012 following shall be the required limits for licensure: (1) For damages by
1013 reason of personal injury to, or the death of, one person on account of
1014 any accident, at least five hundred thousand dollars, and more than
1015 one person on account of any accident, at least one million dollars, (2)
1016 for damage to property at least fifty thousand dollars, and (3) for
1017 malpractice in the care of one passenger at least two hundred fifty
1018 thousand dollars, and for more than one passenger at least five
1019 hundred thousand dollars. In lieu of the limits set forth in subdivisions
1020 (1) to (3), inclusive, of this subsection, a single limit of liability shall be
1021 allowed as follows: (A) For damages by reason of personal injury to, or
1022 death of, one or more persons and damage to property, at least one
1023 million dollars; and (B) for malpractice in the care of one or more
1024 passengers, at least five hundred thousand dollars. A certificate of such
1025 proof shall be filed with the commissioner. Upon determination by the
1026 commissioner that an applicant is financially responsible, properly
1027 certified and otherwise qualified to operate a commercial ambulance
1028 service, paramedic intercept service or rescue service, [or management
1029 service,] the commissioner shall issue the appropriate license effective
1030 for one year to such applicant. If the commissioner determines that an
1031 applicant for either a certificate or license is not so qualified, the
1032 commissioner shall notify such applicant of the denial of the
1033 application with a statement of the reasons for such denial. Such
1034 applicant shall have thirty days to request a hearing on the denial of
1035 the application.

1036 (b) Any person [, management service organization] or emergency
1037 medical service organization [which] that does not maintain standards
1038 or violates regulations adopted under any section of this chapter

1039 applicable to such person or organization may have such person's or
1040 organization's license or certification suspended or revoked or may be
1041 subject to any other disciplinary action specified in section 19a-17 after
1042 notice by certified mail to such person or organization of the facts or
1043 conduct [which] that warrant the intended action. Such person or
1044 emergency medical service organization shall have an opportunity to
1045 show compliance with all requirements for the retention of such
1046 certificate or license. In the conduct of any investigation by the
1047 commissioner of alleged violations of the standards or regulations
1048 adopted under the provisions of this chapter, the commissioner may
1049 issue subpoenas requiring the attendance of witnesses and the
1050 production by any medical service organization or person of reports,
1051 records, tapes or other documents [which] that concern the allegations
1052 under investigation. All records obtained by the commissioner in
1053 connection with any such investigation shall not be subject to the
1054 provisions of section 1-210 for a period of six months from the date of
1055 the petition or other event initiating such investigation, or until such
1056 time as the investigation is terminated pursuant to a withdrawal or
1057 other informal disposition or until a hearing is convened pursuant to
1058 chapter 54, whichever is earlier. A complaint, as defined in subdivision
1059 (6) of section 19a-13, shall be subject to the provisions of section 1-210
1060 from the time that it is served or mailed to the respondent. Records
1061 [which] that are otherwise public records shall not be deemed
1062 confidential merely because they have been obtained in connection
1063 with an investigation under this chapter.

1064 (c) Any person [, management service organization] or emergency
1065 medical service organization aggrieved by an act or decision of the
1066 commissioner regarding certification or licensure may appeal in the
1067 manner provided by chapter 54.

1068 (d) Any person who commits any of the following acts shall be
1069 guilty of a class C misdemeanor: (1) In any application to the
1070 commissioner or in any proceeding before or investigation made by
1071 the commissioner, knowingly making any false statement or

1072 representation, or, with knowledge of its falsity, filing or causing to be
1073 filed any false statement or representation in a required application or
1074 statement; (2) issuing, circulating or publishing or causing to be issued,
1075 circulated or published any form of advertisement or circular for the
1076 purpose of soliciting business which contains any statement that is
1077 false or misleading, or otherwise likely to deceive a reader thereof,
1078 with knowledge that it contains such false, misleading or deceptive
1079 statement; (3) giving or offering to give anything of value to any
1080 person for the purpose of promoting or securing ambulance, invalid
1081 coach, paramedic intercept vehicle or rescue service business or
1082 obtaining favors relating thereto; (4) administering or causing to be
1083 administered, while serving in the capacity of an employee of any
1084 licensed ambulance or rescue service, any alcoholic liquor to any
1085 patient in such employee's care, except under the supervision and
1086 direction of a licensed physician; (5) in any respect wilfully violating or
1087 failing to comply with any provision of this chapter or wilfully
1088 violating, failing, omitting or neglecting to obey or comply with any
1089 regulation, order, decision or license, or any part or provisions thereof;
1090 or (6) with one or more other persons, conspiring to violate any license
1091 or order issued by the commissioner or any provision of this chapter.

1092 (e) No person shall place any advertisement or produce any printed
1093 matter that holds that person out to be an ambulance service unless
1094 such person is licensed or certified pursuant to this section. Any such
1095 advertisement or printed matter shall include the license or certificate
1096 number issued by the commissioner.

1097 (f) Each licensed or certified [ambulance service shall] emergency
1098 medical service organization shall: (1) Ensure that its emergency
1099 medical personnel, whether such personnel are employees or
1100 contracted through an employment agency or personnel pool, are
1101 appropriately licensed or certified by the Department of Public Health
1102 to perform their job duties and that such licenses or certifications
1103 remain valid; (2) ensure that any employment agency or personnel
1104 pool, from which the emergency medical service organization obtains

1105 personnel meets the required general liability and professional liability
1106 insurance limits described in subsection (a) of this section and that all
1107 persons performing work or volunteering for the medical service
1108 organization are covered by such insurance; and (3) secure and
1109 maintain medical oversight, as defined in section 19a-175, as amended
1110 by this act, by a sponsor hospital, as defined in section 19a-175, as
1111 amended by this act. [for all its emergency medical personnel, whether
1112 such personnel are employed by the ambulance service or a
1113 management service.]

1114 (g) Each applicant whose request for new or expanded emergency
1115 medical services is approved shall, not later than six months after the
1116 date of such approval, acquire the necessary resources, equipment and
1117 other material necessary to comply with the terms of the approval and
1118 operate in the service area identified in the application. If the applicant
1119 fails to do so, the approval for new or expanded medical services shall
1120 be void and the commissioner shall rescind the approval.

1121 (h) Notwithstanding the provisions of subsection (a) of this section,
1122 any volunteer, hospital-based or municipal ambulance service or any
1123 ambulance service or paramedic intercept service operated and
1124 maintained by a state agency that is licensed or certified and is a
1125 primary service area responder may apply to the commissioner to add
1126 one emergency vehicle to its existing fleet every three years, on a short
1127 form application prescribed by the commissioner. No such volunteer,
1128 hospital-based or municipal ambulance service or any ambulance
1129 service or paramedic intercept service operated and maintained by a
1130 state agency may add more than one emergency vehicle to its existing
1131 fleet pursuant to this subsection regardless of the number of
1132 municipalities served by such volunteer, hospital-based or municipal
1133 ambulance service. Upon making such application, the applicant shall
1134 notify in writing all other primary service area responders in any
1135 municipality or abutting municipality in which the applicant proposes
1136 to add the additional emergency vehicle. Except in the case where a
1137 primary service area responder entitled to receive notification of such

1138 application objects, in writing, to the commissioner not later than
1139 fifteen calendar days after receiving such notice, the application shall
1140 be deemed approved thirty calendar days after filing. If any such
1141 primary service area responder files an objection with the
1142 commissioner within the fifteen-calendar-day time period and requests
1143 a hearing, the applicant shall be required to demonstrate need at a
1144 public hearing as required under subsection (a) of this section.

1145 (i) The commissioner shall develop a short form application for
1146 primary service area responders seeking to add an emergency vehicle
1147 to their existing fleets pursuant to subsection (h) of this section. The
1148 application shall require an applicant to provide such information as
1149 the commissioner deems necessary, including, but not limited to, (1)
1150 the applicant's name and address, (2) the primary service area where
1151 the additional vehicle is proposed to be used, (3) an explanation as to
1152 why the additional vehicle is necessary and its proposed use, (4) proof
1153 of insurance, (5) a list of the providers to whom notice was sent
1154 pursuant to subsection (h) of this section and proof of such
1155 notification, and (6) total call volume, response time and calls passed
1156 within the primary service area for the one-year period preceding the
1157 date of the application.

1158 (j) Notwithstanding the provisions of subsection (a) of this section,
1159 any ambulance service or paramedic intercept service operated and
1160 maintained by a state agency on or before October 1, 2014, that notifies
1161 the Department of Public Health's Office of Emergency Medical
1162 Services, in writing, not later than September 1, 2014, of such operation
1163 and attests to the ambulance service or paramedic intercept service
1164 being in compliance with all statutes and regulations concerning such
1165 operation (1) shall be deemed certified by the Commissioner of Public
1166 Health, or (2) shall be deemed licensed by the Commissioner of Public
1167 Health if such ambulance service or paramedic intercept service levies
1168 charges for emergency and nonemergency services.

1169 Sec. 20. Section 19a-179 of the general statutes is repealed and the
1170 following is substituted in lieu thereof (*Effective October 1, 2014*):

1171 [(a)] The commissioner shall adopt regulations, in accordance with
1172 chapter 54, concerning [(1) the methods and conditions for the
1173 issuance, renewal and reinstatement of licensure and certification or
1174 recertification of emergency medical service personnel, (2)] (1) the
1175 methods and conditions for licensure and certification of the
1176 operations, facilities and equipment enumerated in section 19a-177, as
1177 amended by this act, and [(3)] (2) complaint procedures for the public
1178 and any emergency medical service organization. Such regulations
1179 shall be in conformity with the policies and standards established by
1180 the commissioner. Such regulations shall require that, as an express
1181 condition of the purchase of any business holding a primary service
1182 area, the purchaser shall agree to abide by any performance standards
1183 to which the purchased business was obligated pursuant to its
1184 agreement with the municipality.

1185 [(b)] The commissioner may issue an emergency medical technician
1186 certificate to an applicant who presents evidence satisfactory to the
1187 commissioner that the applicant (1) is currently certified as an
1188 emergency medical technician in good standing in any New England
1189 state, New York or New Jersey, (2) has completed an initial training
1190 program consistent with the United States Department of
1191 Transportation, National Highway Traffic Safety Administration
1192 emergency medical technician curriculum, and (3) has no pending
1193 disciplinary action or unresolved complaint against him or her.

1194 (c) The commissioner may issue a temporary emergency medical
1195 technician certificate to an applicant who presents evidence
1196 satisfactory to the commissioner that (1) the applicant was certified by
1197 the department as an emergency medical technician prior to becoming
1198 licensed as a paramedic pursuant to section 20-206ll, and (2) the
1199 applicant's certification as an emergency medical technician has
1200 expired and the applicant's license as a paramedic has become void
1201 pursuant to section 19a-88. Such temporary certificate shall be valid for
1202 a period not to exceed one year and shall not be renewable.

1203 (d) An applicant who is issued a temporary emergency medical

1204 technician certificate pursuant to subsection (c) of this section may,
1205 prior to the expiration of such temporary certificate, apply to the
1206 department for:

1207 (1) Renewal of such person's paramedic license, giving such
1208 person's name in full, such person's residence and business address
1209 and such other information as the department requests, provided the
1210 application for license renewal is accompanied by evidence satisfactory
1211 to the commissioner that the applicant was under the medical
1212 oversight of a sponsor hospital on the date the applicant's paramedic
1213 license became void for nonrenewal; or

1214 (2) Recertification as an emergency medical technician, provided the
1215 application for recertification is accompanied by evidence satisfactory
1216 to the commissioner that the applicant completed emergency medical
1217 technician refresher training approved by the commissioner not later
1218 than one year after issuance of the temporary emergency medical
1219 technician certificate. The department shall recertify such person as an
1220 emergency medical technician without the examination required for
1221 initial certification specified in regulations adopted by the
1222 commissioner pursuant to this section.

1223 (e) For purposes of subsection (d) of this section, "medical oversight"
1224 means the active surveillance by physicians of mobile intensive care
1225 sufficient for the assessment of overall practice levels, as defined by
1226 state-wide protocols, and "sponsor hospital" means a hospital that has
1227 agreed to maintain staff for the provision of medical oversight,
1228 supervision and direction to an emergency medical service
1229 organization, as defined in section 19a-175, and its personnel and has
1230 been approved for such activity by the Office of Emergency Medical
1231 Services.]

1232 Sec. 21. Section 20-206mm of the general statutes is repealed and the
1233 following is substituted in lieu thereof (*Effective October 1, 2014*):

1234 (a) Except as provided in subsections (b) and (c) of this section, an

1235 applicant for a license as a paramedic shall submit evidence
1236 satisfactory to the [commissioner, as defined in section 19a-175,]
1237 Commissioner of Public Health that the applicant has successfully (1)
1238 completed a [mobile intensive care] paramedic training program
1239 approved by the commissioner, and (2) passed an examination
1240 prescribed by the commissioner.

1241 (b) An applicant for licensure by endorsement shall present
1242 evidence satisfactory to the commissioner that the applicant (1) is
1243 licensed or certified as a paramedic in another state or jurisdiction
1244 whose requirements for practicing in such capacity are substantially
1245 similar to or higher than those of this state and that the applicant has
1246 no pending disciplinary action or unresolved complaint against him or
1247 her, or (2) (A) is currently licensed or certified as a paramedic in good
1248 standing in any New England state, New York or New Jersey, (B) has
1249 completed an initial training program consistent with the [United
1250 States Department of Transportation, National Highway Traffic Safety
1251 Administration paramedic curriculum] National Emergency Medical
1252 Services Education Standards, as promulgated by the National
1253 Highway Traffic Safety Administration for the paramedic scope of
1254 practice model conducted by an organization offering a program that
1255 is recognized by the national emergency medical services program
1256 accrediting organization, and (C) has no pending disciplinary action or
1257 unresolved complaint against him or her.

1258 (c) Any person who is certified as an emergency medical technician-
1259 paramedic by the Department of Public Health on October 1, 1997,
1260 shall be deemed a licensed paramedic. Any person so deemed shall
1261 renew his license pursuant to section 19a-88 for a fee of one hundred
1262 fifty dollars.

1263 (d) The commissioner may issue an emergency medical technician
1264 certificate or emergency medical responder certificate to an applicant
1265 who presents evidence satisfactory to the commissioner that the
1266 applicant (1) is currently certified as an emergency medical technician,
1267 or emergency medical responder in good standing in any New

1268 England state, New York or New Jersey, (2) has completed an initial
1269 training program consistent with the National Emergency Medical
1270 Services Education Standards, as promulgated by the National
1271 Highway Traffic Safety Administration for the emergency medical
1272 technician or emergency medical responder curriculum, and (3) has no
1273 pending disciplinary action or unresolved complaint against him or
1274 her.

1275 (e) The commissioner may issue a temporary emergency medical
1276 technician certificate to an applicant who presents evidence
1277 satisfactory to the commissioner that (1) the applicant was certified by
1278 the department as an emergency medical technician prior to becoming
1279 licensed as a paramedic pursuant to section 20-206ll, or (2) the
1280 applicant's certification as an emergency medical technician has
1281 expired and the applicant's license as a paramedic has become void
1282 pursuant to section 19a-88. Such temporary certificate shall be valid for
1283 a period not to exceed one year and shall not be renewable.

1284 (f) An applicant who is issued a temporary emergency medical
1285 technician certificate pursuant to subsection (e) of this section may,
1286 prior to the expiration of such temporary certificate, apply to the
1287 department for: (1) Renewal of such person's paramedic license, giving
1288 such person's name in full, such person's residence and business
1289 address and such other information as the department requests,
1290 provided the application for license renewal is accompanied by
1291 evidence satisfactory to the commissioner that the applicant was under
1292 the medical oversight of a sponsor hospital, as those terms are defined
1293 in section 19a-175, as amended by this act, on the date the applicant's
1294 paramedic license became void for nonrenewal; or (2) recertification as
1295 an emergency medical technician, provided the application for
1296 recertification is accompanied by evidence satisfactory to the
1297 commissioner that the applicant completed emergency medical
1298 technician refresher training approved by the commissioner not later
1299 than one year after issuance of the temporary emergency medical
1300 technician certificate. The department shall recertify such person as an

1301 emergency medical technician without the examination required for
1302 initial certification specified in regulations adopted by the
1303 commissioner pursuant to section 20-20600, as amended by this act.

1304 (g) The commissioner may issue an emergency medical responder
1305 certificate to an applicant who presents evidence satisfactory to the
1306 commissioner that the applicant (1) is currently certified as an
1307 emergency medical responder in good standing by a state that
1308 maintains licensing requirements that the commissioner determines
1309 are equal to, or greater than, those in this state, (2) has completed an
1310 initial department-approved emergency medical responder training
1311 program that includes written and practical examinations at the
1312 completion of the course, or a program outside the state that adheres
1313 to national education standards for the emergency medical responder
1314 scope of practice and that includes an examination, and (3) has no
1315 pending disciplinary action or unresolved complaint against him or
1316 her.

