



House of Representatives

General Assembly

File No. 682

January Session, 2015

Substitute House Bill No. 6987

House of Representatives, April 16, 2015

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

1 Section 1. Subsection (f) of section 19a-491 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2015*):

4 (f) The commissioner shall charge a fee of five hundred sixty-five
5 dollars for the technical assistance provided for the design, review and
6 development of an institution's construction, renovation, building
7 alteration, sale or change in ownership when the cost of [such] the
8 project is one million dollars or less and shall charge a fee of one-
9 quarter of one per cent of the total [project] construction cost when the
10 cost of [such] the project is more than one million dollars. Such fee
11 shall include all department reviews and on-site inspections. For
12 purposes of this subsection, "institution" does not include a facility
13 owned by the state.

14 Sec. 2. Subsection (b) of section 20-12d of the general statutes is
15 repealed and the following is substituted in lieu thereof (*Effective*
16 *October 1, 2015*):

17 (b) All prescription forms used by physician assistants shall contain
18 the signature, name, address and license number of the physician
19 assistant. All orders written by a physician assistant shall be followed
20 by the signature and the printed name of the physician assistant.

21 Sec. 3. Subsections (d) to (f), inclusive, of section 32-41jj of the
22 general statutes are repealed and the following is substituted in lieu
23 thereof (*Effective October 1, 2015*):

24 (d) A person may conduct research involving embryonic stem cells,
25 provided (1) the research is conducted with full consideration for the
26 ethical and medical implications of such research, (2) the research is
27 conducted before gastrulation occurs, [(3) prior to conducting such
28 research, the person provides documentation to the Commissioner of
29 Public Health in a form and manner prescribed by the commissioner
30 verifying: (A) That any human embryos, embryonic stem cells,
31 unfertilized human eggs or human sperm used in such research have
32 been donated voluntarily in accordance with the provisions of
33 subsection (c) of this section, or (B) if any embryonic stem cells have
34 been derived outside the state of Connecticut, that such stem cells have
35 been acceptably derived as provided in the National Academies'
36 Guidelines for Human Embryonic Stem Cell Research, as amended
37 from time to time, and (4)] and (3) all activities involving embryonic
38 stem cells are overseen by an embryonic stem cell research oversight
39 committee.

40 [(e) The Commissioner of Public Health shall enforce the provisions
41 of this section and may adopt regulations, in accordance with the
42 provisions of chapter 54, relating to the administration and
43 enforcement of this section. The commissioner may request the
44 Attorney General to petition the Superior Court for such order as may
45 be appropriate to enforce the provisions of this section.]

46 [(f)] (e) Any person who conducts research involving embryonic
47 stem cells in violation of the requirements of subdivision (2) of
48 subsection (d) of this section shall be guilty of a class D felony, except
49 that such person shall be fined not more than fifty thousand dollars.

50 Sec. 4. Section 20-101 of the general statutes is repealed and the
51 following is substituted in lieu thereof (*Effective October 1, 2015*):

52 No provision of this chapter shall confer any authority to practice
53 medicine or surgery nor shall this chapter prohibit any person from
54 the domestic administration of family remedies or the furnishing of
55 assistance in the case of an emergency; nor shall it be construed as
56 prohibiting persons employed in state hospitals and state sanatoriums
57 and subsidiary workers in general hospitals from assisting in the
58 nursing care of patients if adequate medical and nursing supervision is
59 provided; nor shall it be construed to prohibit the administration of
60 medications by dialysis patient care technicians in accordance with
61 section 19a-269a; nor shall it be construed to prohibit a personal care
62 assistant employed by a homemaker-companion agency registered
63 pursuant to section 20-671 from administering medications to a
64 competent adult who directs his or her own care and makes his or her
65 own decisions pertaining to assessment, planning and evaluation; nor
66 shall it be construed as prohibiting students who are enrolled in
67 schools of nursing approved pursuant to section 20-90, and students
68 who are enrolled in schools for licensed practical nurses approved
69 pursuant to section 20-90, from performing such work as is incidental
70 to their respective courses of study; nor shall it prohibit a registered
71 nurse who holds a master's degree in nursing or in a related field
72 recognized for certification as either a nurse practitioner, a clinical
73 nurse specialist, or a nurse anesthetist by one of the certifying bodies
74 identified in section 20-94a from practicing for a period not to exceed
75 one hundred twenty days after the date of graduation, provided such
76 graduate advanced practice registered nurse is working in a hospital
77 or other organization under the supervision of a licensed physician or
78 a licensed advanced practice registered nurse, such hospital or other
79 organization has verified that the graduate advanced practice

80 registered nurse has applied to sit for the national certification
81 examination and the graduate advanced practice registered nurse is
82 not authorized to prescribe or dispense drugs; nor shall it prohibit
83 graduates of schools of nursing or schools for licensed practical nurses
84 approved pursuant to section 20-90, from nursing the sick for a period
85 not to exceed ninety calendar days after the date of graduation,
86 provided such graduate nurses are working in hospitals or
87 organizations where adequate supervision is provided, and such
88 hospital or other organization has verified that the graduate nurse has
89 successfully completed a nursing program. Upon notification that the
90 graduate nurse has failed the licensure examination or that the
91 graduate advanced practice registered nurse has failed the certification
92 examination, all privileges under this section shall automatically cease.
93 No provision of this chapter shall prohibit (1) any registered nurse
94 who has been issued a temporary permit by the department, pursuant
95 to subsection (b) of section 20-94, from caring for the sick pending the
96 issuance of a license without examination; [nor shall it prohibit] (2) any
97 licensed practical nurse who has been issued a temporary permit by
98 the department, pursuant to subsection (b) of section 20-97, from
99 caring for the sick pending the issuance of a license without
100 examination; [nor shall it prohibit] (3) any qualified registered nurse or
101 any qualified licensed practical nurse of another state from caring for a
102 patient temporarily in this state [, provided such nurse has been
103 granted a temporary permit from said department and] for not longer
104 than seventy-two hours, provided such nurse shall not represent or
105 hold himself or herself out as a nurse licensed to practice in this state;
106 [nor shall it prohibit] (4) any qualified registered nurse or any qualified
107 licensed practical nurse of another state from caring for a patient
108 longer than seventy-two hours, provided such nurse (A) has been
109 issued a temporary permit by the department, and (B) shall not
110 represent or hold himself or herself out as a nurse licensed to practice
111 in this state; (5) registered nurses or licensed practical nurses from
112 other states from doing such nursing as is incident to their course of
113 study when taking postgraduate courses in this state; [nor shall it
114 prohibit] or (6) nursing or care of the sick, with or without

115 compensation or personal profit, in connection with the practice of the
116 religious tenets of any church by adherents thereof, provided such
117 persons shall not otherwise engage in the practice of nursing within
118 the meaning of this chapter. This chapter shall not prohibit the care of
119 persons in their homes by domestic servants, housekeepers,
120 nursemaids, companions, attendants or household aides of any type,
121 whether employed regularly or because of an emergency of illness, if
122 such persons are not initially employed in a nursing capacity. This
123 chapter shall not prohibit unlicensed assistive personnel from
124 administering jejunostomy and gastrojejunum tube feedings to persons
125 who [(1)] (A) attend day programs or respite centers under the
126 jurisdiction of the Department of Developmental Services, [(2)] (B)
127 reside in residential facilities under the jurisdiction of the Department
128 of Developmental Services, or [(3)] (C) receive support under the
129 jurisdiction of the Department of Developmental Services, when such
130 feedings are performed by trained, unlicensed assistive personnel
131 pursuant to the written order of a physician licensed under chapter
132 370, an advanced practice registered nurse licensed to prescribe in
133 accordance with section 20-94a or a physician assistant licensed to
134 prescribe in accordance with section 20-12d, as amended by this act.

135 Sec. 5. Section 20-206c of the general statutes is repealed and the
136 following is substituted in lieu thereof (*Effective October 1, 2015*):

137 The department may take any action set forth in section 19a-17, as
138 amended by this act, if a person issued a license pursuant to section 20-
139 206b fails to conform to the accepted standards of the massage therapy
140 profession, including, but not limited to, the following: Conviction of a
141 felony; fraud or deceit in obtaining a license; fraud or deceit in the
142 practice of massage therapy; negligent, incompetent or wrongful
143 conduct in professional activities; emotional disorder or mental illness;
144 physical illness including, but not limited to, deterioration through the
145 aging process; abuse or excessive use of drugs, including alcohol,
146 narcotics or chemicals; wilful falsification of entries into any client
147 record pertaining to massage therapy; failure to make a written
148 referral, as required in section 20-206b; violation of any provisions of

149 this section and sections 20-206a [to 20-206c, inclusive] and 20-206b.
150 The commissioner may order a license holder to submit to a reasonable
151 physical or mental examination if the license holder's physical or
152 mental capacity to practice safely is the subject of an investigation. The
153 commissioner may petition the superior court for the judicial district of
154 Hartford to enforce such order or any action taken pursuant to section
155 19a-17, as amended by this act. Notice of any contemplated action
156 under said section, the cause of the action and the date of a hearing on
157 the action shall be given and an opportunity for hearing afforded in
158 accordance with the provisions of chapter 54.

159 Sec. 6. Section 19a-180 of the general statutes is amended by adding
160 subsections (k) and (l) as follows (*Effective October 1, 2015*):

161 (NEW) (k) Notwithstanding the provisions of subsection (a) of this
162 section, any volunteer, hospital-based or municipal ambulance service
163 that is licensed or certified and a primary service area responder may
164 apply to the commissioner, on a short form application prescribed by
165 the commissioner, to change the address of a principal or branch
166 location within its primary service area. Upon making such
167 application, the applicant shall notify in writing all other primary
168 service area responders in any municipality or abutting municipality
169 in which the applicant proposes to change principal or branch
170 locations. Unless a primary service area responder entitled to receive
171 notification of such application objects, in writing, to the commissioner
172 and requests a hearing on such application not later than fifteen
173 calendar days after receiving such notice, the application shall be
174 deemed approved thirty calendar days after filing. If any such primary
175 service area responder files an objection with the commissioner within
176 the fifteen-calendar-day time period and requests a hearing, the
177 applicant shall be required to demonstrate need to change the address
178 of a principal or branch location within its primary service area at a
179 public hearing as required under subsection (a) of this section.

180 (NEW) (l) The commissioner shall develop a short form application
181 for primary service area responders seeking to change the address of a

182 principal or branch location pursuant to subsection (k) of this section.
183 The application shall require an applicant to provide such information
184 as the commissioner deems necessary, including, but not limited to, (1)
185 the applicant's name and address, (2) the new address where the
186 principal or branch is to be located, (3) an explanation as to why the
187 principal or branch location is being moved, and (4) a list of the
188 providers to whom notice was sent pursuant to subsection (k) of this
189 section and proof of such notification.

190 Sec. 7. Subsection (a) of section 17b-451 of the general statutes is
191 repealed and the following is substituted in lieu thereof (*Effective*
192 *October 1, 2015*):

193 (a) Any physician or surgeon licensed under the provisions of
194 chapter 370, any resident physician or intern in any hospital in this
195 state, whether or not so licensed, any registered nurse, any nursing
196 home administrator, nurse's aide or orderly in a nursing home facility
197 or residential care home, any person paid for caring for a patient in a
198 nursing home facility or residential care home, any staff person
199 employed by a nursing home facility or residential care home, any
200 patients' advocate, any licensed practical nurse, medical examiner,
201 dentist, optometrist, chiropractor, podiatrist, social worker, clergyman,
202 police officer, pharmacist, psychologist or physical therapist, [and] any
203 person paid for caring for an elderly person by any institution,
204 organization, agency or facility, [. Such persons shall include an
205 employee of a community-based services provider, senior center,
206 home care agency, homemaker and companion agency, adult day care
207 center, village-model community and congregate housing facility,] or
208 any person licensed or certified as an emergency medical services
209 provider under the provisions of chapter 368d who has reasonable
210 cause to suspect or believe that any elderly person has been abused,
211 neglected, exploited or abandoned, or is in a condition that is the result
212 of such abuse, neglect, exploitation or abandonment, or is in need of
213 protective services, shall, not later than seventy-two hours after such
214 suspicion or belief arose, report such information or cause a report to
215 be made in any reasonable manner to the Commissioner of Social

216 Services or to the person or persons designated by the commissioner to
217 receive such reports. Any person required to report under the
218 provisions of this section who fails to make such report within the
219 prescribed time period shall be fined not more than five hundred
220 dollars, except that, if such person intentionally fails to make such
221 report within the prescribed time period, such person shall be guilty of
222 a class C misdemeanor for the first offense and a class A misdemeanor
223 for any subsequent offense. Any institution, organization, agency or
224 facility employing individuals to care for persons sixty years of age or
225 older shall provide mandatory training on detecting potential abuse
226 and neglect of such persons and inform such employees of their
227 obligations under this section. For purposes of this subsection, "person
228 paid for caring for an elderly person by any institution, organization,
229 agency or facility" includes an employee of a community-based
230 services provider, senior center, home health care agency, homemaker
231 and companion agency, adult day care center, village-model
232 community and congregate housing facility.