1317 (h) The commissioner may issue an emergency medical services
1318 instructor certificate to an applicant who presents (1) evidence
1319 satisfactory to the commissioner that the applicant is currently certified
1320 as an emergency medical technician in good standing, (2)
1321 documentation satisfactory to the commissioner, with reference to
1322 national education standards, regarding qualifications as an
1323 emergency medical service instructor, (3) a letter of endorsement
1324 signed by two instructors holding current emergency medical service
1325 instructor certification, (4) documentation of having completed written
1326 and practical examinations as prescribed by the commissioner, and (5)
1327 evidence satisfactory to the commissioner that the applicant has no
1328 pending disciplinary action or unresolved complaints against him or
1329 her.

1330 Sec. 22. Section 20-20600 of the general statutes is repealed and the
1331 following is substituted in lieu thereof (*Effective October 1, 2014*):

1332 The Commissioner of Public Health may adopt regulations in

1333 accordance with the provisions of chapter 54 to carry out the
1334 provisions of subdivision [(18)] (24) of subsection (c) of section 19a-14,
1335 subsection (e) of section 19a-88, subdivision (15) of section 19a-175, as
1336 amended by this act, subsection (b) of section 20-9, as amended by this
1337 act, subsection (c) of section 20-195c, sections 20-195aa to 20-195ff,
1338 inclusive, and sections 20-206jj to 20-206oo, inclusive, as amended by
1339 this act.

1340 Sec. 23. Section 19a-179a of the general statutes is repealed and the
1341 following is substituted in lieu thereof (*Effective October 1, 2014*):

1342 (a) Notwithstanding any provision of the general statutes or any
1343 regulation adopted pursuant to this chapter, the scope of practice of
1344 any person certified or licensed as an emergency medical responder,
1345 emergency medical technician, advanced emergency medical
1346 technician, emergency medical services instructor or a paramedic
1347 under regulations adopted pursuant to this section [19a-179] may
1348 include treatment modalities not specified in the regulations of
1349 Connecticut state agencies, provided such treatment modalities are (1)
1350 approved by the Connecticut Emergency Medical Services Medical
1351 Advisory Committee established pursuant to section 19a-178a and the
1352 Commissioner of Public Health, and (2) administered at the medical
1353 oversight and direction of a sponsor hospital. [, as defined in section
1354 28-8b.]

1355 (b) The Commissioner of Public Health shall adopt regulations, in
1356 accordance with chapter 54, concerning the methods and conditions
1357 for the issuance, renewal and reinstatement of licensure and
1358 certification or recertification of emergency medical responders,
1359 emergency medical technicians and emergency medical services
1360 instructors.

1361 Sec. 24. Section 19a-195a of the 2014 supplement to the general
1362 statutes is repealed and the following is substituted in lieu thereof
1363 (*Effective October 1, 2014*):

1364 (a) The Commissioner of Public Health shall adopt regulations in
1365 accordance with the provisions of chapter 54 to provide that
1366 emergency medical technicians shall be recertified every three years.
1367 For the purpose of maintaining an acceptable level of proficiency, each
1368 emergency medical technician who is recertified for a three-year
1369 period shall complete thirty hours of refresher training approved by
1370 the commissioner, or meet such other requirements as may be
1371 prescribed by the commissioner.

1372 (b) The commissioner shall adopt regulations, in accordance with
1373 the provisions of chapter 54, to (1) provide for state-wide
1374 standardization of certification for each class of emergency medical
1375 services personnel, including, but not limited to, (A) emergency
1376 medical technicians, [including, but not limited to, paramedics,] (B)
1377 emergency medical services instructors, and (C) emergency medical
1378 responders, (2) allow course work for such certification to be taken
1379 state-wide, and (3) allow persons so certified to perform within their
1380 scope of certification state-wide.

1381 Sec. 25. Section 19a-179c of the general statutes is repealed and the
1382 following is substituted in lieu thereof (*Effective October 1, 2014*):

1383 (a) Any ambulance used for interfacility critical care transport shall
1384 meet the requirements for a basic level ambulance, as prescribed in
1385 regulations adopted pursuant to section 19a-179, as amended by this
1386 act, including requirements concerning medically necessary supplies
1387 and services, and may be supplemented by a licensed registered nurse,
1388 advanced practice registered nurse, physician assistant or respiratory
1389 care practitioner, provided such licensed professionals shall have
1390 current training and certification in pediatric or adult advanced life
1391 support, or from the Neonatal Resuscitation Program of the American
1392 Academy of Pediatrics, as appropriate, based on the patient's
1393 condition.

1394 (b) A general hospital or children's general hospital licensed in
1395 accordance with section 19a-490 may utilize a ground or air ambulance

1396 service other than the primary service area responder for emergency
1397 interfacility transports of patients when (1) the primary service area
1398 responder is not authorized to the level of care required for the patient,
1399 (2) the primary service area responder does not have the equipment
1400 necessary to transport the patient safely, or (3) the transport takes the
1401 primary service area responder out of its service area for more than
1402 two hours and there is another ambulance service with the appropriate
1403 level of medical authorization and proper equipment available. The
1404 patient's attending physician shall determine when it is necessary to
1405 utilize the primary service area responder or other ambulance service
1406 for an expeditious and medically-appropriate transport.

1407 Sec. 26. (NEW) (*Effective October 1, 2014*) (a) Each emergency medical
1408 service organization licensed or certified by the Commissioner of
1409 Public Health shall, upon receipt of a notice of intention to strike by a
1410 labor organization representing the employees of such emergency
1411 medical service organization file a strike contingency plan, in
1412 accordance with the provisions of the National Labor Relations Act, 29
1413 USC 158, as amended from time to time, with the commissioner not
1414 later than five days before the date indicated for commencement of the
1415 strike.

1416 (b) The commissioner may issue a summary order to any emergency
1417 medical service organization, as defined in section 19a-175 of the
1418 general statutes, as amended by this act, that fails to file a strike
1419 contingency plan that complies with the provisions of this section and
1420 the regulations adopted by the commissioner pursuant to this section
1421 within the specified time period. Such order shall require the
1422 emergency medical service organization to immediately file a strike
1423 contingency plan that complies with the provisions of this section and
1424 the regulations adopted by the commissioner pursuant to this section.

1425 (c) Any emergency medical service organization that fails to comply
1426 with this section shall be subject to a civil penalty of not more than ten
1427 thousand dollars for each day of noncompliance.

1428 (d) (1) If the commissioner determines that an emergency medical
1429 service organization has failed to comply with the provisions of this
1430 section or the regulations adopted pursuant to this section, for which a
1431 civil penalty is authorized by subsection (c) of this section, the
1432 commissioner may send to an authorized officer or agent of the
1433 emergency medical service organization, by certified mail, return
1434 receipt requested, or personally serve upon such officer or agent, a
1435 notice that includes: (A) A reference to this section or the section or
1436 sections of the regulations with which the emergency medical service
1437 organization has failed to comply; (B) a short and plain statement of
1438 the matters asserted or charged; (C) a statement of the maximum civil
1439 penalty that may be imposed for such noncompliance; and (D) a
1440 statement of the party's right to request a hearing to contest the
1441 imposition of the civil penalty.

1442 (2) An emergency medical service organization may make written
1443 application for a hearing to contest the imposition of a civil penalty
1444 pursuant to this section not later than twenty days after the date such
1445 notice is mailed or served. All hearings under this section shall be
1446 conducted in accordance with the provisions of chapter 54 of the
1447 general statutes. If an emergency medical service organization fails to
1448 request a hearing or fails to appear at the hearing or if, after the
1449 hearing, the commissioner finds that the emergency medical services
1450 organization is in noncompliance, the commissioner may, in the
1451 commissioner's discretion, order a civil penalty to be imposed that is
1452 not greater than the penalty stated in the notice. The commissioner
1453 shall send a copy of any order issued pursuant to this subsection by
1454 certified mail, return receipt requested, to the emergency medical
1455 service organization named in such order.

1456 (e) The commissioner shall adopt regulations, in accordance with
1457 the provisions of chapter 54 of the general statutes: (1) Establishing
1458 requirements for a strike contingency plan, that shall include, but need
1459 not be limited to, a requirement that the plan contain documentation
1460 that the emergency medical service organization has arranged, in the

1461 event of a strike, for adequate staffing and security, fuel,
1462 pharmaceuticals and other essential supplies and services necessary to
1463 meet the needs of the patient population served by the emergency
1464 medical service organization; and (2) for purposes of the imposition of
1465 a civil penalty upon an emergency medical service organization
1466 pursuant to subsections (c) and (d) of this section.

1467 (f) Such plan shall be deemed a statement of strategy or negotiations
1468 with respect to collective bargaining for the purpose of subdivision (9)
1469 of subsection (b) of section 1-210 of the general statutes.

1470 Sec. 27. (NEW) (*Effective October 1, 2014*) (a) The Commissioner of
1471 Public Health shall develop and implement a plan in circumstances
1472 where the Governor declares a state of emergency to mobilize state
1473 emergency medical service assets to aid areas where local emergency
1474 medical services and ordinary mutual aid resources are overwhelmed.
1475 Such plan shall be known as the Forward Movement of Patients Plan.
1476 Such plan shall include, but not be limited to, a procedure for the
1477 request of resources, authority for plan activation, the typing of
1478 resources, resource command and control and logistical
1479 considerations.

1480 (b) Emergency rates established by the commissioner for certified
1481 emergency medical service, paramedic intercept service, invalid coach
1482 and temporary transportation needs for a specified event or incident
1483 shall apply when the emergency medical service organization is
1484 authorized by the commissioner to function as part of the Forward
1485 Movement of Patients Plan.

1486 Sec. 28. Subsection (a) of section 19a-562a of the general statutes is
1487 repealed and the following is substituted in lieu thereof (*Effective*
1488 *October 1, 2014*):

1489 (a) Each nursing home facility that is not a residential care home or
1490 an Alzheimer's special care unit or program shall (1) annually provide
1491 a minimum of two hours of training in pain recognition and

1492 administration of pain management techniques, and (2) provide a
1493 minimum of one hour of training in oral health and oral hygiene
1494 techniques not later than one year after the date of hire and subsequent
1495 training in said techniques annually thereafter, to all licensed and
1496 registered direct care staff and nurse's aides who provide direct patient
1497 care to residents.

1498 Sec. 29. Subsection (c) of section 19a-490k of the general statutes is
1499 repealed and the following is substituted in lieu thereof (*Effective*
1500 *October 1, 2014*):

1501 (c) A hospital may administer influenza and pneumococcal
1502 [polysaccharide] vaccines to patients, after an assessment for
1503 contraindications, without a physician's order, in accordance with a
1504 physician-approved hospital policy. The Commissioner of Public
1505 Health shall adopt regulations, in accordance with the provisions of
1506 chapter 54, to carry out the provisions of this subsection.

1507 Sec. 30. Section 19a-72 of the 2014 supplement to the general statutes
1508 is repealed and the following is substituted in lieu thereof (*Effective*
1509 *October 1, 2014*):

1510 (a) As used in this section:

1511 (1) "Clinical laboratory" means any facility or other area used for
1512 microbiological, serological, chemical, hematological,
1513 immunohematological, biophysical, cytological, pathological or other
1514 examinations of human body fluids, secretions, excretions or excised
1515 or exfoliated tissues, for the purpose of providing information for the
1516 diagnosis, prevention or treatment of any human disease or
1517 impairment, for the assessment of human health or for the presence of
1518 drugs, poisons or other toxicological substances;

1519 (2) "Hospital" means an establishment for the lodging, care and
1520 treatment of persons suffering from disease or other abnormal physical
1521 or mental conditions and includes inpatient psychiatric services in
1522 general hospitals;

1523 (3) "Health care provider" means any person or organization that
1524 furnishes health care services and is licensed or certified to furnish
1525 such services pursuant to chapters 370, 372, 373, 375, [to 384a,
1526 inclusive, 388, 398 and 399] 378 and 379 or is licensed or certified
1527 pursuant to chapter 368d; [and]

1528 (4) "Occupation" means the usual kind of work performed by an
1529 individual;

1530 (5) "Industry" means the type of business to which an occupation
1531 relates; and

1532 [(4)] (6) "Reportable tumor" means tumors and conditions included
1533 in the Connecticut Tumor Registry reportable list maintained by the
1534 Department of Public Health, as amended from time to time, as
1535 deemed necessary by the department.

1536 (b) The Department of Public Health shall maintain and operate the
1537 Connecticut Tumor Registry. Said registry shall include a report of
1538 every occurrence of a reportable tumor that is diagnosed or treated in
1539 the state. Such reports shall be made to the department by any
1540 hospital, clinical laboratory [and] or health care provider in the state.
1541 Such reports shall include, but not be limited to, pathology reports and
1542 information obtained from records of any person licensed as a health
1543 care provider and may include a collection of actual tissue samples
1544 and such information as the department may prescribe. [Follow-up
1545 information shall also be contained in the report and] Information
1546 contained in the report shall include, when available: (1) Demographic
1547 data; (2) occupation and industry of the patient; (3) diagnostic,
1548 treatment and pathology reports; [(3)] (4) operative reports,
1549 hematology, medical oncology and radiation therapy consults, or
1550 abstracts of such reports or consults in a format prescribed by the
1551 department; and [(4)] (5) other medical information as the department
1552 may prescribe. Such information shall be reported to the department
1553 not later than six months after diagnosis or the first encounter for
1554 treatment of a reportable tumor, in the form and manner prescribed by

1555 the department and updates of such information shall be reported to
1556 the department, annually, for the duration of the patient's lifetime.
1557 [The Commissioner of Public Health shall promulgate a list of required
1558 data items, which may be amended from time to time.] Such reports
1559 shall include every occurrence of a reportable tumor that is diagnosed
1560 or treated during a calendar year.

1561 (c) The Department of Public Health shall be provided such access
1562 to records of any health care provider, as the department deems
1563 necessary, to perform case finding or other quality improvement
1564 audits to ensure completeness of reporting and data accuracy
1565 consistent with the purposes of this section.

1566 (d) The Department of Public Health may enter into a contract for
1567 the receipt, storage, holding [and] or maintenance of the data, files or
1568 tissue samples under its control and management.

1569 (e) The Department of Public Health may enter into reciprocal
1570 reporting agreements with the appropriate agencies of other states to
1571 exchange tumor reports.

1572 (f) (1) Failure by a hospital, clinical laboratory or health care
1573 provider to comply with the reporting requirements prescribed in this
1574 section may result in the department electing to perform the registry
1575 services for such hospital, clinical laboratory or provider. In such case,
1576 the hospital, clinical laboratory or provider shall reimburse the
1577 department for actual expenses incurred in performing such services.

1578 (2) Any hospital, clinical laboratory or health care provider that fails
1579 to comply with the provisions of this section shall be liable for a civil
1580 penalty not to exceed five hundred dollars for each failure to disclose a
1581 reportable tumor, as determined by the commissioner.

1582 (3) A hospital, clinical laboratory or health care provider that fails to
1583 report cases of cancer as required in regulations adopted [pursuant to
1584 section 19a-73 by a date that is not later than nine months after the date
1585 of first contact with such hospital, clinical laboratory or health care

1586 provider for diagnosis or treatment] in accordance with the provisions
1587 of subsection (h) of this section, shall be assessed a civil penalty not to
1588 exceed two hundred fifty dollars per business day, for each day
1589 thereafter that the report is not submitted and ordered to comply with
1590 the terms of this subsection by the Commissioner of Public Health.

1591 (4) The reimbursements, expenses and civil penalties set forth in this
1592 section shall be assessed only after the Department of Public Health
1593 [provides a] has provided a hospital, clinical laboratory or health care
1594 provider with written notice of deficiency and [the provider is
1595 afforded the opportunity to respond to such notice. A provider shall
1596 have not more] such hospital, clinical laboratory or health care
1597 provider has been afforded not less than fourteen business days after
1598 the date of receiving such notice to provide a written response to the
1599 department. Such written response shall include any information
1600 requested by the department.

1601 (g) The Commissioner of Public Health may request that the
1602 Attorney General initiate an action to collect any civil penalties
1603 assessed pursuant to this section and obtain such orders as necessary
1604 to enforce any provision of this section.

1605 (h) The Commissioner of Public Health may adopt regulations, in
1606 accordance with the provisions of chapter 54, to implement the
1607 provisions of this section.