233 Sec. 8. Subdivision (9) of section 19a-177 of the general statutes is
234 repealed and the following is substituted in lieu thereof (*Effective*
235 *October 1, 2015*):

236 (9) (A) Establish rates for the conveyance and treatment of patients
237 by licensed ambulance services and invalid coaches and establish
238 emergency service rates for certified ambulance services and
239 paramedic intercept services, provided (i) the present rates established
240 for such services and vehicles shall remain in effect until such time as
241 the commissioner establishes a new rate schedule as provided in this
242 subdivision, and (ii) any rate increase not in excess of the Medical Care
243 Services Consumer Price Index, as published by the Bureau of Labor
244 Statistics of the United States Department of Labor, for the prior year,
245 filed in accordance with subparagraph (B)(iii) of this subdivision shall
246 be deemed approved by the commissioner. For purposes of this
247 subdivision, licensed ambulance service shall not include emergency
248 air transport services.

249 (B) Adopt regulations, in accordance with the provisions of chapter
250 54, establishing methods for setting rates and conditions for charging
251 such rates. Such regulations shall include, but not be limited to,
252 provisions requiring that on and after July 1, 2000: (i) Requests for rate
253 increases may be filed no more frequently than once a year, except
254 that, in any case where an agency's schedule of maximum allowable
255 rates falls below that of the Medicare allowable rates for that agency,
256 the commissioner shall immediately amend such schedule so that the
257 rates are at or above the Medicare allowable rates; (ii) only licensed
258 ambulance services, certified ambulance services and paramedic
259 intercept services that apply for a rate increase in excess of the Medical
260 Care Services Consumer Price Index, as published by the Bureau of
261 Labor Statistics of the United States Department of Labor, for the prior
262 year, and do not accept the maximum allowable rates contained in any
263 voluntary state-wide rate schedule established by the commissioner for
264 the rate application year shall be required to file detailed financial
265 information with the commissioner, provided any hearing that the
266 commissioner may hold concerning such application shall be
267 conducted as a contested case in accordance with chapter 54; (iii)
268 licensed ambulance services, certified ambulance services and
269 paramedic intercept services that do not apply for a rate increase in
270 any year in excess of the Medical Care Services Consumer Price Index,
271 as published by the Bureau of Labor Statistics of the United States
272 Department of Labor, for the prior year, or that accept the maximum
273 allowable rates contained in any voluntary state-wide rate schedule
274 established by the commissioner for the rate application year shall, not
275 later than [July fifteenth of such year] the last business day in August
276 of such year, file with the commissioner a statement of emergency and
277 nonemergency call volume, and, in the case of a licensed ambulance
278 service, certified ambulance service or paramedic intercept service that
279 is not applying for a rate increase, a written declaration by such
280 licensed ambulance service, certified ambulance service or paramedic
281 intercept service that no change in its currently approved maximum
282 allowable rates will occur for the rate application year; and (iv)
283 detailed financial and operational information filed by licensed

284 ambulance services, certified ambulance services and paramedic
285 intercept services to support a request for a rate increase in excess of
286 the Medical Care Services Consumer Price Index, as published by the
287 Bureau of Labor Statistics of the United States Department of Labor,
288 for the prior year, shall cover the time period pertaining to the most
289 recently completed fiscal year and the rate application year of the
290 licensed ambulance service, certified ambulance service or paramedic
291 intercept service.

292 (C) Establish rates for licensed ambulance services, certified
293 ambulance services or paramedic intercept services for the following
294 services and conditions: (i) "Advanced life support assessment" and
295 "specialty care transports", which terms have the meanings provided
296 in 42 CFR 414.605; and (ii) [intramunicipality] mileage, which [means]
297 may include mileage for an ambulance transport when the point of
298 origin and final destination for a transport is within the boundaries of
299 the same municipality. The rates established by the commissioner for
300 each such service or condition shall be equal to (I) the ambulance
301 service's base rate plus its established advanced life
302 support/paramedic surcharge when advanced life support assessment
303 services are performed; (II) two hundred twenty-five per cent of the
304 ambulance service's established base rate for specialty care transports;
305 and (III) "loaded mileage", as the term is defined in 42 CFR 414.605,
306 multiplied by the ambulance service's established rate for
307 [intramunicipality] mileage. Such rates shall remain in effect until such
308 time as the commissioner establishes a new rate schedule as provided
309 in this subdivision;

310 Sec. 9. Section 19a-175 of the general statutes is amended by adding
311 subdivision (31) as follows (*Effective October 1, 2015*):

312 (NEW) (31) "Authorized emergency services medical vehicle" means
313 an ambulance, invalid coach or advanced emergency technician-
314 staffed intercept vehicle or a paramedic-staffed intercept vehicle
315 licensed or certified by the Department of Public Health for purposes
316 of providing emergency medical care to patients.

317 Sec. 10. Section 19a-181 of the general statutes is repealed and the
318 following is substituted in lieu thereof (*Effective October 1, 2015*):

319 (a) Each ambulance [] and invalid coach [and intermediate or
320 paramedic intercept vehicle] used by an emergency medical service
321 organization [shall be registered with the Department of Motor
322 Vehicles pursuant to chapter 246. The Department of Motor Vehicles
323 shall not issue a certificate of registration for any such ambulance,
324 invalid coach or intermediate or paramedic intercept vehicle unless the
325 applicant for such certificate of registration presents to said
326 department a safety certificate from the Commissioner of Public
327 Health certifying that said] shall be inspected to verify such ambulance
328 [] or invalid coach [and intermediate or paramedic intercept vehicle
329 has been inspected and] has met the minimum standards prescribed
330 by the Commissioner of Public Health. [Each vehicle so registered with
331 the Department of Motor Vehicles shall be inspected once every two
332 years thereafter on or before the anniversary date of the issuance of the
333 certificate of registration.] Such inspection shall be conducted (1) in
334 accordance with 49 CFR 396.17, as amended from time to time, and (2)
335 by a person (A) qualified to perform such inspection in accordance
336 with 49 CFR 396.19 and 49 CFR 396.25, as amended from time to time,
337 and (B) employed by the state or a municipality of the state or licensed
338 in accordance with section 14-52. A record of each inspection shall be
339 made in accordance with section 49 CFR 396.21, as amended from time
340 to time. Each [such] inspector, upon determining that such ambulance
341 [] or invalid coach [or intermediate or paramedic intercept vehicle]
342 meets the standards of safety and equipment prescribed by the
343 Commissioner of Public Health, shall [affix a safety certificate to such
344 vehicle] provide notification to the emergency medical services
345 organization in such manner and form as said commissioner
346 designates, [and such sticker shall be so placed as to be] The
347 Commissioner of Public Health shall affix a safety certificate sticker in
348 the rear compartment of such ambulance or invalid coach in a location
349 readily visible to any person, [in the rear compartment of such
350 vehicle.]