1608 Sec. 31. Section 19a-2a of the general statutes is repealed and the
1609 following is substituted in lieu thereof (*Effective October 1, 2014*):

1610 The Commissioner of Public Health shall employ the most efficient
1611 and practical means for the prevention and suppression of disease and
1612 shall administer all laws under the jurisdiction of the Department of
1613 Public Health and the Public Health Code. The commissioner shall
1614 have responsibility for the overall operation and administration of the
1615 Department of Public Health. The commissioner shall have the power
1616 and duty to: (1) Administer, coordinate and direct the operation of the

1617 department; (2) adopt and enforce regulations, in accordance with
1618 chapter 54, as are necessary to carry out the purposes of the
1619 department as established by statute; (3) establish rules for the internal
1620 operation and administration of the department; (4) establish and
1621 develop programs and administer services to achieve the purposes of
1622 the department as established by statute; (5) [contract] enter into a
1623 contract, including, but not limited to, a contract with another state, for
1624 facilities, services and programs to implement the purposes of the
1625 department as established by statute; (6) designate a deputy
1626 commissioner or other employee of the department to sign any license,
1627 certificate or permit issued by said department; (7) conduct a hearing,
1628 issue subpoenas, administer oaths, compel testimony and render a
1629 final decision in any case when a hearing is required or authorized
1630 under the provisions of any statute dealing with the Department of
1631 Public Health; (8) with the health authorities of this and other states,
1632 secure information and data concerning the prevention and control of
1633 epidemics and conditions affecting or endangering the public health,
1634 and compile such information and statistics and shall disseminate
1635 among health authorities and the people of the state such information
1636 as may be of value to them; (9) annually issue a list of reportable
1637 diseases, emergency illnesses and health conditions and a list of
1638 reportable laboratory findings and amend such lists as the
1639 commissioner deems necessary and distribute such lists as well as any
1640 necessary forms to each licensed physician and clinical laboratory in
1641 this state. The commissioner shall prepare printed forms for reports
1642 and returns, with such instructions as may be necessary, for the use of
1643 directors of health, boards of health and registrars of vital statistics;
1644 and (10) specify uniform methods of keeping statistical information by
1645 public and private agencies, organizations and individuals, including a
1646 client identifier system, and collect and make available relevant
1647 statistical information, including the number of persons treated,
1648 frequency of admission and readmission, and frequency and duration
1649 of treatment. The client identifier system shall be subject to the
1650 confidentiality requirements set forth in section 17a-688 and
1651 regulations adopted thereunder. The commissioner may designate any

1652 person to perform any of the duties listed in subdivision (7) of this
1653 section. The commissioner shall have authority over directors of health
1654 and may, for cause, remove any such director; but any person claiming
1655 to be aggrieved by such removal may appeal to the Superior Court
1656 which may affirm or reverse the action of the commissioner as the
1657 public interest requires. The commissioner shall assist and advise local
1658 directors of health in the performance of their duties, and may require
1659 the enforcement of any law, regulation or ordinance relating to public
1660 health. When requested by local directors of health, the commissioner
1661 shall consult with them and investigate and advise concerning any
1662 condition affecting public health within their jurisdiction. The
1663 commissioner shall investigate nuisances and conditions affecting, or
1664 that he or she has reason to suspect may affect, the security of life and
1665 health in any locality and, for that purpose, the commissioner, or any
1666 person authorized by the commissioner, may enter and examine any
1667 ground, vehicle, apartment, building or place, and any person
1668 designated by the commissioner shall have the authority conferred by
1669 law upon constables. Whenever the commissioner determines that any
1670 provision of the general statutes or regulation of the Public Health
1671 Code is not being enforced effectively by a local health department, he
1672 or she shall forthwith take such measures, including the performance
1673 of any act required of the local health department, to ensure
1674 enforcement of such statute or regulation and shall inform the local
1675 health department of such measures. In September of each year the
1676 commissioner shall certify to the Secretary of the Office of Policy and
1677 Management the population of each municipality. The commissioner
1678 may solicit and accept for use any gift of money or property made by
1679 will or otherwise, and any grant of or contract for money, services or
1680 property from the federal government, the state, [or] any political
1681 subdivision thereof, any other state or any private source, and do all
1682 things necessary to cooperate with the federal government or any of its
1683 agencies in making an application for any grant or contract. The
1684 commissioner may establish state-wide and regional advisory councils.

1685 Sec. 32. Section 19a-32 of the general statutes is repealed and the

1686 following is substituted in lieu thereof (*Effective October 1, 2014*):

1687 The Department of Public Health is authorized to receive, hold and
1688 use real estate and to receive, hold, invest and disburse money,
1689 securities, supplies or equipment offered it for the protection and
1690 preservation of the public health and welfare by the federal
1691 government, another state or by any person, corporation or
1692 association, provided such real estate, money, securities, supplies or
1693 equipment shall be used only for the purposes designated by the
1694 federal government or such state, person, corporation or association.
1695 Said department shall include in its annual report an account of the
1696 property so received, the names of its donors, its location, the use
1697 made thereof and the amount of unexpended balances on hand.

1698 Sec. 33. Subsection (b) of section 20-10b of the 2014 supplement to
1699 the general statutes is repealed and the following is substituted in lieu
1700 thereof (*Effective from passage*):

1701 (b) Except as otherwise provided in subsections (d), (e) and (f) of
1702 this section, a licensee applying for license renewal shall earn a
1703 minimum of fifty contact hours of continuing medical education
1704 within the preceding twenty-four-month period. Such continuing
1705 medical education shall (1) be in an area of the physician's practice; (2)
1706 reflect the professional needs of the licensee in order to meet the health
1707 care needs of the public; and (3) during the first renewal period in
1708 which continuing medical education is required and not less than once
1709 every six years thereafter, include at least one contact hour of training
1710 or education in each of the following topics: (A) Infectious diseases,
1711 including, but not limited to, acquired immune deficiency syndrome
1712 and human immunodeficiency virus, (B) risk management, (C) sexual
1713 assault, (D) domestic violence, (E) cultural competency, and (F)
1714 behavioral health. For purposes of this section, qualifying continuing
1715 medical education activities include, but are not limited to, courses
1716 offered or approved by the American Medical Association, American
1717 Osteopathic Medical Association, Connecticut Hospital Association,
1718 Connecticut State Medical Society, county medical societies or

1719 equivalent organizations in another jurisdiction, educational offerings
1720 sponsored by a hospital or other health care institution or courses
1721 offered by a regionally accredited academic institution or a state or
1722 local health department. The commissioner, or the commissioner's
1723 designee, may grant a waiver for not more than ten contact hours of
1724 continuing medical education for a physician who: (i) Engages in
1725 activities related to the physician's service as a member of the
1726 Connecticut Medical Examining Board, established pursuant to section
1727 20-8a; (ii) engages in activities related to the physician's service as a
1728 member of a medical hearing panel, pursuant to section 20-8a; or (iii)
1729 assists the department with its duties to boards and commissions as
1730 described in section 19a-14.

1731 Sec. 34. Subsection (a) of section 20-146 of the general statutes is
1732 repealed and the following is substituted in lieu thereof (*Effective*
1733 *October 1, 2014*):

1734 (a) Except as provided in section 20-146a, no person shall produce
1735 or reproduce ophthalmic lenses and similar products or mount the
1736 same to supporting materials or fit the same by mechanical
1737 manipulation, molding techniques or other related functions, unless
1738 such person is licensed by the Department of Public Health. Said
1739 department may issue license certificates as licensed optician to all
1740 persons who lawfully apply for the same, upon their submitting to the
1741 [commission] department an acceptable written application, and after
1742 they have passed examinations as hereinafter provided: Any person
1743 shall be admitted to take the examinations for a license to practice as a
1744 licensed optician who has satisfied the department that he or she is a
1745 person of good professional character, has served as a registered
1746 apprentice in this state or any other state for not less than four calendar
1747 years' full-time employment under the supervision of a licensed
1748 optician in an optical establishment, office, department, store, shop or
1749 laboratory where prescriptions for optical glasses from given formulas
1750 have been filled, and has acquired experience in the producing and
1751 reproducing of ophthalmic lenses, mounting the same to supporting

1752 materials, of which one year, at least, shall have been acquired within
1753 the five years last preceding the date of such application and who has
1754 acquired experience in the fitting of ophthalmic lenses to the eyes by
1755 mechanical manipulation, molding technique or other related
1756 functions, of which one year, at least, shall have been acquired within
1757 the five years last preceding the date of such application, under the
1758 supervision of a licensed optician. Any person who is licensed to
1759 perform optical services in any other state or territory with licensure
1760 requirements similar to or higher than those required in this state shall
1761 be eligible for licensure without examination. Successful completion of
1762 a two-year educational program approved by the board with the
1763 consent of the Commissioner of Public Health may be substituted for
1764 the four-year work experience requirement.

1765 Sec. 35. Section 20-188 of the general statutes is repealed and the
1766 following is substituted in lieu thereof (*Effective October 1, 2014*):

1767 Before granting a license to a psychologist, the department shall,
1768 except as provided in section 20-190, require any applicant therefor to
1769 pass an examination in psychology prescribed by the department with
1770 the advice and consent of the board. Each applicant shall pay a fee of
1771 five hundred sixty-five dollars, and shall satisfy the department that
1772 such applicant: (1) [~~has~~] Has received the doctoral degree based on a
1773 program of studies whose content was primarily psychological from
1774 an educational institution approved in accordance with section 20-189;
1775 and (2) has had at least one year's experience that meets the
1776 requirements established in regulations adopted by the department, in
1777 consultation with the board, in accordance with the provisions of
1778 chapter 54. The department shall establish a passing score with the
1779 consent of the board. Any certificate granted by the board of examiners
1780 prior to June 24, 1969, shall be deemed a valid license permitting
1781 continuance of profession subject to the provisions of this chapter. An
1782 applicant who is licensed or certified as a psychologist in another state,
1783 territory or commonwealth of the United States may substitute two
1784 years of licensed or certified work experience in the practice of

1785 psychology, as defined in section 20-187a, in lieu of the requirements
1786 of subdivision (2) of this section.

1787 Sec. 36. Section 20-195dd of the general statutes is repealed and the
1788 following is substituted in lieu thereof (*Effective October 1, 2014*):

1789 (a) Except as provided in subsections (b) and (c) of this section, an
1790 applicant for a license as a professional counselor shall submit
1791 evidence satisfactory to the Commissioner of Public Health of having:
1792 (1) Completed sixty graduate semester hours in or related to the
1793 discipline of counseling at a regionally accredited institution of higher
1794 education, which included coursework in each of the following areas:
1795 (A) Human growth and development, (B) social and cultural
1796 foundations, (C) counseling theories and techniques or helping
1797 relationships, (D) group dynamics, (E) processing and counseling, (F)
1798 career and lifestyle development, (G) appraisals or tests and
1799 measurements for individuals and groups, (H) research and
1800 evaluation, and (I) professional orientation to counseling; (2) earned,
1801 from a regionally accredited institution of higher education a master's
1802 or doctoral degree in social work, marriage and family therapy,
1803 counseling, psychology or a related mental health field; (3) acquired
1804 three thousand hours of postgraduate-degree-supervised experience in
1805 the practice of professional counseling, performed over a period of not
1806 less than one year, that included a minimum of one hundred hours of
1807 direct supervision by (A) a physician licensed pursuant to chapter 370
1808 who has obtained certification in psychiatry from the American Board
1809 of Psychiatry and Neurology, (B) a psychologist licensed pursuant to
1810 chapter 383, (C) an advanced practice registered nurse licensed
1811 pursuant to chapter 378 and certified as a clinical specialist in adult
1812 psychiatric and mental health nursing with the American Nurses
1813 Credentialing Center, (D) a marital and family therapist licensed
1814 pursuant to chapter 383a, (E) a clinical social worker licensed pursuant
1815 to chapter 383b, (F) a professional counselor licensed, or prior to
1816 October 1, 1998, eligible for licensure, pursuant to section 20-195cc, or
1817 (G) a physician certified in psychiatry by the American Board of

1818 Psychiatry and Neurology, psychologist, advanced practice registered
1819 nurse certified as a clinical specialist in adult psychiatric and mental
1820 health nursing with the American Nurses Credentialing Center,
1821 marital and family therapist, clinical social worker or professional
1822 counselor licensed or certified as such or as a person entitled to
1823 perform similar services, under a different designation, in another state
1824 or jurisdiction whose requirements for practicing in such capacity are
1825 substantially similar to or higher than those of this state; and (4) passed
1826 an examination prescribed by the commissioner.

1827 [(b) Prior to December 30, 2001, an applicant for a license as a
1828 professional counselor may, in lieu of the requirements set forth in
1829 subsection (a) of this section, submit evidence satisfactory to the
1830 commissioner of having: (A) Earned at least a thirty-hour master's
1831 degree, sixth-year degree or doctoral degree from a regionally
1832 accredited institution of higher education with a major in social work,
1833 marriage and family therapy, counseling, psychology or forensic
1834 psychology; (B) practiced professional counseling for a minimum of
1835 two years within a five-year period immediately preceding
1836 application; and (C) passed an examination prescribed by the
1837 commissioner.]

1838 [(c)] (b) An applicant for licensure by endorsement shall present
1839 evidence satisfactory to the commissioner that the applicant is licensed
1840 or certified as a professional counselor, or as a person entitled to
1841 perform similar services under a different designation, in another state
1842 or jurisdiction whose requirements for practicing in such capacity are
1843 substantially similar to or higher than those of this state and that there
1844 are no disciplinary actions or unresolved complaints pending.

1845 (c) An applicant who is currently licensed or certified as a
1846 professional counselor or its equivalent in another state, territory or
1847 commonwealth of the United States may substitute three years of
1848 licensed or certified work experience in the practice of professional
1849 counseling in lieu of the requirements of subdivision (3) of subsection
1850 (a) of this section, provided the commissioner finds that such

1851 experience is equal to or greater than the requirements of this state.

1852 Sec. 37. Section 20-195n of the general statutes is repealed and the
1853 following is substituted in lieu thereof (*Effective October 1, 2014*):

1854 (a) No person shall practice clinical social work unless such person
1855 has obtained a license pursuant to this section.

1856 (b) An applicant for licensure as a master social worker shall: (1)
1857 Hold a master's degree from a social work program accredited by the
1858 Council on Social Work Education or, if educated outside the United
1859 States or its territories, have completed an educational program
1860 deemed equivalent by the council; and (2) pass the masters level
1861 examination of the Association of Social Work Boards or any other
1862 examination prescribed by the commissioner.

1863 (c) An applicant for licensure as a clinical social worker shall: (1)
1864 Hold a doctorate or master's degree from a social work program
1865 accredited by the Council on Social Work Education or, if educated
1866 outside the United States or its territories, have completed an
1867 educational program deemed equivalent by the council; (2) have three
1868 thousand hours post-master's social work experience which shall
1869 include not less than one hundred hours of work under professional
1870 supervision by a licensed clinical or certified independent social
1871 worker, provided on and after October 1, 2011, such hours completed
1872 in this state shall be as a licensed master social worker; and (3) pass the
1873 clinical level examination of the Association of Social Work Boards or
1874 any other examination prescribed by the commissioner. On and after
1875 October 1, 1995, any person certified as an independent social worker
1876 prior to October 1, 1995, shall be deemed licensed as a clinical social
1877 worker pursuant to this section, except a person certified as an
1878 independent social worker on and after October 1, 1990, shall not be
1879 deemed licensed as a clinical social worker pursuant to this chapter
1880 unless such person has satisfied the requirements of subdivision (3) of
1881 this subsection.

1882 (d) Notwithstanding the provisions of subsection (b) of this section,
1883 the commissioner may grant a license by endorsement to an applicant
1884 who presents evidence satisfactory to the commissioner that the
1885 applicant (1) is licensed or certified as a master social worker or clinical
1886 social worker in good standing in another state or jurisdiction whose
1887 requirements for practicing in such capacity are substantially similar to
1888 or higher than those of this state, and (2) has successfully completed
1889 the master level examination of the Association of Social Work Boards,
1890 or its successor organization, or any other examination prescribed by
1891 the commissioner. No license shall be issued under this subsection to
1892 any applicant against whom professional disciplinary action is
1893 pending or who is the subject of an unresolved complaint.

1894 (e) Notwithstanding the provisions of subsection (c) of this section,
1895 the commissioner may grant a license by endorsement to an applicant
1896 who presents evidence satisfactory to the commissioner that the
1897 applicant (1) is licensed or certified as a clinical social worker in good
1898 standing in another state or jurisdiction whose requirements for
1899 practicing in such capacity are substantially similar to or [higher]
1900 greater than those of this state, and (2) has successfully completed the
1901 clinical level examination of the Association of Social Work Boards, or
1902 its successor organization, or any other examination prescribed by the
1903 commissioner. No license shall be issued under this subsection to any
1904 applicant against whom professional disciplinary action is pending or
1905 who is the subject of an unresolved complaint.

1906 (f) Notwithstanding the provisions of this section, an applicant who
1907 is licensed or certified as a clinical social worker or its equivalent in
1908 another state, territory or commonwealth of the United States may
1909 substitute three years of licensed or certified work experience in the
1910 practice of clinical social work in lieu of the requirements of
1911 subdivision (2) of subsection (c) of this section, provided the
1912 commissioner finds that such experience is equal to or greater than the
1913 requirements of this state.

1914 Sec. 38. Section 20-252 of the general statutes is repealed and the

1915 following is substituted in lieu thereof (*Effective from passage*):

1916 No person shall engage in the occupation of registered hairdresser
1917 and cosmetician without having obtained a license from the
1918 department. Persons desiring such licenses shall apply in writing on
1919 forms furnished by the department. No license shall be issued, except a
1920 renewal of a license, to a registered hairdresser and cosmetician unless
1921 the applicant has shown to the satisfaction of the department that the
1922 applicant has complied with the laws and the regulations administered
1923 or adopted by the department. No applicant shall be licensed as a
1924 registered hairdresser and cosmetician, except by renewal of a license,
1925 until the applicant has made written application to the department,
1926 setting forth by affidavit that the applicant has successfully completed
1927 the [eighth] ninth grade and that the applicant has completed a course
1928 of not less than fifteen hundred hours of study in a school approved in
1929 accordance with the provisions of this chapter, in a school teaching
1930 hairdressing and cosmetology under the supervision of the State Board
1931 of Education, or, if trained outside of Connecticut, in a school teaching
1932 hairdressing and cosmetology whose requirements are equivalent to
1933 those of a Connecticut school and until the applicant has passed a
1934 written examination satisfactory to the department. Examinations
1935 required for licensure under this chapter shall be prescribed by the
1936 department with the advice and assistance of the board. The
1937 department shall establish a passing score for examinations with the
1938 advice and assistance of the board which shall be the same as the
1939 passing score established in section 20-236.

1940 Sec. 39. Section 20-413 of the general statutes is repealed and the
1941 following is substituted in lieu thereof (*Effective from passage*):

1942 Nothing in this chapter shall be construed as prohibiting:

1943 (1) Consulting with or disseminating research findings and scientific
1944 information to accredited academic institutions or governmental
1945 agencies or offering lectures to the public for a fee, monetary or
1946 otherwise;

1947 (2) The activities and services of a graduate student or speech and
1948 language pathology intern in speech and language pathology pursuing
1949 a course of study leading to a graduate degree in speech and language
1950 pathology at an accredited or approved college or university or a
1951 clinical training facility approved by the department, provided these
1952 activities and services constitute a part of his or her supervised course
1953 of study and that such person is designated as "Speech and Language
1954 Pathology Intern", "Speech and Language Pathology Trainee", or other
1955 such title clearly indicating the training status appropriate to [his] the
1956 level of training;

1957 (3) (A) A person from another state offering speech and language
1958 pathology services in this state, provided such services are performed
1959 for no more than five days in any calendar year and provided such
1960 person meets the qualifications and requirements for licensing in this
1961 state; or (B) a person from another state who is licensed or certified as a
1962 speech and language pathologist by a similar authority of another
1963 state, or territory of the United States, or of a foreign country or
1964 province whose standards are equivalent to or [higher] greater than, at
1965 the date of his or her certification or licensure, the requirements of this
1966 chapter and regulations adopted hereunder, or a person who meets
1967 such qualifications and requirements and resides in a state or territory
1968 of the United States, or a foreign country or province which does not
1969 grant certification or license to speech and language pathologists, from
1970 offering speech and language pathology services in this state for a total
1971 of not more than thirty days in any calendar year;

1972 (4) The activities and services of a person who meets the
1973 requirements of subdivisions (1) and (2) of subsection (a) of section 20-
1974 411, while such person is engaged in full or part-time employment in
1975 fulfillment of the professional employment requirement of subdivision
1976 (3) of said subsection (a);

1977 (5) The use of supervised support personnel to assist licensed
1978 speech and language pathologists with tasks that are (A) designed by
1979 the licensed speech and language pathologists being assisted, (B)

1980 routine, and (C) related to maintenance of assistive and prosthetic
1981 devices, recording and charting or implementation of evaluation or
1982 intervention plans. For purposes of this subdivision, "supervised"
1983 means (i) not more than three support personnel are assisting one
1984 licensed speech and language pathologist, (ii) in-person
1985 communication between the licensed speech and language pathologist
1986 and support personnel is available at all times, and (iii) the licensed
1987 speech and language pathologist provides the support personnel with
1988 regularly scheduled direct observation, guidance, direction and
1989 conferencing for not less than thirty per cent of client contact time for
1990 the support personnel's first ninety workdays and for not less than
1991 twenty per cent of client contact time thereafter; or

1992 (6) The provision of applied behavior analysis services by a board
1993 certified behavior analyst or a board certified assistant behavior
1994 analyst, as such terms are defined in section 20-185i, in accordance
1995 with section 10-76ii.

1996 Sec. 40. Subsection (a) of section 10a-155b of the general statutes is
1997 repealed and the following is substituted in lieu thereof (*Effective*
1998 *January 1, 2015*):

1999 (a) For [the 2002-2003] students who first enroll in the 2014-2015
2000 school year, and first enroll in each school year thereafter, each public
2001 or private college or university in this state shall require that each
2002 student who resides in on-campus housing be vaccinated against
2003 meningitis and submit evidence of having received a meningococcal
2004 conjugate vaccine not more than five years before enrollment as a
2005 condition of such residence. The provisions of this subsection shall not
2006 apply to any such student who (1) presents a certificate from a
2007 physician, [or] an advanced practice registered nurse or a physician
2008 assistant stating that, in the opinion of such physician, [or] advanced
2009 practice registered nurse or physician assistant, such vaccination is
2010 medically contraindicated because of the physical condition of such
2011 student, or (2) presents a statement that such vaccination would be
2012 contrary to the religious beliefs of such student.

2013 Sec. 41. Subdivision (4) of subsection (a) of section 20-74ee of the
2014 2014 supplement to the general statutes is repealed and the following
2015 is substituted in lieu thereof (*Effective October 1, 2014*):

2016 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
2017 20-74cc, inclusive, and this section shall be construed to: ~~[prohibit]~~ (A)
2018 Prohibit a nuclear medicine technologist, as defined in section 20-74uu,
2019 who ~~[(A)]~~ (i) has successfully completed the individual certification
2020 exam for computed tomography or magnetic resonance imaging
2021 administered by the American Registry of Radiologic Technologists,
2022 and ~~[(B)]~~ (ii) holds and maintains in good standing, computed
2023 tomography or magnetic resonance imaging certification by the
2024 American Registry of Radiologic Technologists, from fully operating a
2025 computed tomography or magnetic resonance imaging portion of a
2026 hybrid-fusion imaging system, including diagnostic imaging, in
2027 conjunction with a positron emission tomography or single-photon
2028 emission computed tomography imaging system; or (B) require a
2029 technologist who is certified by the International Society for Clinical
2030 Densitometry or the American Registry of Radiologic Technologists
2031 and who operates a bone densitometry system under the supervision,
2032 control and responsibility of a physician licensed pursuant to chapter
2033 370, to be licensed as a radiographer.

2034 Sec. 42. Subsection (k) of section 20-126l of the 2014 supplement to
2035 the general statutes is repealed and the following is substituted in lieu
2036 thereof (*Effective October 1, 2014*):

2037 (k) A licensee whose license has become void pursuant to section
2038 19a-88 and who applies to the department for reinstatement of such
2039 license, shall: (1) ~~[For a license that has been void for two years or less,~~
2040 ~~submit]~~ Submit evidence of completion of a minimum of twenty-four
2041 contact hours of qualifying ~~[continued education]~~ continuing
2042 education, as described in subsection (g) of this section, during the
2043 two-year period immediately preceding the application for
2044 reinstatement; or (2) ~~[for a license that has been void]~~ for an applicant
2045 who has not been in the active practice of dental hygiene for more than

2046 two years, submit evidence of successful completion of the National
2047 Board Dental Hygiene Examination, [or] the North East Regional
2048 Board of Dental Examiners Examination in Dental Hygiene or a
2049 refresher course approved by the department during the [year] one-
2050 year period immediately preceding the application for reinstatement.

2051 Sec. 43. Section 19a-29a of the general statutes is repealed and the
2052 following is substituted in lieu thereof (*Effective October 1, 2014*):

2053 (a) As used in this section, "environmental laboratory" means any
2054 facility or other area, including, but not limited to, an outdoor area
2055 where testing occurs, used for [biological, chemical, physical]
2056 microbiological, chemical, radiological or other [examination] analyte
2057 testing of drinking waters, ground waters, sea waters, rivers, streams
2058 and surface waters, recreational waters, fresh water sources,
2059 wastewaters, swimming pools, [air] construction, renovation and
2060 demolition building materials, soil, solid waste, [hazardous waste,
2061 food, food utensils] animal and plant tissues, sewage, sewage effluent,
2062 [or] sewage sludge or any other matrix for the purpose of providing
2063 information on the sanitary quality or the amount of pollution [and] or
2064 any substance prejudicial to health or the environment. For purposes
2065 of this section (1) "analyte" means a microbiological, chemical,
2066 radiological or other component of a matrix being measured by an
2067 analytical test, and (2) "matrix" means the substance or medium in
2068 which an analyte is contained, that may include drinking water or
2069 wastewater.

2070 (b) The Department of Public Health shall [, in its Public Health
2071 Code,] (1) adopt regulations, [and] in accordance with the provisions
2072 of chapter 54, to establish reasonable standards governing
2073 environmental laboratory operations and facilities, personnel
2074 qualifications, [and] certification for testing, levels of acceptable
2075 proficiency in testing programs approved by the department, the
2076 collection, acceptance and suitability of samples for analysis and such
2077 other pertinent laboratory functions, including the establishment of
2078 advisory committees, as may be necessary to [insure] ensure

2079 environmental quality, public health and safety, and (2) establish one
2080 or more schedules of the amounts of civil penalties that may be
2081 imposed under this section. Each registered environmental laboratory
2082 shall comply with all standards for environmental laboratories [set
2083 forth in the Public Health Code] established by the department and
2084 shall be subject to inspection by said department, including inspection
2085 of all records necessary to carry out the purposes of this section. The
2086 Commissioner of Public Health may revoke or otherwise limit the
2087 license of any environmental laboratory that fails to comply with the
2088 provisions of this section or regulations adopted under this section.

2089 (c) The Commissioner of Public Health shall determine whether it is
2090 necessary for the protection of the public health or the environment for
2091 an environmental laboratory to be registered and to have certification
2092 to conduct a test for an analyte in a matrix. If the commissioner
2093 determines that it is necessary for the environmental laboratory to be
2094 registered, such environmental laboratory shall obtain from the
2095 commissioner a certification to conduct such tests for analytes. No
2096 person shall operate, manage or control an environmental laboratory
2097 that tests for analytes for the purpose of providing information on the
2098 sanitary quality or the amount of pollution of any substance
2099 prejudicial to health or the environment for which the commissioner
2100 has determined registration and certification is required without
2101 having first registered and obtained such certification.

2102 (d) The commissioner shall, annually, publish a list setting forth all
2103 analytes and matrices for which a certification for testing is required.

2104 ~~[(c)]~~ (e) Each application for registration of an environmental
2105 laboratory [or application for approval] and for certification for testing
2106 any analyte shall be made on forms provided by said department, shall
2107 be accompanied by a fee of one thousand two hundred fifty dollars
2108 and shall be executed by the owner or owners or by a responsible
2109 officer [of the] authorized to do so by the agency, firm or corporation
2110 owning the environmental laboratory. Upon receipt of any such
2111 application, the department shall make such inspections and

2112 investigations as are necessary and shall deny registration [or
2113 approval] when operation of the environmental laboratory would be
2114 prejudicial to the health of the public. Registration [or approval] shall
2115 not be in force until notice of its effective date and term has been sent
2116 to the applicant.

2117 [(d)] (f) Each registration or certificate of approval shall be issued for
2118 a period of not less than twenty-four or more than twenty-seven
2119 months from [the] any deadline for applications established by the
2120 commissioner. Renewal applications shall be made (1) biennially
2121 within the twenty-fourth month of the current registration; [or
2122 certificate of approval;] (2) before any change in ownership [or change
2123 in director] is made; and (3) prior to any major expansion or alteration
2124 in, or changing of, quarters.

2125 [(e)] (g) This section shall not apply to any environmental laboratory
2126 [which] that only provides laboratory services or information for the
2127 agency, person, firm or corporation which owns or operates such
2128 laboratory. [and the fee required under subsection (c) of this section
2129 shall not be required of laboratories operated by a state agency.]

2130 (h) If, upon review, investigation or inspection, the Commissioner of
2131 Public Health determines an environmental laboratory has violated
2132 any provision of this section or regulations adopted under this section,
2133 the commissioner may impose a civil penalty not to exceed five
2134 thousand dollars per violation per day and issue such other orders as
2135 the commissioner determines necessary to protect the public health.
2136 Upon notice of imposition of the civil penalty, the commissioner shall
2137 provide the environmental laboratory with an opportunity for a
2138 hearing. Governmental immunity shall not be a defense against the
2139 imposition of any civil penalty imposed pursuant to this section. In
2140 determining the amount of the civil penalty to be imposed on an
2141 environmental laboratory, the commissioner shall consider the degree
2142 of the threat to public health or the environment, the amount necessary
2143 to achieve compliance, and the history of compliance of the
2144 environmental laboratory. Any order issued under this provision may

2145 be appealed in accordance with the provisions of section 4-183.

2146 (i) The failure of an environmental laboratory to pay a civil penalty
2147 imposed by the commissioner shall be grounds for revocation of the
2148 environmental laboratory's registration and certification for testing.

2149 (j) The commissioner may order an unregistered environmental
2150 laboratory to cease operations.

2151 (k) The commissioner may request the Attorney General to petition
2152 the Superior Court for an order to aid in enforcement of any provision
2153 of this section.

2154 Sec. 44. Section 20-482 of the general statutes is repealed and the
2155 following is substituted in lieu thereof (*Effective October 1, 2014*):

2156 Any person or entity who knowingly violates any provision of
2157 sections 20-474 to 20-481, inclusive, and subsections (e) and (f), of
2158 section 19a-88 or any regulation adopted thereunder, shall be fined not
2159 more than [one] five thousand dollars per violation per day and be
2160 subject to disciplinary action pursuant to section 19a-17.

2161 Sec. 45. Subsection (b) of section 20-402 of the general statutes is
2162 repealed and the following is substituted in lieu thereof (*Effective*
2163 *October 1, 2014*):

2164 (b) (1) Except as provided in subsection (c) of this section, for
2165 registration periods beginning on and after October 1, 2014, a licensee
2166 applying for license renewal shall earn not less than sixteen hours of
2167 continuing education within the preceding twenty-four-month period.
2168 Such continuing education shall consist of courses offered or approved
2169 by the [National Board of Certification in Hearing Instrument Sciences]
2170 International Hearing Society, the American Academy of Audiology or
2171 the American Speech-Language Hearing Association or such successor
2172 organizations as may be approved by the Commissioner of Public
2173 Health.

2174 (2) Each licensee applying for license renewal pursuant to section
2175 19a-88, except a licensee applying for a license renewal for the first
2176 time, shall sign a statement attesting that he or she has satisfied the
2177 continuing education requirements described in subdivision (1) of this
2178 subsection on a form prescribed by the department. Each licensee shall
2179 retain records of attendance or certificates of completion that
2180 demonstrate compliance with the continuing education requirements
2181 described in subdivision (1) of this subsection for not less than three
2182 years following the date on which the continuing education was
2183 completed. Each licensee shall submit such records to the department
2184 for inspection not later than forty-five days after a request by the
2185 department for such records.

2186 (3) In individual cases involving medical disability or illness, the
2187 commissioner may grant a waiver of the continuing education
2188 requirements or an extension of time within which to fulfill such
2189 requirements of this subsection to any licensee, provided the licensee
2190 submits to the department an application for waiver or extension of
2191 time on a form prescribed by the commissioner, along with a
2192 certification by a licensed physician of the disability or illness and such
2193 other documentation as may be required by the department. The
2194 commissioner may grant a waiver or extension for a period not to
2195 exceed one registration period, except that the commissioner may
2196 grant additional waivers or extensions if the medical disability or
2197 illness upon which a waiver or extension is granted continues beyond
2198 the period of the waiver or extension and the licensee applies for an
2199 additional waiver or extension.