351 (b) Each authorized emergency medical services vehicle used by an
352 emergency medical service organization shall be inspected by the
353 Department of Public Health to verify the authorized emergency
354 medical services vehicle is in compliance with the minimum standards
355 for vehicle design and equipment as prescribed by the Commissioner
356 of Public Health. Each inspector, upon determining that such
357 authorized emergency medical services vehicle meets the standards of
358 safety and equipment prescribed by the Commissioner of Public
359 Health, shall affix a compliance certificate in the rear compartment of
360 such vehicle, in such manner and form as said commissioner
361 designates, and such sticker shall be so placed as to be readily visible
362 to any person. The Commissioner of Public Health or the
363 commissioner's designee may inspect any rescue vehicle used by an
364 emergency medical service organization for compliance with the
365 minimum equipment standards prescribed by said commissioner.

366 (c) Each authorized emergency medical services vehicle shall be
367 registered with the Department of Motor Vehicles pursuant to chapter
368 246. The Department of Motor Vehicles shall not issue a certificate of
369 registration for any such authorized emergency medical services
370 vehicle unless the applicant for such certificate of registration presents
371 to said department a compliance certificate from the Commissioner of
372 Public Health certifying that such authorized emergency medical
373 services vehicle has been inspected and has met the minimum safety
374 and vehicle design equipment standards prescribed by the
375 Commissioner of Public Health. Each vehicle registered with the
376 Department of Motor Vehicles in accordance with this subsection shall
377 be inspected by the Commissioner of Public Health or the
378 commissioner's designee not less than once every two years on or
379 before the anniversary date of the issuance of the certificate of
380 registration.

381 [(b)] (d) The Department of Motor Vehicles shall suspend or revoke
382 the certificate of registration of any vehicle inspected under the
383 provisions of this section upon certification from the Commissioner of
384 Public Health that such ambulance or rescue vehicle has failed to meet

385 the minimum standards prescribed by said commissioner.

386 Sec. 11. Subsection (d) of section 19a-654 of the general statutes is
387 repealed and the following is substituted in lieu thereof (*Effective*
388 *October 1, 2015*):

389 (d) Except as provided in this subsection, patient-identifiable data
390 received by the office shall be kept confidential and shall not be
391 considered public records or files subject to disclosure under the
392 Freedom of Information Act, as defined in section 1-200. The office
393 may release de-identified patient data or aggregate patient data to the
394 public in a manner consistent with the provisions of 45 CFR 164.514.
395 Any de-identified patient data released by the office shall exclude
396 provider, physician and payer organization names or codes and shall
397 be kept confidential by the recipient. The office may release patient-
398 identifiable data (1) for medical and scientific research as provided for
399 in [section 19a-25 and regulations adopted pursuant to section 19a-25]
400 section 19a-25-3 of the regulations of Connecticut state agencies, and
401 (2) to (A) a state agency for the purpose of improving health care
402 service delivery, (B) a federal agency or the office of the Attorney
403 General for the purpose of investigating hospital mergers and
404 acquisitions, or (C) another state's health data collection agency with
405 which the office has entered into a reciprocal data-sharing agreement
406 for the purpose of certificate of need review or evaluation of health
407 care services, upon receipt of a request from such agency, provided,
408 prior to the release of such patient-identifiable data, such agency enters
409 into a written agreement with the office pursuant to which such
410 agency agrees to protect the confidentiality of such patient-identifiable
411 data and not to use such patient-identifiable data as a basis for any
412 decision concerning a patient. No individual or entity receiving
413 patient-identifiable data may release such data in any manner that may
414 result in an individual patient, physician, provider or payer being
415 identified. The office shall impose a reasonable, cost-based fee for any
416 patient data provided to a nongovernmental entity.

417 Sec. 12. Subsection (c) of section 10-149c of the general statutes is

418 repealed and the following is substituted in lieu thereof (*Effective*
419 *October 1, 2015*):

420 (c) For purposes of this section, "licensed health care professional"
421 means a physician licensed pursuant to chapter 370, a physician
422 assistant licensed pursuant to chapter 370, an advanced practice
423 registered nurse licensed pursuant to chapter 378, [or] an athletic
424 trainer licensed pursuant to chapter 375a and acting under the consent
425 and direction of a health care provider, as defined in section 20-65f, or
426 a physical therapist licensed pursuant to chapter 376.

427 Sec. 13. Section 19a-30 of the general statutes is repealed and the
428 following is substituted in lieu thereof (*Effective October 1, 2015*):

429 (a) As used in this section, "clinical laboratory" means any facility or
430 other area used for microbiological, serological, chemical,
431 hematological, immunohematological, biophysical, cytological,
432 pathological or other examinations of human body fluids, secretions,
433 excretions or excised or exfoliated tissues, for the purpose of providing
434 information for the diagnosis, prevention or treatment of any human
435 disease or impairment, for the assessment of human health or for the
436 presence of drugs, poisons or other toxicological substances.

437 (b) The Department of Public Health shall [, in its Public Health
438 Code,] adopt regulations, [and] in accordance with the provisions of
439 chapter 54, to establish reasonable standards governing exemptions
440 from the licensing provisions of this section, clinical laboratory
441 operations and facilities, personnel qualifications and certification,
442 levels of acceptable proficiency in testing programs approved by the
443 department, the collection, acceptance and suitability of specimens for
444 analysis and such other pertinent laboratory functions, including the
445 establishment of advisory committees, as may be necessary to insure
446 public health and safety. No person, firm or corporation shall establish,
447 conduct, operate or maintain a clinical laboratory unless such
448 laboratory is licensed or approved by said department in accordance
449 with its regulations. Each clinical laboratory shall comply with all
450 standards for clinical laboratories [set forth in the Public Health Code]

451 established by the department and shall be subject to inspection by
452 said department, including inspection of all records necessary to carry
453 out the purposes of this section. The commissioner, or an agent
454 authorized by the commissioner, may conduct any inquiry,
455 investigation or hearing necessary to enforce the provisions of this
456 section or regulations adopted under this section and shall have power
457 to issue subpoenas, order the production of books, records or
458 documents, administer oaths and take testimony under oath relative to
459 the matter of such inquiry, investigation or hearing. At any such
460 hearing ordered by the department, the commissioner or such agent
461 may subpoena witnesses and require the production of records, papers
462 and documents pertinent to such hearing. If any person disobeys such
463 subpoena or, having appeared in obedience thereto, refuses to answer
464 any pertinent question put to such person by the commissioner or such
465 agent or to produce any records and papers pursuant to the subpoena,
466 the commissioner or such agent may apply to the superior court for the
467 judicial district of Hartford or for the judicial district wherein the
468 person resides or wherein the business has been conducted, setting
469 forth such disobedience or refusal and said court shall cite such person
470 to appear before said court to answer such question or to produce such
471 records and papers.