2200 Sec. 46. Subsection (b) of section 20-9 of the 2014 supplement to the
2201 general statutes, as amended by section 138 of public act 13-234, is
2202 repealed and the following is substituted in lieu thereof (*Effective July*
2203 *1, 2014*):

2204 (b) The provisions of this chapter shall not apply to:

2205 (1) Dentists while practicing dentistry only;

2206 (2) Any person in the employ of the United States government while
2207 acting in the scope of his employment;

2208 (3) Any person who furnishes medical or surgical assistance in cases
2209 of sudden emergency;

2210 (4) Any person residing out of this state who is employed to come
2211 into this state to render temporary assistance to or consult with any
2212 physician or surgeon who has been licensed in conformity with the
2213 provisions of this chapter;

2214 (5) Any physician or surgeon residing out of this state who holds a
2215 current license in good standing in another state and who is employed
2216 to come into this state to treat, operate or prescribe for any injury,
2217 deformity, ailment or disease from which the person who employed
2218 such physician, or the person on behalf of whom such physician is
2219 employed, is suffering at the time when such nonresident physician or
2220 surgeon is so employed, provided such physician or surgeon may
2221 practice in this state without a Connecticut license for a period not to
2222 exceed thirty consecutive days;

2223 (6) Any person rendering service as (A) an advanced practice
2224 registered nurse if such service is rendered in collaboration with a
2225 licensed physician, or (B) an advanced practice registered nurse
2226 maintaining classification from the American Association of Nurse
2227 Anesthetists if such service is under the direction of a licensed
2228 physician;

2229 (7) Any nurse-midwife practicing nurse-midwifery in accordance
2230 with the provisions of chapter 377;

2231 (8) Any podiatrist licensed in accordance with the provisions of
2232 chapter 375;

2233 (9) Any Christian Science practitioner who does not use or prescribe
2234 in his practice any drugs, poisons, medicines, chemicals, nostrums or
2235 surgery;

2236 (10) Any person licensed to practice any of the healing arts named
2237 in section 20-1, who does not use or prescribe in his practice any drugs,
2238 medicines, poisons, chemicals, nostrums or surgery;

2239 (11) Any graduate of any school or institution giving instruction in
2240 the healing arts who has been issued a permit in accordance with
2241 subsection (a) of section 20-11a and who is serving as an intern,
2242 resident or medical officer candidate in a hospital;

2243 (12) Any student participating in a clinical clerkship program who
2244 has the qualifications specified in subsection (b) of section 20-11a;

2245 (13) Any person, otherwise qualified to practice medicine in this
2246 state except that he is a graduate of a medical school located outside of
2247 the United States or the Dominion of Canada which school is
2248 recognized by the American Medical Association or the World Health
2249 Organization, to whom the Connecticut Medical Examining Board,
2250 subject to such regulations as the Commissioner of Public Health, with
2251 advice and assistance from the board, prescribes, has issued a permit
2252 to serve as an intern or resident in a hospital in this state for the
2253 purpose of extending his education;

2254 (14) Any person rendering service as a physician assistant licensed
2255 pursuant to section 20-12b, a registered nurse, a licensed practical
2256 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
2257 as amended by this act, acting within the scope of regulations adopted
2258 pursuant to section 19a-179, as amended by this act, if such service is
2259 rendered under the supervision, control and responsibility of a
2260 licensed physician;

2261 (15) Any student enrolled in an accredited physician assistant
2262 program or paramedic program approved in accordance with
2263 regulations adopted pursuant to section 19a-179, as amended by this
2264 act, who is performing such work as is incidental to his course of
2265 study;

2266 (16) Any person who, on June 1, 1993, has worked continuously in

2267 this state since 1979 performing diagnostic radiology services and who,
2268 as of October 31, 1997, continued to render such services under the
2269 supervision, control and responsibility of a licensed physician solely
2270 within the setting where such person was employed on June 1, 1993;

2271 (17) Any person practicing athletic training, as defined in section 20-
2272 65f;

2273 (18) When deemed by the Connecticut Medical Examining Board to
2274 be in the public's interest, based on such considerations as academic
2275 attainments, specialty board certification and years of experience, to a
2276 foreign physician or surgeon whose professional activities shall be
2277 confined within the confines of a recognized medical school;

2278 (19) Any technician engaging in tattooing in accordance with the
2279 provisions of section 20-266o, as amended by this act, or 20-266p and
2280 any regulations adopted thereunder;

2281 (20) Any person practicing perfusion, as defined in section 20-162aa;
2282 [or]

2283 (21) Any foreign physician or surgeon (A) participating in
2284 supervised clinical training under the direct supervision and control of
2285 a physician or surgeon licensed in accordance with the provisions of
2286 this chapter, and (B) whose professional activities are confined to a
2287 licensed hospital that has a residency program accredited by the
2288 Accreditation Council for Graduate Medical Education or that is a
2289 primary affiliated teaching hospital of a medical school accredited by
2290 the Liaison Committee on Medical Education. Such hospital shall
2291 verify that the foreign physician or surgeon holds a current valid
2292 license in another country; or

2293 (22) Any person practicing as a nuclear medicine technologist, as
2294 defined in section 20-74uu, while performing under the supervision
2295 and direction of a physician licensed in accordance with the provisions
2296 of this chapter.

2297 Sec. 47. Section 20-13c of the general statutes is repealed and the
2298 following is substituted in lieu thereof (*Effective October 1, 2014*):

2299 The board is authorized to restrict, suspend or revoke the license or
2300 limit the right to practice of a physician or take any other action in
2301 accordance with section 19a-17, for any of the following reasons: (1)
2302 Physical illness or loss of motor skill, including, but not limited to,
2303 deterioration through the aging process; (2) emotional disorder or
2304 mental illness; (3) abuse or excessive use of drugs, including alcohol,
2305 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in
2306 the practice of medicine; (5) possession, use, prescription for use, or
2307 distribution of controlled substances or legend drugs, except for
2308 therapeutic or other medically proper purposes; (6) misrepresentation
2309 or concealment of a material fact in the obtaining or reinstatement of a
2310 license to practice medicine; (7) failure to adequately supervise a
2311 physician assistant; (8) failure to fulfill any obligation resulting from
2312 participation in the National Health Service Corps; (9) failure to
2313 maintain professional liability insurance or other indemnity against
2314 liability for professional malpractice as provided in subsection (a) of
2315 section 20-11b; (10) failure to provide information requested by the
2316 department for purposes of completing a health care provider profile,
2317 as required by section 20-13j; (11) engaging in any activity for which
2318 accreditation is required under section 19a-690 [or 19a-691] without the
2319 appropriate accreditation required by section 19a-690; [or 19a-691;] (12)
2320 failure to provide evidence of accreditation required under section 19a-
2321 690 [or 19a-691] as requested by the department pursuant to section
2322 19a-690; [or 19a-691;] (13) failure to comply with the continuing
2323 medical education requirements set forth in section 20-10b, as
2324 amended by this act; or (14) violation of any provision of this chapter
2325 or any regulation established hereunder. In each case, the board shall
2326 consider whether the physician poses a threat, in the practice of
2327 medicine, to the health and safety of any person. If the board finds that
2328 the physician poses such a threat, the board shall include such finding
2329 in its final decision and act to suspend or revoke the license of said
2330 physician.

2331 Sec. 48. Section 19a-194 of the general statutes is repealed and the
2332 following is substituted in lieu thereof (*Effective October 1, 2014*):

2333 (a) A motorcycle equipped to handle medical emergencies shall be
2334 deemed a rescue vehicle. [for the purposes of section 19a-181.] The
2335 commissioner shall issue a safety certificate to such motorcycle upon
2336 examination of such vehicle and a determination that such motorcycle
2337 (1) is in satisfactory mechanical condition, (2) is as safe to operate as
2338 the average motorcycle, and (3) is equipped with such emergency
2339 medical equipment as may be required by subsection (b) of this
2340 section.

2341 (b) The commissioner shall annually issue a list specifying the
2342 minimum equipment that a motorcycle must carry to operate as a
2343 rescue vehicle pursuant to this section. Such equipment shall include
2344 those items that would enable an emergency medical technician,
2345 paramedic or other individual similarly trained to render to a person
2346 requiring emergency medical assistance the maximum benefit possible
2347 from the operation of such motorcycle rescue vehicle.

2348 Sec. 49. Section 20-71 of the general statutes is repealed and the
2349 following is substituted in lieu thereof (*Effective October 1, 2014*):

2350 (a) The Department of Public Health may issue a license to practice
2351 physical therapy without examination, on payment of a fee of two
2352 hundred twenty-five dollars, to an applicant who is a physical
2353 therapist registered or licensed under the laws of any other state or
2354 territory of the United States, any province of Canada or any other
2355 country, if the requirements for registration or licensure of physical
2356 therapists in such state, territory, province or country are deemed by
2357 the department to be equivalent to, or higher than those prescribed in
2358 this chapter.

2359 (b) The department may issue a physical therapist assistant license
2360 without examination, on payment of a fee of one hundred fifty dollars,
2361 to an applicant who is a physical therapist assistant registered or

2362 licensed under the laws of any other state or territory of the United
2363 States, any province of Canada or any other country, if the
2364 requirements for registration or licensure of physical therapist
2365 assistants in such state, territory, province or country are deemed by
2366 the department to be equivalent to, or higher than those prescribed in
2367 this chapter.

2368 (c) Notwithstanding the provisions of section 20-70, prior to April
2369 30, 2007, the commissioner may issue a physical therapist assistant
2370 license to any applicant who presents evidence satisfactory to the
2371 commissioner of having completed twenty years of employment as a
2372 physical therapist assistant prior to October 1, 1989, on payment of a
2373 fee of one hundred fifty dollars.

2374 (d) Notwithstanding the provisions of section 20-70, the
2375 commissioner may issue a physical therapist assistant license to any
2376 applicant who presents evidence satisfactory to the commissioner of
2377 having registered as a physical therapist assistant with the Department
2378 of Public Health on or before April 1, 2006, on payment of a fee of one
2379 hundred fifty dollars.

2380 (e) Notwithstanding the provisions of section 20-70, prior to July 1,
2381 2015, the commissioner may issue a physical therapist assistant license
2382 to any applicant who presents evidence satisfactory to the
2383 commissioner of having been eligible to register as a physical therapist
2384 assistant with the Department of Public Health on or before April 1,
2385 2006, on payment of a fee of one hundred fifty dollars.

2386 Sec. 50. Section 19a-492d of the general statutes is repealed and the
2387 following is substituted in lieu thereof (*Effective October 1, 2014*):

2388 On and after October 1, 2007, a nurse who is employed by an agency
2389 licensed by the Department of Public Health as a home health care
2390 agency or a homemaker-home health aide agency may administer
2391 influenza and pneumococcal [polysaccharide] vaccines to persons in
2392 their homes, after an assessment for contraindications, without a

2393 physician's order in accordance with a physician-approved agency
2394 policy that includes an anaphylaxis protocol. In the event of an adverse
2395 reaction to the vaccine, such nurse may also administer epinephrine or
2396 other anaphylaxis medication without a physician's order in
2397 accordance with the physician-approved agency policy. For purposes
2398 of this section, "nurse" means an advanced practice registered nurse,
2399 registered nurse or practical nurse licensed under chapter 378.

2400 Sec. 51. Section 19a-193a of the general statutes is repealed and the
2401 following is substituted in lieu thereof (*Effective October 1, 2014*):

2402 (a) Except as provided in subsection (b) of this section and subject to
2403 the provisions of sections 19a-177, as amended by this act, 38a-498 and
2404 38a-525, any person who receives emergency medical treatment
2405 services or transportation services from a licensed ambulance service,
2406 [or] certified ambulance service or paramedic intercept service shall be
2407 liable to such ambulance service for the reasonable and necessary costs
2408 of providing such services, irrespective of whether such person agreed
2409 or consented to such liability.

2410 (b) The provisions of this section shall not apply to any person who
2411 receives emergency medical treatment services or transportation
2412 services from a licensed ambulance service, [or] certified ambulance
2413 service or paramedic intercept service for an injury arising out of and
2414 in the course of his employment as defined in section 31-275.

2415 Sec. 52. Subsection (e) of section 14-100a of the general statutes is
2416 repealed and the following is substituted in lieu thereof (*Effective*
2417 *October 1, 2014*):

2418 (e) (1) Any person who transports an individual who remains in a
2419 wheelchair while being transferred into and out of a vehicle, in any
2420 motor vehicle on the highways of this state, shall provide and require
2421 the use of a device designed to secure individuals in wheelchairs while
2422 transferring such individuals from the ground to the vehicle and from
2423 the time the motor vehicle is brought to a stop until such individuals

2424 are transferred from the vehicle to the ground. Such device shall be
2425 located in the motor vehicle at all times. The Commissioner of Motor
2426 Vehicles may, after consultation with the Departments of
2427 Transportation and Public Health, establish regulations to implement
2428 the provisions of this section and sections 13b-105 and 14-102a,
2429 subsection (d) of section 14-103, subsection (a) of section 14-275 and
2430 subsection (a) of section 19a-180, as amended by this act.

2431 (2) The following motor vehicles registered in this state for the first
2432 time on or after October 1, 2007, that transport individuals who remain
2433 in wheelchairs while being transported, shall, in addition to the
2434 requirements of subdivision (1) of this subsection, install or provide
2435 and require the use of a device that secures the wheelchair to the motor
2436 vehicle's mechanical lift or otherwise prevents or seeks to prevent an
2437 individual in a wheelchair from falling from such mechanical lift or
2438 motor vehicle: (A) Motor vehicles in livery service, as defined in
2439 section 13b-101, (B) service buses, as defined in section 14-1, (C) invalid
2440 coaches, as defined in subdivision (11) of section 19a-175, as amended
2441 by this act, (D) vanpool vehicles, as defined in section 14-1, (E) school
2442 buses, as defined in section 14-1, (F) motor buses, as defined in section
2443 14-1, (G) student transportation vehicles, as defined in section 14-212,
2444 and (H) camp vehicles, as defined in section 14-1. The provisions of
2445 this subsection shall also apply to all motor vehicles used by
2446 municipal, volunteer and commercial ambulance services [,] and
2447 rescue services, [and management services, as defined in subdivision
2448 (19) of] as defined in section 19a-175, as amended by this act.

2449 (3) Violation of any provision of this subsection is an infraction.

2450 Sec. 53. Subdivision (3) of subsection (b) of section 20-87a of the
2451 general statutes, as amended by section 1 of public act 14-12, is
2452 repealed and the following is substituted in lieu thereof (*Effective July*
2453 *1, 2014*):

2454 (3) An advanced practice registered nurse having (A) been issued a
2455 license pursuant to section 20-94a, (B) maintained such license for a

2456 period of not less than three years, and (C) engaged in the performance
2457 of advanced practice level nursing activities in collaboration with a
2458 physician for a period of not less than three years and not less than two
2459 thousand hours in accordance with the provisions of subdivision (2) of
2460 this subsection, may, thereafter, alone or in collaboration with a
2461 physician or another health care provider licensed to practice in this
2462 state: (i) Perform the acts of diagnosis and treatment of alterations in
2463 health status, as described in subsection (a) of this section; and (ii)
2464 prescribe, dispense and administer medical therapeutics and corrective
2465 measures and dispense drugs in the form of professional samples as
2466 described in subdivision (2) of this subsection in all settings. Any
2467 advanced practice registered nurse electing to practice not in
2468 collaboration with a physician in accordance with the provisions of
2469 this subdivision shall maintain documentation of having engaged in
2470 the performance of advanced practice level nursing activities in
2471 collaboration with a physician for a period of not less than three years
2472 and not less than two thousand hours. Such advanced practice
2473 registered nurse shall maintain such documentation for a period of not
2474 less than three years after completing such requirements and shall
2475 submit such documentation to the Department of Public Health for
2476 inspection not later than forty-five days after a request made by the
2477 department for such documentation. Any such advanced practice
2478 registered nurse shall submit written notice to the Commissioner of
2479 Public Health of his or her intention to practice without collaboration
2480 with a physician after completing the requirements described in this
2481 subdivision and prior to beginning such practice.

2482 Sec. 54. Subsection (b) of section 4 of public act 14-12 is repealed and
2483 the following is substituted in lieu thereof (*Effective from passage*):

2484 (b) Except as provided in this section, for registration periods
2485 beginning on and after October 1, 2014, a licensee applying for license
2486 renewal shall earn a minimum of fifty contact hours of continuing
2487 education within the preceding twenty-four-month period. Such
2488 continuing education shall: (1) Be in an area of the advanced practice

2489 registered nurse's practice; (2) reflect the professional needs of the
2490 licensee in order to meet the health care needs of the public; [and] (3)
2491 include at least five contact hours of training or education in
2492 pharmacotherapeutics; and (4) include at least one contact hour of
2493 training or education in each of the following topics: (A) Infectious
2494 diseases, including, but not limited to, acquired immune deficiency
2495 syndrome and human immunodeficiency virus, (B) risk management,
2496 (C) sexual assault, (D) domestic violence, (E) cultural competency, and
2497 (F) substance abuse. For purposes of this section, qualifying continuing
2498 education activities include, but are not limited to, courses, including
2499 on-line courses, offered or approved by the American Nurses
2500 Association, Connecticut Hospital Association, Connecticut Nurses
2501 Association, Connecticut League for Nursing, a specialty nursing
2502 society or an equivalent organization in another jurisdiction, an
2503 educational offering sponsored by a hospital or other health care
2504 institution or a course offered by a regionally accredited academic
2505 institution or a state or local health department. The commissioner
2506 may grant a waiver of not more than ten contact hours of continuing
2507 education for an advanced practice registered nurse who: [(A)] (i)
2508 Engages in activities related to the advanced practice registered nurse's
2509 service as a member of the Connecticut State Board of Examiners for
2510 Nursing, established pursuant to section 20-88 of the general statutes;
2511 or [(B)] (ii) assists the department with its duties to boards and
2512 commissions as described in section 19a-14 of the general statutes.