472 (c) Each application for licensure of a clinical laboratory, if such
473 laboratory is located within an institution licensed in accordance with
474 sections 19a-490 to 19a-503, inclusive, shall be made on forms provided
475 by said department and shall be executed by the owner or owners or
476 by a responsible officer of the firm or corporation owning the
477 laboratory. Such application shall contain a current itemized rate
478 schedule, full disclosure of any contractual relationship, written or
479 oral, with any practitioner using the services of the laboratory and
480 such other information as said department requires, which may
481 include affirmative evidence of ability to comply with the standards as
482 well as a sworn agreement to abide by them. Upon receipt of any such
483 application, said department shall make such inspections and
484 investigations as are necessary and shall deny licensure when
485 operation of the clinical laboratory would be prejudicial to the health

486 of the public. Licensure shall not be in force until notice of its effective
487 date and term has been sent to the applicant.

488 (d) A nonrefundable fee of two hundred dollars shall accompany
489 each application for a license or for renewal thereof, except in the case
490 of a clinical laboratory owned and operated by a municipality, the
491 state, the United States or any agency of said municipality, state or
492 United States. Each license shall be issued for a period of not less than
493 twenty-four nor more than twenty-seven months from the deadline for
494 applications established by the commissioner. Renewal applications
495 shall be made (1) biennially within the twenty-fourth month of the
496 current license; (2) before any change in ownership or change in
497 director is made; and (3) prior to any major expansion or alteration in
498 quarters.

499 (e) A license issued under this section may be revoked or suspended
500 in accordance with chapter 54 or subject to any other disciplinary
501 action specified in section 19a-17, as amended by this act, if such
502 laboratory has engaged in fraudulent practices, fee-splitting
503 inducements or bribes, including but not limited to violations of
504 subsection (f) of this section, or violated any other provision of this
505 section or regulations adopted under this section after notice and a
506 hearing is provided in accordance with the provisions of said chapter.

507 (f) No representative or agent of a clinical laboratory shall solicit
508 referral of specimens to his or any other clinical laboratory in a manner
509 which offers or implies an offer of fee-splitting inducements to persons
510 submitting or referring specimens, including inducements through
511 rebates, fee schedules, billing methods, personal solicitation or
512 payment to the practitioner for consultation or assistance or for
513 scientific, clerical or janitorial services.

514 (g) No clinical laboratory shall terminate the employment of an
515 employee because such employee reported a violation of this section to
516 the Department of Public Health.

517 (h) Any person, firm or corporation operating a clinical laboratory

518 in violation of this section shall be fined not less than one hundred
519 dollars or more than three hundred dollars for each offense. For
520 purposes of calculating civil penalties under this section, each day a
521 licensee operates in violation of this section or a regulation adopted
522 under this section shall constitute a separate violation.

523 (i) The Commissioner of Public Health shall adopt regulations in
524 accordance with the provisions of chapter 54 to establish levels of
525 acceptable proficiency to be demonstrated in testing programs
526 approved by the department for those laboratory tests which are not
527 performed in a licensed clinical laboratory. Such levels of acceptable
528 proficiency shall be determined on the basis of the volume or the
529 complexity of the examinations performed.

530 Sec. 14. Section 19a-30a of the general statutes is repealed and the
531 following is substituted in lieu thereof (*Effective October 1, 2015*):

532 (a) Each clinical laboratory, licensed pursuant to section 19a-30, as
533 amended by this act, which discovers a medical error made in the
534 performance or reporting of any test or examination performed by the
535 laboratory shall promptly notify, in writing, the authorized person
536 ordering the test of the existence of such error and shall promptly issue
537 a corrected report or request for a retest, with the exception of HIV
538 testing, in which case, errors shall be reported in person and
539 counseling provided in accordance with chapter 368x.

540 (b) If the patient has requested the test directly from the laboratory,
541 notice shall be sent to the patient, in writing, stating that a medical
542 error in the reported patient test results has been detected and the
543 patient is requested to contact the laboratory to arrange for a retest or
544 other confirmation of test results. Said laboratory shall verbally or in
545 writing inform the patient that in the event of a medical error the
546 laboratory is required by law to inform him and that he may designate
547 where such notification is to be sent. Such written notification shall be
548 confidential and subject to the provisions of chapter 368x.

549 (c) Failure to comply with the provisions of this section may be

550 cause for suspension or revocation of the license granted under said
551 section 19a-30, as amended by this act, or the imposition of any other
552 disciplinary action specified in section 19a-17, as amended by this act.

553 (d) The Department of Public Health may adopt regulations in
554 accordance with the provisions of chapter 54 to implement the
555 provisions of this section.

556 Sec. 15. Subsection (f) of section 19a-17 of the general statutes is
557 repealed and the following is substituted in lieu thereof (*Effective*
558 *October 1, 2015*):

559 (f) Such board or commission or the department may take
560 disciplinary action against a practitioner's license or permit as a result
561 of the practitioner having been subject to disciplinary action similar to
562 an action specified in subsection (a) of this section by a duly
563 authorized professional disciplinary agency of any state, a federal
564 governmental agency, the District of Columbia, a United States
565 possession or territory or a foreign jurisdiction. Such board or
566 commission or the department may rely upon the findings and
567 conclusions made by a duly authorized professional disciplinary
568 agency of any state, a federal governmental agency, the District of
569 Columbia, a United States possession or territory or foreign
570 jurisdiction in taking such disciplinary action.

571 Sec. 16. Subdivision (6) of subsection (a) of section 19a-14 of the
572 general statutes is repealed and the following is substituted in lieu
573 thereof (*Effective October 1, 2015*):

574 (6) Determine the eligibility of all applicants for permits, licensure,
575 certification or registration, based upon compliance with the general
576 statutes and administrative regulations. The department may deny the
577 eligibility of an applicant for a permit or for licensure by examination,
578 endorsement, reciprocity or for reinstatement of a license voided
579 pursuant to subsection (f) of section 19a-88, voluntarily surrendered or,
580 by agreement, not renewed or reinstated pursuant to subsection (d) of
581 section 19a-17, or may issue a license pursuant to a consent order

582 containing conditions that must be met by the applicant if the
583 department determines that the applicant:

584 (A) Has failed to comply with the general statutes and
585 administrative regulations governing the applicant's profession;

586 (B) Has been found guilty or convicted as a result of an act which
587 constitutes a felony under (i) the laws of this state, (ii) federal law or
588 (iii) the laws of another jurisdiction and which, if committed within
589 this state, would have constituted a felony under the laws of this state;

590 (C) Is subject to a pending disciplinary action or unresolved
591 complaint before the duly authorized professional disciplinary agency
592 of any state, the District of Columbia, a United States possession or
593 territory, or a foreign jurisdiction;