2513 Sec. 55. (NEW) (*Effective October 1, 2014*) Any person engaged in the
2514 business of funeral directing and any funeral director, as such terms
2515 are defined in section 20-207 of the general statutes, as amended by
2516 this act, may serve nonalcoholic beverages and packaged food, as
2517 defined in section 21a-151 of the general statutes, to a person at the
2518 time he or she is making funeral arrangements or arranging for
2519 disposition of a dead human body at a funeral home.

2520 Sec. 56. Subdivision (3) of section 20-207 of the general statutes is
2521 repealed and the following is substituted in lieu thereof (*Effective*

2522 October 1, 2014):

2523 (3) "Funeral directing" means the business, practice or profession, as
2524 commonly practiced, of (A) directing or supervising funerals, or
2525 providing funeral services; (B) handling or encasing or providing
2526 services for handling and encasing dead human bodies, otherwise than
2527 by embalming, for burial or disposal; (C) providing embalming
2528 services; (D) providing transportation, interment and disinterment of
2529 dead human bodies; (E) maintaining an establishment so located,
2530 constructed and equipped as to permit the decent and sanitary
2531 handling of dead human bodies, with suitable equipment in such
2532 establishment for such handling; [and] (F) conducting an establishment
2533 from which funerals may be held; (G) engaging in consultations
2534 concerning arrangements for the disposition of human remains,
2535 including, but not limited to, arrangements for cremation or alkaline
2536 hydrolysis; (H) casketing human remains; (I) making cemetery and
2537 cremation arrangements; and (J) preparing funeral service contracts, as
2538 defined in section 42-200;

2539 Sec. 57. (NEW) (*Effective October 1, 2014*) (a) Except as provided in
2540 subsection (e) of this section, for registration periods beginning on and
2541 after October 1, 2014, each psychologist licensed in accordance with
2542 chapter 383 of the general statutes shall complete a minimum of ten
2543 hours of continuing education during each registration period. For
2544 purposes of this section, "registration period" means the twelve-month
2545 period for which a license has been renewed in accordance with the
2546 provisions of section 19a-88 of the general statutes and is current and
2547 valid.

2548 (b) Qualifying continuing education activities shall be related to the
2549 practice of psychology and shall include courses, seminars, workshops,
2550 conferences and postdoctoral institutes offered or approved by: (1) The
2551 American Psychological Association; (2) a regionally accredited
2552 institution of higher education graduate program; (3) a nationally
2553 recognized provider of continuing education seminars; (4) the
2554 Department of Mental Health and Addiction Services; or (5) a

2555 behavioral science organization that is professionally or scientifically
2556 recognized. Not more than five continuing education units during
2557 each registration period shall be completed via the Internet, distance
2558 learning or home study. Qualifying continuing education activities
2559 may include a licensee's research-based presentation at a professional
2560 conference, provided not more than five continuing education units
2561 during each registration period shall be completed by such activities. A
2562 licensee who has earned a diploma from the American Board of
2563 Professional Psychology during the registration period may substitute
2564 the diploma for continuing education requirements for such
2565 registration period. For purposes of this section, "continuing education
2566 unit" means fifty to sixty minutes of participation in accredited
2567 continuing professional education.

2568 (c) Each licensee shall obtain a certificate of completion from a
2569 provider of continuing education for all continuing education activities
2570 that are successfully completed and shall retain such certificate for not
2571 less than three years after the license renewal date for which the
2572 continuing education activity was completed. Upon the request of the
2573 Commissioner of Public Health a licensee shall submit such certificate
2574 to the Department of Public Health. A licensee who fails to comply
2575 with the continuing education requirements prescribed in this section
2576 may be subject to disciplinary action pursuant to section 20-192 of the
2577 general statutes.

2578 (d) A licensee applying for license renewal for the first time shall be
2579 exempt from the continuing education requirements under subsection
2580 (a) of this section. In individual cases involving medical disability or
2581 illness, the Commissioner of Public Health may grant a waiver of the
2582 continuing education requirements or an extension of time within
2583 which to fulfill the continuing education requirements of this section to
2584 any licensee, provided the licensee submits to the department an
2585 application for waiver or extension of time on a form prescribed by the
2586 commissioner, along with a certification by a licensed physician of the
2587 disability or illness and such other documentation as may be required

2588 by the commissioner. The commissioner may grant a waiver or
2589 extension for a period not to exceed one registration period, except the
2590 commissioner may grant additional waivers or extensions if the
2591 medical disability or illness upon which a waiver or extension is
2592 granted continues beyond the period of the waiver or extension and
2593 the licensee applies for an additional waiver or extension. The
2594 commissioner may grant a waiver of the continuing education
2595 requirements to a licensee who is not engaged in active professional
2596 practice, in any form, during a registration period, provided the
2597 licensee submits a notarized application on a form prescribed by the
2598 commissioner prior to the end of the registration period. A licensee
2599 who is granted a waiver under the provisions of this subsection may
2600 not engage in professional practice until the licensee has met the
2601 continuing education requirements of this section.

2602 (e) Any licensee granted a waiver of the continuing education
2603 requirements pursuant to the provisions of subsection (d) of this
2604 section shall be required to complete five hours of continuing
2605 education not later than six months after the date on which such
2606 licensee returns to active practice. In addition, such licensee shall
2607 comply with the certificate of completion requirements prescribed in
2608 subsection (c) of this section.

2609 (f) Any licensee whose license has become void pursuant to section
2610 19a-88 of the general statutes for one year or more and who applies to
2611 the department for reinstatement of such license pursuant to section
2612 19a-14 of the general statutes shall submit with such application
2613 evidence documenting that such applicant has successfully completed
2614 ten hours of continuing education within the one-year period
2615 immediately preceding the date of application for reinstatement.

2616 (g) The commissioner may accept continuing education activities
2617 completed by a licensee in another state or country to meet the
2618 requirements of this section.

2619 Sec. 58. Subsection (d) of section 20-195c of the 2014 supplement to

2620 the general statutes is repealed and the following is substituted in lieu
2621 thereof (*Effective October 1, 2014*):

2622 (d) Notwithstanding the provisions of this section, an applicant who
2623 is currently licensed or certified as a marital or marriage and family
2624 therapist in another state, territory or commonwealth of the United
2625 States that does not maintain standards for licensure or certification
2626 that are equivalent to or higher than the standards in this state may
2627 substitute [five] three years of licensed or certified work experience in
2628 the practice of marital and family therapy, as defined in section 20-
2629 195a, in lieu of the requirements of subdivisions (2) and (3) of
2630 subsection (a) of this section.

2631 Sec. 59. Subsection (b) of section 20-7c of the general statutes is
2632 repealed and the following is substituted in lieu thereof (*Effective*
2633 *October 1, 2014*):

2634 (b) Except as provided for in subsection (e) of this section, a
2635 provider shall (1) supply to a patient upon request complete and
2636 current information possessed by that provider concerning any
2637 diagnosis, treatment and prognosis of the patient, and (2) notify a
2638 patient of any test results in the provider's possession or requested by
2639 the provider for the purposes of diagnosis, treatment or prognosis of
2640 such patient. In addition, upon the request of a patient or a provider
2641 who orders medical tests on behalf of a patient, a clinical laboratory
2642 shall provide medical test results relating to the patient to (A) the
2643 patient, or (B) any other provider who is treating the patient for the
2644 purposes of diagnosis, treatment or prognosis of such patient.

2645 Sec. 60. Subsections (a) to (c), inclusive, of section 19a-6n of the 2014
2646 supplement to the general statutes are repealed and the following is
2647 substituted in lieu thereof (*Effective October 1, 2014*):

2648 (a) There is established an advisory council on pediatric
2649 autoimmune neuropsychiatric disorder associated with streptococcal
2650 infections and pediatric acute neuropsychiatric syndrome to advise the

2651 Commissioner of Public Health on research, diagnosis, treatment and
2652 education relating to said disorder and syndrome.

2653 (b) The advisory council shall consist of the following members,
2654 who shall be appointed by the Commissioner of Public Health:

2655 (1) An immunologist licensed and practicing in the state who has
2656 experience treating persons with pediatric autoimmune
2657 neuropsychiatric disorder associated with streptococcal infections and
2658 pediatric acute neuropsychiatric syndrome and the use of intravenous
2659 immunoglobulin;

2660 (2) A health care provider licensed and practicing in the state who
2661 has expertise in treating persons with pediatric autoimmune
2662 neuropsychiatric disorder associated with streptococcal infections and
2663 pediatric acute neuropsychiatric syndrome and autism;

2664 (3) A representative of the Connecticut branch of the P.A.N.D.A.S.
2665 Resource Network;

2666 (4) An osteopathic physician licensed and practicing in the state
2667 who has experience treating persons with pediatric autoimmune
2668 neuropsychiatric disorder associated with streptococcal infections and
2669 pediatric acute neuropsychiatric syndrome;

2670 (5) A health care provider licensed and practicing in the state who
2671 has expertise in treating persons with Lyme disease and other tick-
2672 borne illnesses;

2673 (6) A medical researcher with experience conducting research
2674 concerning pediatric autoimmune neuropsychiatric disorder
2675 associated with streptococcal infections, pediatric acute
2676 neuropsychiatric syndrome, obsessive-compulsive disorder, tic
2677 disorder and other neurological disorders;

2678 (7) A certified dietitian-nutritionist practicing in the state who
2679 provides services to children with autism spectrum disorder, attention-

2680 deficit hyperactivity disorder and other neuro-developmental
2681 conditions;

2682 (8) A representative of a professional organization in the state for
2683 school psychologists;

2684 (9) A child psychiatrist who has experience treating persons with
2685 pediatric autoimmune neuropsychiatric disorder associated with
2686 streptococcal infections and pediatric acute neuropsychiatric
2687 syndrome;

2688 (10) A representative of a professional organization in the state for
2689 school nurses;

2690 (11) A pediatrician who has experience treating persons with
2691 pediatric autoimmune neuropsychiatric disorder associated with
2692 streptococcal infections and pediatric acute neuropsychiatric
2693 syndrome;

2694 (12) A representative of an organization focused on autism;

2695 (13) A parent with a child who has been diagnosed with pediatric
2696 autoimmune neuropsychiatric disorder associated with streptococcal
2697 infections or pediatric acute neuropsychiatric syndrome and autism;
2698 and

2699 (14) A social worker licensed and practicing in the state.

2700 (c) A representative of the Department of Education Bureau of
2701 Special Education shall be a member and the chairpersons of the joint
2702 standing committee of the General Assembly having cognizance of
2703 matters relating to public health, or the chairpersons' designees, shall
2704 be members of the [task force] advisory council.

2705 Sec. 61. Section 19a-551 of the 2014 supplement to the general
2706 statutes is repealed and the following is substituted in lieu thereof
2707 (*Effective October 1, 2014*):

2708 Each nursing home facility shall: (1) On or before the admission of
2709 each patient provide such patient or such patient's legally liable
2710 relative, guardian or conservator with a written statement explaining
2711 such patient's rights regarding the patient's personal funds and listing
2712 the charges that may be deducted from such funds. Such statement
2713 shall explain that the nursing home facility shall on and after October
2714 1, 1992, pay interest at a rate not less than four per cent per annum and
2715 on and after October 1, 1994, pay interest at a rate not less than five
2716 and one-half per cent per annum on any security deposit or other
2717 advance payment required of such patient prior to admission to the
2718 nursing home facility. In the case of patients receiving benefits under
2719 Title XVIII or XIX of the federal Social Security Act the statement shall
2720 include a list of charges not covered by said titles and not covered by
2721 the basic per diem rate provided by said titles. Upon delivery of such
2722 statement the person in charge of the nursing home facility shall obtain
2723 a signed receipt acknowledging such delivery; (2) upon written
2724 consent or request of the patient or the patient's legally liable relative,
2725 guardian or conservator, manage such patient's personal funds,
2726 provided such consent by a patient shall not be effective unless
2727 cosigned by the patient's legally liable relative or guardian if such
2728 patient has been determined by a physician to be mentally incapable of
2729 understanding and no conservator has been appointed. As manager of
2730 such personal funds the nursing home facility shall: (A) Either
2731 maintain separate accounts for each patient or maintain an aggregate
2732 trust account for patients' funds to prevent commingling the personal
2733 funds of patients with the funds of such facility. Such facility shall
2734 notify in writing each patient receiving Medicaid assistance or such
2735 patient's legally liable relative, guardian or conservator when the
2736 amount in the patient's account reaches two hundred dollars less than
2737 the dollar amount determined under the Medicaid program as the
2738 maximum for eligibility under the program and advise the patient or
2739 such patient's legally liable relative, guardian or conservator that if the
2740 amount in the account plus the value of the patient's other nonexempt
2741 resources reaches the maximum the patient may lose his or her
2742 Medicaid eligibility; (B) obtain signed receipts for each expenditure

2743 from each patient's personal funds; (C) maintain an individual
2744 itemized record of income and expenditures for each patient, including
2745 quarterly accountings; and (D) permit the patient or the patient's
2746 legally liable relative, guardian or conservator, and the regional long-
2747 term care ombudsman, and representatives from the Departments of
2748 Social Services and Public Health, access to such record; and (3) (A)
2749 refund any overpayment or deposit from a former patient or such
2750 patient's legally liable relative, guardian or conservator not later than
2751 thirty days after the patient's discharge and (B) refund any deposit
2752 from an individual planning to be admitted to such facility not later
2753 than thirty days [of] after receipt of written notification that the
2754 individual is no longer planning to be admitted. A refund issued after
2755 thirty days shall include interest at a rate of ten per cent per annum.
2756 For the purposes of this section "deposit" shall include liquidated
2757 damages under any contract for pending admission.

2758 Sec. 62. Subsection (a) of section 20-101a of the 2014 supplement to
2759 the general statutes is repealed and the following is substituted in lieu
2760 thereof (*Effective October 1, 2014*):

2761 (a) A registered nurse, licensed under this chapter, in charge in a
2762 hospice, nursing home facility, as defined in section 19a-521, or
2763 residential care home, as defined in section 19a-521, or a registered
2764 nurse, licensed under this chapter or a registered nurse employed by a
2765 home health care agency licensed by the state of Connecticut, in a
2766 home or residence may make the actual determination and
2767 pronouncement of death of a patient provided that the following
2768 conditions are satisfied: (1) The death is an anticipated death; (2) the
2769 registered nurse attests to such pronouncement on the certificate of
2770 death; and (3) the registered nurse, an advanced practice registered
2771 nurse licensed under this chapter, or a physician licensed under
2772 chapter 370 certifies the death and signs the certificate of death not
2773 later than twenty-four hours after the pronouncement.

2774 Sec. 63. Subsection (d) of section 5-259d of the 2014 supplement to
2775 the general statutes is repealed and the following is substituted in lieu

2776 thereof (*Effective July 1, 2014*):

2777 (d) No state employee shall be deemed ineligible for any benefit
2778 under this section or under any other provision of this chapter solely
2779 because such employee's leave time is classified as recess or other
2780 equivalent leave time rather than vacation time pursuant to the
2781 provisions of a collective bargaining agreement, including a collective
2782 bargaining agreement covering a state employee in a teaching,
2783 instructional or professional position in Unified School District #1 [,] or
2784 #2 or, prior to July 1, 2014, Unified School District #3.

2785 Sec. 64. Section 10-15d of the general statutes is repealed and the
2786 following is substituted in lieu thereof (*Effective July 1, 2014*):

2787 For the fiscal year beginning July 1, 1987, and annually thereafter,
2788 all provisions of the general statutes concerning education, except
2789 those provisions relating to the eligibility for noncompetitive state aid
2790 unless otherwise provided, shall apply to the operation of the State of
2791 Connecticut-Unified School District #2 established pursuant to section
2792 17a-37 within the Department of Children and Families [,] and State of
2793 Connecticut-Unified School District #1 established pursuant to section
2794 18-99a within the Department of Correction. [and State of Connecticut-
2795 Unified School District #3 established pursuant to section 17a-240
2796 within the Department of Developmental Services.] All provisions of
2797 the general statutes concerning education, except those provisions
2798 relating to the eligibility for state aid unless otherwise provided, shall
2799 apply to the operation of the technical high schools established
2800 pursuant to the provisions of section 10-95. Notwithstanding the
2801 provisions of this section, where such a school or school district shows
2802 that a particular statutory provision should not apply, the
2803 commissioner may grant an exception.

2804 Sec. 65. Subdivisions (2) and (3) of subsection (e) of section 10-76d of
2805 the 2014 supplement to the general statutes are repealed and the
2806 following is substituted in lieu thereof (*Effective July 1, 2014*):

2807 (2) For purposes of this subdivision, "public agency" includes the
2808 offices of a government of a federally recognized Native American
2809 tribe. Notwithstanding any other provisions of the general statutes, for
2810 the fiscal year ending June 30, 1987, and each fiscal year thereafter,
2811 whenever a public agency, other than a local or regional board of
2812 education, the State Board of Education or the Superior Court acting
2813 pursuant to section 10-76h, places a child in a foster home, group
2814 home, hospital, state institution, receiving home, custodial institution
2815 or any other residential or day treatment facility, and such child
2816 requires special education, the local or regional board of education
2817 under whose jurisdiction the child would otherwise be attending
2818 school or, if no such board can be identified, the local or regional board
2819 of education of the town where the child is placed, shall provide the
2820 requisite special education and related services to such child in
2821 accordance with the provisions of this section. Within one business day
2822 of such a placement by the Department of Children and Families or
2823 offices of a government of a federally recognized Native American
2824 tribe, said department or offices shall orally notify the local or regional
2825 board of education responsible for providing special education and
2826 related services to such child of such placement. The department or
2827 offices shall provide written notification to such board of such
2828 placement within two business days of the placement. Such local or
2829 regional board of education shall convene a planning and placement
2830 team meeting for such child within thirty days of the placement and
2831 shall invite a representative of the Department of Children and
2832 Families or offices of a government of a federally recognized Native
2833 American tribe to participate in such meeting. (A) The local or regional
2834 board of education under whose jurisdiction such child would
2835 otherwise be attending school shall be financially responsible for the
2836 reasonable costs of such special education and related services in an
2837 amount equal to the lesser of one hundred per cent of the costs of such
2838 education or the average per pupil educational costs of such board of
2839 education for the prior fiscal year, determined in accordance with the
2840 provisions of subsection (a) of section 10-76f. The State Board of
2841 Education shall pay on a current basis, except as provided in

2842 subdivision (3) of this subsection, any costs in excess of such local or
2843 regional board's basic contributions paid by such board of education in
2844 accordance with the provisions of this subdivision. (B) Whenever a
2845 child is placed pursuant to this subdivision, on or after July 1, 1995, by
2846 the Department of Children and Families and the local or regional
2847 board of education under whose jurisdiction such child would
2848 otherwise be attending school cannot be identified, the local or
2849 regional board of education under whose jurisdiction the child
2850 attended school or in whose district the child resided at the time of
2851 removal from the home by said department shall be responsible for the
2852 reasonable costs of special education and related services provided to
2853 such child, for one calendar year or until the child is committed to the
2854 state pursuant to section 46b-129 or 46b-140 or is returned to the child's
2855 parent or guardian, whichever is earlier. If the child remains in such
2856 placement beyond one calendar year the Department of Children and
2857 Families shall be responsible for such costs. During the period the local
2858 or regional board of education is responsible for the reasonable cost of
2859 special education and related services pursuant to this subparagraph,
2860 the board shall be responsible for such costs in an amount equal to the
2861 lesser of one hundred per cent of the costs of such education and
2862 related services or the average per pupil educational costs of such
2863 board of education for the prior fiscal year, determined in accordance
2864 with the provisions of subsection (a) of section 10-76f. The State Board
2865 of Education shall pay on a current basis, except as provided in
2866 subdivision (3) of this subsection, any costs in excess of such local or
2867 regional board's basic contributions paid by such board of education in
2868 accordance with the provisions of this subdivision. The costs for
2869 services other than educational shall be paid by the state agency which
2870 placed the child. The provisions of this subdivision shall not apply to
2871 the school districts established within the Department of Children and
2872 Families, pursuant to section 17a-37 [.] or the Department of
2873 Correction, pursuant to section 18-99a, [or the Department of
2874 Developmental Services, pursuant to section 17a-240,] provided in any
2875 case in which special education is being provided at a private
2876 residential institution, including the residential components of regional

2877 educational service centers, to a child for whom no local or regional
2878 board of education can be found responsible under subsection (b) of
2879 this section, Unified School District #2 shall provide the special
2880 education and related services and be financially responsible for the
2881 reasonable costs of such special education instruction for such
2882 children. Notwithstanding the provisions of this subdivision, for the
2883 fiscal years ending June 30, 2004, to June 30, 2007, inclusive, and for the
2884 fiscal years ending June 30, 2010, to June 30, 2015, inclusive, the
2885 amount of the grants payable to local or regional boards of education
2886 in accordance with this subdivision shall be reduced proportionately if
2887 the total of such grants in such year exceeds the amount appropriated
2888 for the purposes of this subdivision for such year.

2889 (3) Payment for children who require special education and who
2890 reside on state-owned or leased property, and who are not the
2891 educational responsibility of the unified school districts established
2892 pursuant to section 17a-37 [, section 17a-240] or section 18-99a, shall be
2893 made in the following manner: The State Board of Education shall pay
2894 to the school district which is responsible for providing instruction for
2895 each such child pursuant to the provisions of this subsection one
2896 hundred per cent of the reasonable costs of such instruction. In the
2897 fiscal year following such payment, the State Board of Education shall
2898 deduct from the special education grant due the local or regional board
2899 of education under whose jurisdiction the child would otherwise be
2900 attending school, where such board has been identified, the amount
2901 for which such board would otherwise have been financially
2902 responsible pursuant to the provisions of subdivision (2) of this
2903 subsection. No such deduction shall be made for any school district
2904 which is responsible for providing special education instruction for
2905 children whose parents or legal guardians do not reside within such
2906 district. The amount deducted shall be included as a net cost of special
2907 education by the Department of Education for purposes of the state's
2908 special education grant calculated pursuant to section 10-76g, as
2909 amended by this act. Notwithstanding the provisions of this
2910 subdivision, for the fiscal years ending June 30, 2004, and June 30,

2911 2005, and for the fiscal years ending June 30, 2012, and June 30, 2013,
2912 the amount of the grants payable to local or regional boards of
2913 education in accordance with this subdivision shall be reduced
2914 proportionately if the total of such grants in such year exceeds the
2915 amount appropriated for the purposes of this subdivision for such
2916 year.

2917 Sec. 66. Subsection (b) of section 10-76g of the 2014 supplement to
2918 the general statutes is repealed and the following is substituted in lieu
2919 thereof (*Effective July 1, 2014*):

2920 (b) Any local or regional board of education which provides special
2921 education pursuant to the provisions of sections 10-76a to 10-76g,
2922 inclusive, as amended by this act, for any exceptional child described
2923 in subparagraph (A) of subdivision (5) of section 10-76a, under its
2924 jurisdiction, excluding (1) children placed by a state agency for whom
2925 a board of education receives payment pursuant to the provisions of
2926 subdivision (2) of subsection (e) of section 10-76d, as amended by this
2927 act, and (2) children who require special education, who reside on
2928 state-owned or leased property, and who are not the educational
2929 responsibility of the unified school districts established pursuant to
2930 sections 17a-37 [17a-240] and 18-99a, shall be financially responsible
2931 for the reasonable costs of special education instruction, as defined in
2932 the regulations of the State Board of Education, in an amount equal to
2933 (A) for any fiscal year commencing prior to July 1, 2005, five times the
2934 average per pupil educational costs of such board of education for the
2935 prior fiscal year, determined in accordance with the provisions of
2936 subsection (a) of section 10-76f, and (B) for the fiscal year commencing
2937 July 1, 2005, and each fiscal year thereafter, four and one-half times
2938 such average per pupil educational costs of such board of education.
2939 The State Board of Education shall pay on a current basis any costs in
2940 excess of the local or regional board's basic contribution paid by such
2941 board in accordance with the provisions of this subsection. Any
2942 amounts paid by the State Board of Education on a current basis
2943 pursuant to this subsection shall not be reimbursable in the subsequent

2944 year. Application for such grant shall be made by filing with the
2945 Department of Education, in such manner as prescribed by the
2946 commissioner, annually on or before December first a statement of the
2947 cost of providing special education pursuant to this subsection,
2948 provided a board of education may submit, not later than March first,
2949 claims for additional children or costs not included in the December
2950 filing. Payment by the state for such excess costs shall be made to the
2951 local or regional board of education as follows: Seventy-five per cent of
2952 the cost in February and the balance in May. The amount due each
2953 town pursuant to the provisions of this subsection shall be paid to the
2954 treasurer of each town entitled to such aid, provided the treasurer shall
2955 treat such grant, or a portion of the grant, which relates to special
2956 education expenditures incurred in excess of such town's board of
2957 education budgeted estimate of such expenditures, as a reduction in
2958 expenditures by crediting such expenditure account, rather than town
2959 revenue. Such expenditure account shall be so credited no later than
2960 thirty days after receipt by the treasurer of necessary documentation
2961 from the board of education indicating the amount of such special
2962 education expenditures incurred in excess of such town's board of
2963 education budgeted estimate of such expenditures.

2964 Sec. 67. Section 17a-224 of the general statutes is repealed and the
2965 following is substituted in lieu thereof (*Effective July 1, 2014*):

2966 The department may administer the residential facility revolving
2967 loan program through (1) a purchase-of-service contract with any
2968 state-wide private nonprofit housing development corporation [which]
2969 that is organized for the purpose of expanding independent living
2970 opportunities for persons with disabilities, or (2) a memorandum of
2971 understanding with the Connecticut Housing Finance Authority
2972 established pursuant to section 8-244.

2973 Sec. 68. Section 1 of substitute senate bill 413 of the current session is
2974 repealed and the following is substituted in lieu thereof (*Effective from*
2975 *passage*):

2976 (a) The Commissioner of Public Health may, within available
2977 appropriations, establish a pilot program in one or more geographic
2978 areas in the state to implement the use of medical orders for life-
2979 sustaining treatment by health care providers. For purposes of this
2980 section: (1) "Medical order for life-sustaining treatment" means a
2981 written medical order by a physician, advanced practice registered
2982 nurse or physician assistant to effectuate a patient's request for life-
2983 sustaining treatment when the patient has been determined by a
2984 physician to be approaching the end stage of a serious, life-limiting
2985 illness or is in a condition of advanced, chronic progressive frailty;
2986 [and] (2) "health care provider" means any person, corporation, limited
2987 liability company, facility or institution operated, owned or licensed by
2988 this state to provide health care or professional medical services, or an
2989 officer, employee or agent thereof acting in the course and scope of his
2990 or her employment; and (3) "legally authorized representative" means
2991 a patient's parent, guardian or health care representative appointed in
2992 accordance with sections 19a-576 and 19a-577 of the general statutes.

2993 (b) The Commissioner of Public Health may establish an advisory
2994 group of health care providers and consumer advocates to make
2995 recommendations concerning the pilot program described in this
2996 section. The members of such advisory group may include one or
2997 more: (1) Physicians; (2) advanced practice registered nurses; (3)
2998 physician assistants; (4) emergency medical service providers; (5)
2999 patient advocates, including, but not limited to, advocates for persons
3000 with disabilities; (6) hospital representatives; or (7) long-term care
3001 facility representatives.

3002 (c) Prior to commencement of the pilot program pursuant to this
3003 section, said commissioner may contact a representative of each health
3004 care institution, as defined in section 19a-490 of the general statutes, a
3005 representative of each emergency medical service organization, as
3006 defined in section 19a-175 of the general statutes, any physician
3007 licensed under chapter 370 of the general statutes, any advanced
3008 practice registered nurse licensed under chapter 378 of the general

3009 statutes and any physician assistant licensed under chapter 370 of the
3010 general statutes in the geographic area in which the commissioner
3011 intends to establish the pilot program to request such institution's,
3012 organization's, physician's, advanced practice registered nurse's or
3013 physician assistant's participation in the pilot program. Participation
3014 by each institution, organization, physician, advanced practice
3015 registered nurse or physician assistant shall be voluntary.

3016 (d) Patient participation in the pilot program shall be voluntary.
3017 Any agreement to participate in the pilot program shall be made in
3018 writing, signed by the patient or the patient's legally authorized
3019 representative. Such agreement shall be maintained by the health care
3020 institution, emergency medical services organization, physician,
3021 advanced practice registered nurse or physician assistant that
3022 presented such agreement to the patient and shall be made available to
3023 the commissioner upon request.

3024 (e) Notwithstanding the provisions of sections 19a-495 and 19a-580d
3025 of the general statutes, and regulations adopted thereunder, the
3026 Commissioner of Public Health shall implement policies and
3027 procedures for any pilot program established in accordance with this
3028 section to ensure that: (1) Medical orders for life-sustaining treatment
3029 are transferrable among, and recognized by, various types of health
3030 care institutions; (2) any procedures and forms developed for
3031 recording medical orders for life-sustaining treatment are developed
3032 after considering the physician orders for life-sustaining treatment
3033 paradigm and require the signature of the patient or the patient's
3034 legally authorized representative and a witness on the medical order
3035 for life-sustaining treatment and the patient or the patient's legally
3036 authorized representative is given a copy of any such order
3037 immediately after signing such order; (3) prior to requesting the
3038 signature of the patient or the patient's legally authorized
3039 representative on such order, the physician, advanced practice
3040 registered nurse or physician assistant writing the medical order
3041 discusses with the patient or the patient's legally authorized

3042 representative the patient's goals for care and treatment and the
3043 benefits and risks of various methods for documenting the patient's
3044 wishes for end-of-life treatment, including medical orders for life-
3045 sustaining treatment; and (4) each physician, advanced practice
3046 registered nurse or physician assistant that intends to write a medical
3047 order for life-sustaining treatment receives training concerning: (A)
3048 The importance of talking with patients about their personal treatment
3049 goals; (B) methods for presenting choices for end-of-life care that elicit
3050 information concerning patients' preferences and respects those
3051 preferences without directing patients toward a particular option for
3052 end-of-life care; (C) the importance of fully informing patients about
3053 the benefits and risks of an immediately effective medical order for
3054 life-sustaining treatment; (D) awareness of factors that may affect the
3055 use of medical orders for life-sustaining treatment, including but not
3056 limited to: Race, ethnicity, age, gender, socioeconomic position,
3057 immigrant status, sexual minority status, language disability,
3058 homelessness, mental illness and geographic area of residence; and (E)
3059 procedures for properly completing and effectuating medical orders
3060 for life-sustaining treatment.

3061 (f) After the termination of any pilot program established pursuant
3062 to this section, said commissioner shall submit a report, in accordance
3063 with the provisions of section 11-4a of the general statutes, to the
3064 Governor and the joint standing committee of the General Assembly
3065 having cognizance of matters relating to public health concerning the
3066 pilot program.

3067 (g) Said commissioner may implement policies and procedures
3068 necessary to implement the pilot program while in the process of
3069 adopting such policies and procedures in regulation form, in
3070 accordance with chapter 54 of the general statutes, provided the
3071 commissioner holds a public hearing prior to implementing such
3072 policies and procedures and prints notice of the intent to adopt
3073 regulations in the Connecticut Law Journal not later than twenty days
3074 after the date of implementation of such policies and procedures.

3075 Policies implemented pursuant to this section shall be valid until the
3076 time final regulations are adopted or until the pilot program
3077 terminates, whichever occurs earlier.

3078 (h) Any pilot program established in accordance with this section
3079 shall terminate not later than October 1, 2016.

3080 Sec. 69. Section 20-266o of the 2014 supplement to the general
3081 statutes is repealed and the following is substituted in lieu thereof
3082 (*Effective from passage*):

3083 (a) On and after July 1, 2014, no person shall engage in the practice
3084 of tattooing unless the person is eighteen years of age or older and has
3085 obtained a license or temporary permit from the Department of Public
3086 Health pursuant to this section.

3087 (b) (1) Each person seeking licensure as a tattoo technician on or
3088 before [July 1, 2014] January 1, 2015, shall make application on a form
3089 prescribed by the department, pay an application fee of two hundred
3090 fifty dollars and present to the department satisfactory evidence that
3091 the applicant: (A) Is eighteen years of age or older; (B) has successfully
3092 completed, within the three years preceding the date of application, a
3093 course on prevention of disease transmission and blood-borne
3094 pathogens that complies with the standards adopted by the federal
3095 Occupational Safety and Health Administration, as described in 29
3096 CFR 1910.1030 et seq., as amended from time to time, and that requires
3097 the successful completion of a proficiency examination as part of such
3098 course; and (C) holds current certification by the American Red Cross
3099 or the American Heart Association in basic first aid.

3100 (2) Each person seeking licensure as a tattoo technician after [July 1,
3101 2014] January 1, 2015, shall, in addition to satisfying the requirements
3102 of subdivision (1) of this subsection, provide documentation to the
3103 department, in the form and manner required by the commissioner, of
3104 having (A) completed not less than two thousand hours of practical
3105 training and experience under the personal supervision and

3106 instruction of a tattoo technician, or (B) practiced tattooing
3107 continuously in this state for a period of not less than five years prior
3108 to ~~[[July 1, 2014]~~ January 1, 2015.

3109 (c) Licenses issued under this section shall be subject to renewal
3110 once every two years. A license to practice tattooing shall be renewed
3111 in accordance with the provisions of section 19a-88 for a fee of two
3112 hundred dollars. A licensee applying for license renewal shall, as a
3113 condition of license renewal, successfully complete a course on
3114 prevention of disease transmission and blood-borne pathogens that
3115 complies with the standards adopted by the federal Occupational
3116 Safety and Health Administration, as described in 29 CFR 1910.1030 et
3117 seq., as amended from time to time, and that requires the successful
3118 completion of a proficiency examination as part of such course. Each
3119 licensee applying for license renewal shall sign a statement attesting
3120 that the licensee has successfully completed such education course
3121 within the six months preceding the expiration of the license on a form
3122 prescribed by the Commissioner of Public Health. Each licensee shall
3123 retain certificates of completion that demonstrate compliance with the
3124 requirement for a minimum of four years after the year in which the
3125 course was completed and shall submit such certificates to the
3126 department for inspection not later than forty-five days after a request
3127 by the department for such certificates.