594 (D) Has been subject to disciplinary action similar to an action
595 specified in subsection (a) of section 19a-17, as amended by this act, by
596 a duly authorized professional disciplinary agency of any state, the
597 District of Columbia, a United States possession or territory, or a
598 foreign jurisdiction;

599 (E) Has committed an act which, if the applicant were licensed,
600 would not conform to the accepted standards of practice of the
601 profession, including, but not limited to, incompetence, negligence,
602 fraud or deceit; illegal conduct; procuring or attempting to procure a
603 license, certificate or registration by fraud or deceit; or engaging in,
604 aiding or abetting unlicensed practice of a regulated profession,
605 provided the commissioner, or the commissioner's designee, gives
606 notice and holds a hearing, in accordance with the provisions of
607 chapter 54, prior to denying an application for a permit or a license
608 based on this subparagraph; or

609 (F) Has a condition which would interfere with the practice of the
610 applicant's profession, including, but not limited to, physical illness or
611 loss of skill or deterioration due to the aging process, emotional
612 disorder or mental illness, abuse or excessive use of drugs or alcohol,

613 provided the commissioner, or the commissioner's designee, gives
614 notice and holds a hearing in accordance with the provisions of
615 chapter 54, prior to denying an application for a permit or a license
616 based on this subparagraph;

617 Sec. 17. Section 19a-531 of the general statutes is repealed and the
618 following is substituted in lieu thereof (*Effective October 1, 2015*):

619 Any employee of the Department of Public Health or the
620 Department of Social Services or any regional ombudsman who gives
621 or causes to be given any advance notice to any [nursing home facility
622 or residential care home] institution, as defined in section 19a-490,
623 directly or indirectly, that an investigation or inspection that is not an
624 initial licensure inspection is under consideration or is impending or
625 gives any information regarding any complaint submitted pursuant to
626 section 17a-413 or 19a-523 prior to an on-the-scene investigation or
627 inspection of such facility, unless specifically mandated by federal or
628 state regulations to give advance notice, shall be guilty of a class B
629 misdemeanor and may be subject to dismissal, suspension or demotion
630 in accordance with chapter 67.

631 Sec. 18. Section 19a-903c of the general statutes is repealed and the
632 following is substituted in lieu thereof (*Effective October 1, 2015*):

633 (a) For purposes of this section:

634 (1) "Medical spa" means an establishment in which cosmetic medical
635 procedures are performed, but shall not include, hospitals or other
636 licensed health care facilities; and

637 (2) "Cosmetic medical procedure" means any procedure performed
638 on a person that is directed at improving the person's appearance and
639 that does not meaningfully promote the proper function of the body or
640 prevent or treat illness or disease and may include, but is not limited
641 to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft
642 tissue fillers, dermaplaning, dermastamping, dermarolling,
643 dermabrasion that removes cells beyond the stratum corneum,

644 chemical peels using modification solutions that exceed thirty per cent
645 concentration with a pH value of lower than 3.0, laser hair removal,
646 laser skin resurfacing, laser treatment of leg veins, sclerotherapy and
647 other laser procedures, intense pulsed light, injection of cosmetic filling
648 agents and neurotoxins and the use of class II medical devices
649 designed to induce deep skin tissue alteration.

650 (b) Each medical spa shall employ or contract for the services of: (1)
651 A physician licensed pursuant to chapter 370; (2) a physician assistant
652 licensed pursuant to chapter 370; or (3) an advanced practice registered
653 nurse licensed pursuant to chapter 378. Each such physician, physician
654 assistant or advanced practice registered nurse shall: (A) Be actively
655 practicing in the state; and (B) have received education or training
656 from an institution of higher education or professional organization to
657 perform cosmetic medical procedures and have experience performing
658 such procedures. Any cosmetic medical procedure performed at a
659 medical spa shall be performed in accordance with the provisions of
660 this title and title 20, and shall only be performed by such physician,
661 physician assistant or advanced practice registered nurse, or a
662 registered nurse licensed pursuant to chapter 378.

663 (c) A physician, physician assistant or advanced practice registered
664 nurse who is employed by, or under contract with, the medical spa
665 shall perform an initial in-person physical assessment of each person
666 undergoing a cosmetic medical procedure at the medical spa prior to
667 such procedure being performed.

668 (d) Each medical spa shall post information, including the names
669 and any specialty areas of any physician, physician assistant, advanced
670 practice registered nurse or registered nurse performing cosmetic
671 medical procedures, in a conspicuous place that is accessible to
672 customers at the medical spa and on any Internet web site maintained
673 by the medical spa. Such information shall also be: (1) Contained in
674 any advertisement by the medical spa or state that such information
675 may be found on the medical spa's Internet web site and list the
676 address for such Internet web site; and (2) contained in a written notice

677 that is provided to each person before undergoing any cosmetic
678 medical procedure at the medical spa.

679 Sec. 19. Subsection (a) of section 19a-401 of the general statutes is
680 repealed and the following is substituted in lieu thereof (*Effective*
681 *October 1, 2015*):

682 (a) There is established a Commission on Medicolegal
683 Investigations, as an independent administrative commission,
684 consisting of nine members: Two full professors of pathology, two full
685 professors of law, a member of the Connecticut Medical Society, a
686 member of the Connecticut Bar Association, two members of the
687 public, selected by the Governor, and the Commissioner of Public
688 Health, or the commissioner's designee. The Governor shall appoint
689 the two full professors of pathology and the two full professors of law
690 from a panel of not less than four such professors in the field of
691 medicine and four such professors in the field of law recommended by
692 a committee composed of the deans of the recognized schools and
693 colleges of medicine and of law in the state of Connecticut; the member
694 of the Connecticut Medical Society from a panel of not less than three
695 members of that society recommended by the council of that society;
696 and the member of the Connecticut Bar Association from a panel of not
697 less than three members of that association recommended by the board
698 of governors of that association. Initially, one professor of pathology,
699 one professor of law, the member of the Connecticut Medical Society,
700 and one member of the public shall serve for six years and until their
701 successors are appointed, and one professor of pathology, one
702 professor of law, the member of the Connecticut Bar Association and
703 one member of the public shall serve for three years, and until their
704 successors are appointed. All appointments to full terms subsequent to
705 the initial appointments shall be for six years. Vacancies shall be filled
706 for the expiration of the term of the member being replaced in the
707 same manner as original appointments. Members shall be eligible for
708 reappointment under the same conditions as are applicable to initial
709 appointments. The commission shall elect annually one of its members
710 as chairman and one as vice chairman. Members of the commission

711 shall receive no compensation but shall be reimbursed for their actual
712 expenses incurred in service on the commission. The commission shall
713 meet at least once each year and more often as its duties require, upon
714 the request of any two members and shall meet at least once each year
715 with those persons and groups that are affected by commission
716 policies and procedures. The commission shall adopt its own rules for
717 the conduct of its meetings.

718 Sec. 20. Subsection (a) of section 19a-29a of the general statutes is
719 repealed and the following is substituted in lieu thereof (*Effective*
720 *October 1, 2015*):

721 (a) As used in this section: [, "environmental laboratory"]

722 (1) "Environmental laboratory" means any facility or other area,
723 including, but not limited to, an outdoor area where testing occurs,
724 used for microbiological, chemical, radiological or other analyte testing
725 of drinking waters, ground waters, sea waters, rivers, streams and
726 surface waters, recreational waters, fresh water sources, wastewaters,
727 swimming pools, construction, renovation and demolition building
728 materials, soil, solid waste, animal and plant tissues, sewage, sewage
729 effluent, sewage sludge or any other matrix for the purpose of
730 providing information on the sanitary quality or the amount of
731 pollution or any substance prejudicial to health or the environment.
732 [For purposes of this section] "Environmental laboratory" does not
733 include a publicly-owned treatment works, as defined in section 22a-
734 521, that performs only physical, residue, microbiological and
735 biological oxygen demand tests for its own facility for which results
736 are submitted to the Department of Energy and Environmental
737 Protection to comply with permits or authorizations issued pursuant
738 to section 22a-6k, 22a-430 or 22a-430b, or a pollution abatement facility,
739 as defined in either section 22a-423 or 22a-475, that tests for pH,
740 turbidity, conductivity, salinity and oxidation-reduction potential, and
741 tests for residual chlorine for its own facility for which results are
742 required by or submitted to the Department of Energy and
743 Environmental Protection to comply with permits or authorizations

744 issued pursuant to section 22a-6k, 22a-430 or 22a-430b;

745 [(1) "analyte"] (2) "Analyte" means a microbiological, chemical,
746 radiological or other component of a matrix being measured by an
747 analytical test; [,] and

748 [(2) "matrix"] (3) "Matrix" means the substance or medium in which
749 an analyte is contained, that may include drinking water or
750 wastewater.

751 Sec. 21. Subsection (b) of section 20-206bb of the general statutes is
752 repealed and the following is substituted in lieu thereof (*Effective*
753 *October 1, 2015*):

754 (b) Each person seeking licensure as an acupuncturist shall make
755 application on forms prescribed by the department, pay an application
756 fee of two hundred dollars and present to the department satisfactory
757 evidence that the applicant has (1) [has] completed sixty semester
758 hours, or its equivalent, of postsecondary study in an institution of
759 postsecondary education that, if in the United States or its territories,
760 was accredited by a recognized regional accrediting body or, if outside
761 the United States or its territories, was legally chartered to grant
762 postsecondary degrees in the country in which located, (2) [has]
763 successfully completed a course of study in acupuncture in a program
764 that, at the time of graduation, was in candidate status with or
765 accredited by an accrediting agency recognized by the United States
766 Department of Education and included (A) for a person who
767 completed such course of study before October 1, 2012, a minimum of
768 one thousand three hundred fifty hours of didactic and clinical
769 training, five hundred of which were clinical, or (B) for a person who
770 completed such course of study on or after October 1, 2012, a
771 minimum of one thousand nine hundred five hours of didactic and
772 clinical training, six hundred sixty of which were clinical, (3) [has]
773 passed all portions of the National Certification Commission for
774 Acupuncture and Oriental Medicine examination required for
775 acupuncture certification or an examination prescribed by the
776 department, [and] (4) [has] successfully completed a course in clean

777 needle technique prescribed by the department, and (5) acquired
778 professional liability insurance or other indemnity against liability for
779 professional malpractice in an amount determined by the
780 commissioner. Any person successfully completing the education,
781 examination or training requirements of this section in a language
782 other than English shall be deemed to have satisfied the requirement
783 completed in that language.

784 Sec. 22. Subdivision (1) of subsection (e) of section 20-206bb of the
785 general statutes is repealed and the following is substituted in lieu
786 thereof (*Effective October 1, 2015*):

787 (1) Except as provided in subdivision (2) of this subsection, for
788 registration periods beginning on and after October 1, 2014, a licensee
789 applying for license renewal shall (A) maintain a certification by the
790 National Certification Commission for Acupuncture and Oriental
791 Medicine, or (B) earn not less than thirty contact hours of continuing
792 education approved by the National Certification Commission for
793 Acupuncture and Oriental Medicine within the preceding twenty-four-
794 month period. For registration periods beginning on and after October
795 1, 2015, a licensee applying for license renewal shall maintain
796 professional liability insurance or other indemnity against liability for
797 professional malpractice in an amount determined by the
798 commissioner.

799 Sec. 23. Subsection (c) of section 19a-6n of the general statutes is
800 repealed and the following is substituted in lieu thereof (*Effective*
801 *October 1, 2015*):

802 (c) A representative of the Department of Education Bureau of
803 Special Education shall be a member and the chairpersons of the joint
804 standing [committee] committees of the General Assembly having
805 cognizance of matters relating to public health and insurance, or the
806 chairpersons' designees, shall be members of the advisory council.

807 Sec. 24. Section 20-151 of the general statutes is repealed and the
808 following is substituted in lieu thereof (*Effective from passage*):

809 (a) Any licensed optician and any optical department in any
810 establishment, office or store may apply to [said department] the
811 Department of Public Health for a registration certificate to sell at retail
812 optical glasses and instruments from given formulas and to make and
813 dispense reproductions of the same, in a shop, store, optical
814 establishment or office owned and managed by a licensed optician as
815 defined in section 20-145 or where the optical department thereof is
816 under the supervision of such a licensed optician, and said registration
817 shall be designated as an optical selling permit. Said department shall
818 grant such permits for a period not exceeding one year, upon the
819 payment of a fee of three hundred fifteen dollars, and upon
820 satisfactory evidence to said department that such optical
821 establishment, office or store is being conducted in accordance with the
822 regulations adopted under this chapter. Such permit shall be
823 conspicuously posted within such optical establishment, office or store.
824 All permits issued under the provisions of this chapter shall expire on
825 September first in each year.

826 (b) The provisions of this section shall not be construed to require a
827 permit from the Department of Public Health for an ophthalmic
828 science educational program offered by a regionally accredited
829 institution of higher education operating an optical establishment for
830 the purpose of providing practical training to students enrolled in such
831 program.

832 Sec. 25. Section 19a-630 of the general statutes is repealed and the
833 following is substituted in lieu thereof (*Effective October 1, 2015*):

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

835 (1) "Access" means the availability of services to an individual who
836 needs care and the ability of such individual to obtain such services
837 when considering the location of such services, available
838 transportation to such location, the hours of operation of such location
839 and any language or cultural considerations for the individual seeking
840 such services.