3128 (d) The provisions of this section shall not apply to a physician, an
3129 advanced practice registered nurse rendering service in collaboration
3130 with a physician, a registered nurse executing the medical regimen
3131 under the direction of a licensed physician, dentist or advanced
3132 practice registered nurse, or a physician assistant rendering service
3133 under the supervision, control and responsibility of a physician.

3134 (e) No person shall use the title "tattoo technician", "tattoo artist",
3135 "tattooist" or other similar titles unless the person holds a license
3136 issued in accordance with this section.

3137 (f) Notwithstanding the provisions of subsection (a) of this section, a

3138 person may practice tattooing if such person has obtained a license or
3139 temporary permit pursuant to this subsection or practices tattooing
3140 temporarily in the state as an instructor or participant in an event,
3141 trade show or product demonstration in accordance with the
3142 provisions of subdivision (3) of this subsection.

3143 (1) The department may grant licensure to any person who is
3144 licensed at the time of application as a tattoo technician, or as a person
3145 entitled to perform similar services under a different designation, in
3146 another state of the United States, the District of Columbia or a
3147 commonwealth or territory subject to the laws of the United States and
3148 who submits evidence satisfactory to the department of (A) a current
3149 license in good standing to practice tattooing from such other state,
3150 commonwealth or territory, (B) documentation of licensed practice in
3151 such state, commonwealth or territory for a period of at least two years
3152 immediately preceding application, (C) successful completion of a
3153 course on prevention of disease transmission and blood-borne
3154 pathogens that complies with the standards adopted by the federal
3155 Occupational Safety and Health Administration, as described in 29
3156 CFR 1910.1030 et seq., as amended from time to time, and (D) current
3157 certification by the American Red Cross or the American Heart
3158 Association in basic first aid. Pending approval of the application for
3159 licensure, the commissioner may issue a temporary permit to such
3160 applicant upon receipt of a completed application form, accompanied
3161 by the fee for licensure, a copy of a current license from such other
3162 state, commonwealth or territory and a notarized affidavit attesting
3163 that the license is valid and belongs to the person requesting
3164 notarization. Such temporary permit shall be valid for a period not to
3165 exceed one hundred twenty calendar days and shall not be renewable.

3166 (2) The commissioner may issue a temporary permit to an applicant
3167 previously licensed in Connecticut whose license has become void
3168 pursuant to section 19a-88. Such applicant for a temporary permit shall
3169 submit to the department a completed application form accompanied
3170 by a fee of one hundred dollars, a copy of a current license in good

3171 standing from another state and a notarized affidavit attesting that
3172 such license is valid and belongs to the person requesting notarization.
3173 A temporary permit for an applicant previously licensed in
3174 Connecticut whose license has become void pursuant to section 19a-88
3175 shall be valid for a period not to exceed one hundred twenty calendar
3176 days and shall not be renewable.

3177 (3) [The commissioner may issue a temporary permit to a person
3178 licensed or certified to practice tattooing in another state,
3179 commonwealth or territory for the purpose of attending an educational
3180 event, trade show in the state or participating in a product
3181 demonstration in the state. Such applicant for a temporary permit shall
3182 submit to the department, forty-five business days in advance of the
3183 date of such event, show or demonstration, a completed application
3184 form accompanied by a fee of one hundred dollars. Such applicant for
3185 a temporary permit shall additionally submit a copy of a current
3186 license or certification to practice tattooing from another state of the
3187 United States, the District of Columbia or a commonwealth or territory
3188 subject to the laws of the United States and a notarized affidavit
3189 attesting that the license or certification is valid and belongs to the
3190 person requesting notarization. A temporary permit issued in
3191 accordance with this subparagraph shall be valid for a period not to
3192 exceed fourteen consecutive calendar days, shall not be renewable and
3193 a temporary permit for such applicant shall not be issued more than
3194 once in any calendar year.] A person who: (A) Provides instruction on
3195 tattooing techniques; or (B) participates in the demonstration of a
3196 tattooing-related product or offers tattooing as part of a professional
3197 course, seminar, workshop, trade show or other event, may practice
3198 tattooing for such purpose, provided such person described in
3199 subparagraphs (A) and (B) of this subdivision (i) is licensed or certified
3200 in the state, territory or possession of the United States or foreign
3201 country that is the primary place where such person practices tattooing
3202 if such state, territory, possession or foreign country requires licensure
3203 or certification for tattooing, (ii) has successfully completed a course on
3204 prevention of disease transmission and blood-borne pathogens that

3205 complies with the standards adopted by the federal Occupational
3206 Safety and Health Administration, as described in 29 CFR 1910.1030 et
3207 seq., as amended from time to time, within the preceding three years,
3208 (iii) practices tattooing under the direct supervision of a tattoo
3209 technician, (iv) does not receive compensation for tattooing, other than
3210 for providing instruction or tattooing services to persons in attendance
3211 at the course, seminar, workshop, trade show or event, and (v)
3212 provides instruction, demonstrates tattooing techniques or offers
3213 tattooing only for persons enrolled in the course, seminar or workshop
3214 or attending the trade show or event at which the person provides
3215 instruction, demonstrates a product or offers tattooing. Any person or
3216 organization that holds or produces a course, seminar, workshop,
3217 trade show or other event at which a person who is not a tattoo
3218 technician licensed in the state provides tattooing instruction,
3219 participates in the demonstration of a tattooing-related product or
3220 offers tattooing to persons in attendance at the trade show or event
3221 shall ensure compliance with the provisions of this section.

3222 (g) Notwithstanding the provisions of subsection (a) of this section,
3223 a student tattoo technician may practice tattooing under the personal
3224 supervision of a tattoo technician for a period not to exceed two years.
3225 A student tattoo technician shall register with the department for
3226 purposes of completing the practical training and experience required
3227 to obtain a license pursuant to this section. An application for
3228 registration shall be submitted to the department on a form prescribed
3229 by the commissioner and shall be accompanied by documentation that
3230 the applicant (1) has successfully completed a course on prevention of
3231 disease transmission and blood-borne pathogens that complies with
3232 the standards adopted by the federal Occupational Safety and Health
3233 Administration, as described in 29 CFR 1910.1030 et seq., as amended
3234 from time to time, and that requires the successful completion of a
3235 proficiency examination as part of such course, and (2) holds current
3236 certification by the American Red Cross or the American Heart
3237 Association in basic first aid. Such application shall include a notarized
3238 statement signed by a tattoo technician providing that such licensee

3239 acknowledges having responsibility for personally supervising the
3240 applicant's practical training and experience in tattooing.

3241 (h) No license or temporary permit shall be issued under this section
3242 to any applicant against whom professional disciplinary action is
3243 pending or who is the subject of an unresolved complaint in any state
3244 or jurisdiction.

3245 (i) The Commissioner of Public Health may, in accordance with
3246 chapter 54, adopt such regulations as are necessary to implement the
3247 provisions of sections 20-266o to 20-266s, inclusive.

3248 Sec. 70. Section 20-34 of the general statutes is repealed and the
3249 following is substituted in lieu thereof (*Effective October 1, 2014*):

3250 (a) The practice of natureopathy means the science, art and practice
3251 of healing by natural methods as recognized by the Council of
3252 Natureopathic Medical Education and that comprises diagnosis,
3253 prevention and treatment of disease and health optimization by
3254 stimulation and support of the body's natural healing processes, as
3255 approved by the State Board of Natureopathic Examiners, with the
3256 consent of the [commissioner] Commissioner of Public Health, and
3257 shall include (1) counseling; [and] (2) the practice of the mechanical
3258 and material sciences of healing as follows: The mechanical sciences
3259 such as mechanotherapy, articular manipulation, corrective and
3260 orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy
3261 and phototherapy; and the material sciences such as nutrition,
3262 dietetics, phytotherapy, treatment by natural substances and external
3263 applications; (3) ordering diagnostic tests and other diagnostic
3264 procedures as such tests and procedures relate to the practice of
3265 mechanical and material sciences of healing as described in
3266 subdivision (2) of this subsection; (4) ordering medical devices and
3267 durable medical equipment; and (5) removing ear wax, spirometry,
3268 tuberculosis testing and venipuncture for blood testing.

3269 (b) For purposes of subsection (a) of this section, "natural

3270 substances" means substances [which] that are not narcotic substances,
3271 as defined in subdivision (30) of section 21a-240, do not require the
3272 written or oral prescription of a licensed practitioner to be dispensed
3273 and are only administered orally.

3274 Sec. 71. Section 20-12d of the general statutes is repealed and the
3275 following is substituted in lieu thereof (*Effective October 1, 2014*):

3276 (a) A physician assistant who has complied with the provisions of
3277 sections 20-12b and 20-12c may perform medical functions delegated
3278 by a supervising physician when: (1) The supervising physician is
3279 satisfied as to the ability and demonstrated competency of the
3280 physician assistant; (2) such delegation is consistent with the health
3281 and welfare of the patient and in keeping with sound medical practice;
3282 and (3) such functions are performed under the oversight, control and
3283 direction of the supervising physician. The functions that may be
3284 performed under such delegation are those that are within the scope of
3285 the supervising physician's license, within the scope of such
3286 physician's competence as evidenced by such physician's postgraduate
3287 education, training and experience and within the normal scope of
3288 such physician's actual practice. Delegated functions shall be
3289 implemented in accordance with a written delegation agreement
3290 between the supervising physician and the physician assistant. A
3291 supervising physician shall establish the terms of a written delegation
3292 agreement that shall include, but not be limited to: (A) A description of
3293 the professional relationship between the supervising physician and
3294 the physician assistant; (B) identification of the medical services that
3295 the physician assistant may perform; (C) a description of the manner in
3296 which the physician assistant's prescribing of controlled substances
3297 shall be documented in the patient's medical record; and (D) a
3298 description of the process for the supervising physician to evaluate the
3299 physician assistant's performance, including, but not limited to (i) the
3300 frequency with which the supervising physician intends to personally
3301 review the physician assistant's practice and performance of delegated
3302 medical services, and (ii) a description of the manner in which, and the

3303 frequency with which, the supervising physician intends to review the
3304 physician assistant's prescription and administration of controlled
3305 substances in schedule II or III. A supervising physician in a hospital
3306 setting shall reference or include applicable hospital policies, protocols
3307 and procedures in the written delegation agreement. The supervising
3308 physician shall review the written delegation agreement not less than
3309 annually and shall revise such written delegation agreement as the
3310 supervising physician deems necessary to reflect any change in the
3311 professional relationship between the supervising physician and the
3312 physician assistant, the medical services that the physician assistant is
3313 authorized to perform or the process for the supervising physician to
3314 evaluate the physician assistant's performance. [All orders written by a
3315 physician assistant shall be followed by the signature of the physician
3316 assistant and the printed name of the supervising physician.] A
3317 physician assistant may, as delegated by the supervising physician
3318 within the scope of such physician's license, (I) prescribe and
3319 administer drugs, including controlled substances in schedule IV or V
3320 in all settings, (II) renew prescriptions for controlled substances in
3321 schedule II, III, IV or V in all settings, (III) prescribe and administer
3322 controlled substances in schedule II or III in all settings, provided in all
3323 cases where the physician assistant prescribes a controlled substance in
3324 schedule II or III, the physician under whose supervision the physician
3325 assistant is prescribing shall document such physician's approval of
3326 the order in the patient's medical record in the manner prescribed in
3327 the written delegation agreement, and (IV) prescribe and approve the
3328 use of durable medical equipment. The physician assistant may, as
3329 delegated by the supervising physician within the scope of such
3330 physician's license, request, sign for, receive and dispense drugs to
3331 patients, in the form of professional samples, as defined in section
3332 20-14c, or when dispensing in an outpatient clinic as defined in the
3333 regulations of Connecticut state agencies and licensed pursuant to
3334 subsection (a) of section 19a-491 that operates on a not-for-profit basis,
3335 or when dispensing in a clinic operated by a state agency or
3336 municipality. Nothing in this subsection shall be construed to allow
3337 the physician assistant to request, sign for, receive or dispense any

3338 drug the physician assistant is not authorized under this subsection to
3339 prescribe.

3340 (b) All prescription forms used by physician assistants shall contain
3341 [the printed name, license number, address and telephone number of
3342 the physician under whose supervision the physician assistant is
3343 prescribing, in addition to] the signature, name, address and license
3344 number of the physician assistant.

3345 (c) No physician assistant may: (1) Engage in the independent
3346 practice of medicine; (2) claim to be or allow being represented as a
3347 physician licensed pursuant to this chapter; (3) use the title of doctor;
3348 or (4) associate by name or allow association by name with any term
3349 that would suggest qualification to engage in the independent practice
3350 of medicine. The physician assistant shall be clearly identified by
3351 appropriate identification as a physician assistant to ensure that the
3352 physician assistant is not mistaken for a physician licensed pursuant to
3353 this chapter.

3354 (d) A physician assistant licensed under this chapter may make the
3355 actual determination and pronouncement of death of a patient,
3356 provided: (1) The death is an anticipated death; (2) the physician
3357 assistant attests to such pronouncement on the certificate of death; and
3358 (3) the physician assistant or a physician licensed by the state of
3359 Connecticut certifies the death and signs the certificate of death no
3360 later than twenty-four hours after the pronouncement.

3361 Sec. 72. Section 1 of substitute house bill 5145 of the current session
3362 is repealed. (*Effective from passage*)

3363 Sec. 73. Sections 17a-239 to 17a-241, inclusive, 17a-244, 19a-24, 19a-
3364 73, 19a-121c, 19a-121e to 19a-121g, inclusive, 19a-179d and 19a-691 of
3365 the general statutes are repealed. (*Effective October 1, 2014*)"

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2014	19a-493b
Sec. 2	October 1, 2014	19a-42(d)
Sec. 3	October 1, 2014	46b-172(a)
Sec. 4	October 1, 2014	19a-7h(b) and (c)
Sec. 5	October 1, 2014	19a-4j
Sec. 6	October 1, 2014	New section
Sec. 7	October 1, 2014	19a-561
Sec. 8	October 1, 2014	19a-110(d)
Sec. 9	October 1, 2014	19a-111
Sec. 10	October 1, 2014	19a-111g
Sec. 11	October 1, 2014	19a-522b
Sec. 12	October 1, 2014	19a-181
Sec. 13	October 1, 2014	25-32(e)
Sec. 14	October 1, 2014	New section
Sec. 15	October 1, 2014	19a-494a
Sec. 16	October 1, 2014	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-72
Sec. 31	October 1, 2014	19a-2a
Sec. 32	October 1, 2014	19a-32
Sec. 33	<i>from passage</i>	20-10b(b)
Sec. 34	October 1, 2014	20-146(a)
Sec. 35	October 1, 2014	20-188
Sec. 36	October 1, 2014	20-195dd
Sec. 37	October 1, 2014	20-195n
Sec. 38	<i>from passage</i>	20-252
Sec. 39	<i>from passage</i>	20-413
Sec. 40	January 1, 2015	10a-155b(a)

Sec. 41	October 1, 2014	20-74ee(a)(4)
Sec. 42	October 1, 2014	20-126l(k)
Sec. 43	October 1, 2014	19a-29a
Sec. 44	October 1, 2014	20-482
Sec. 45	October 1, 2014	20-402(b)
Sec. 46	July 1, 2014	20-9(b)
Sec. 47	October 1, 2014	20-13c
Sec. 48	October 1, 2014	19a-194
Sec. 49	October 1, 2014	20-71
Sec. 50	October 1, 2014	19a-492d
Sec. 51	October 1, 2014	19a-193a
Sec. 52	October 1, 2014	14-100a(e)
Sec. 53	July 1, 2014	20-87a(b)(3)
Sec. 54	from passage	PA 14-12, Sec. 4(b)
Sec. 55	October 1, 2014	New section
Sec. 56	October 1, 2014	20-207(3)
Sec. 57	October 1, 2014	New section
Sec. 58	October 1, 2014	20-195c(d)
Sec. 59	October 1, 2014	20-7c(b)
Sec. 60	October 1, 2014	19a-6n(a) to (c)
Sec. 61	October 1, 2014	19a-551
Sec. 62	October 1, 2014	20-101a(a)
Sec. 63	July 1, 2014	5-259d(d)
Sec. 64	July 1, 2014	10-15d
Sec. 65	July 1, 2014	10-76d(e)(2) and (3)
Sec. 66	July 1, 2014	10-76g(b)
Sec. 67	July 1, 2014	17a-224
Sec. 68	from passage	SB 413 (current session), Sec. 1
Sec. 69	from passage	20-266o
Sec. 70	October 1, 2014	20-34
Sec. 71	October 1, 2014	20-12d
Sec. 72	from passage	Repealer section
Sec. 73	October 1, 2014	Repealer section