841 [(1)] (2) "Affiliate" means a person, entity or organization
842 controlling, controlled by or under common control with another
843 person, entity or organization. Affiliate does not include a medical
844 foundation organized under chapter 594b.

845 [(2)] (3) "Applicant" means any person or health care facility that
846 applies for a certificate of need pursuant to section 19a-639a.

847 [(3)] (4) "Bed capacity" means the total number of inpatient beds in a
848 facility licensed by the Department of Public Health under sections
849 19a-490 to 19a-503, inclusive.

850 [(4)] (5) "Capital expenditure" means an expenditure that under
851 generally accepted accounting principles consistently applied is not
852 properly chargeable as an expense of operation or maintenance and
853 includes acquisition by purchase, transfer, lease or comparable
854 arrangement, or through donation, if the expenditure would have been
855 considered a capital expenditure had the acquisition been by purchase.

856 [(5)] (6) "Certificate of need" means a certificate issued by the office.

857 (7) "Clear public need" means the necessity for proposed health care
858 facilities, services or equipment resulting from deficiencies in the
859 availability of or access to such facilities, services or equipment as
860 evidenced by population demographics, service utilization patterns
861 and epidemiological information regarding diseases or health
862 conditions of members of the public.

863 (8) "Commissioner" means the Commissioner of Public Health.

864 [(6)] (9) "Days" means calendar days.

865 [(7)] (10) "Deputy commissioner" means the deputy commissioner of
866 Public Health who oversees the Office of Health Care Access division
867 of the Department of Public Health.

868 [(8) "Commissioner" means the Commissioner of Public Health.]

869 [(9)] (11) "Free clinic" means a private, nonprofit community-based

870 organization that provides medical, dental, pharmaceutical or mental
871 health services at reduced cost or no cost to low-income, uninsured
872 and underinsured individuals.

873 [(10)] (12) "Group practice" means eight or more full-time equivalent
874 physicians, legally organized in a partnership, professional
875 corporation, limited liability company formed to render professional
876 services, medical foundation, not-for-profit corporation, faculty
877 practice plan or other similar entity (A) in which each physician who is
878 a member of the group provides substantially the full range of services
879 that the physician routinely provides, including, but not limited to,
880 medical care, consultation, diagnosis or treatment, through the joint
881 use of shared office space, facilities, equipment or personnel; (B) for
882 which substantially all of the services of the physicians who are
883 members of the group are provided through the group and are billed
884 in the name of the group practice and amounts so received are treated
885 as receipts of the group; or (C) in which the overhead expenses of, and
886 the income from, the group are distributed in accordance with
887 methods previously determined by members of the group. An entity
888 that otherwise meets the definition of group practice under this section
889 shall be considered a group practice although its shareholders,
890 partners or owners of the group practice include single-physician
891 professional corporations, limited liability companies formed to render
892 professional services or other entities in which beneficial owners are
893 individual physicians.

894 [(11)] (13) "Health care facility" means (A) hospitals licensed by the
895 Department of Public Health under chapter 368v; (B) specialty
896 hospitals; (C) freestanding emergency departments; (D) outpatient
897 surgical facilities, as defined in section 19a-493b and licensed under
898 chapter 368v; (E) a hospital or other facility or institution operated by
899 the state that provides services that are eligible for reimbursement
900 under Title XVIII or XIX of the federal Social Security Act, 42 USC 301,
901 as amended; (F) a central service facility; (G) mental health facilities;
902 (H) substance abuse treatment facilities; and (I) any other facility
903 requiring certificate of need review pursuant to subsection (a) of

904 section 19a-638. "Health care facility" includes any parent company,
905 subsidiary, affiliate or joint venture, or any combination thereof, of any
906 such facility.

907 (14) "Health care services" means medical, surgical, diagnostic or
908 therapeutic services integral to the clinical management of illness,
909 disease, disability or injury.

910 [(12)] (15) "Nonhospital based" means located at a site other than the
911 main campus of the hospital.

912 [(13)] (16) "Office" means the Office of Health Care Access division
913 within the Department of Public Health.

914 [(14)] (17) "Person" means any individual, partnership, corporation,
915 limited liability company, association, governmental subdivision,
916 agency or public or private organization of any character, but does not
917 include the agency conducting the proceeding.

918 [(15)] (18) "Physician" has the same meaning as provided in section
919 20-13a.

920 (19) "Population served" means the residents of the applicant's
921 primary service area.

922 (20) "Primary service area" means an area consisting of the smallest
923 number of zip codes from which the applicant draws at least seventy-
924 five per cent of its patients.

925 (21) "Quality" means the degree to which health care services
926 increase the likelihood of desired health outcomes and are consistent
927 with established professional knowledge, standards and guidelines.

928 (22) "Relocation" means the movement of a health care facility from
929 its current location to a new location when the payer mix and
930 population served are not substantially changed.

931 (23) "Termination" means the operational discontinuance or
932 elimination of a health care service by a health care facility, excluding

933 any affiliate of such health care facility, except "termination" does not
934 include a temporary suspension of a health care service for six months
935 or less.

936 [(16)] (24) "Transfer of ownership" means a transfer that impacts or
937 changes the governance or controlling body of a health care facility,
938 institution or group practice, including, but not limited to, all
939 affiliations, mergers or any sale or transfer of net assets of a health care
940 facility.

941 Sec. 26. Section 19a-639e of the general statutes is repealed and the
942 following is substituted in lieu thereof (*Effective October 1, 2015*):

943 (a) Unless otherwise required to file a certificate of need application
944 pursuant to the provisions of subsection (a) of section 19a-638, any
945 health care facility that proposes to terminate a service that was
946 authorized pursuant to a certificate of need issued under this chapter
947 shall file a modification request with the office not later than sixty days
948 prior to the proposed date of the termination of the service. The office
949 may request additional information from the health care facility as
950 necessary to process the modification request. In addition, the office
951 shall hold a public hearing on any request from a health care facility to
952 terminate a service pursuant to this section if three or more individuals
953 or an individual representing an entity with five or more people
954 submits a request, in writing, that a public hearing be held on the
955 health care facility's proposal to terminate a service.

956 (b) [Any] Unless otherwise required to file a certificate of need
957 application pursuant to the provisions of subsection (a) of section 19a-
958 638, any health care facility that proposes to terminate all services
959 offered by such facility, that were authorized pursuant to one or more
960 certificates of need issued under this chapter, shall provide notification
961 to the office not later than sixty days prior to the termination of
962 services and such facility shall surrender its certificate of need not later
963 than thirty days prior to the termination of services.

964 (c) [Any] Unless otherwise required to file a certificate of need

965 application pursuant to the provisions of subsection (a) of section 19a-
966 638, any health care facility that proposes to terminate the operation of
967 a facility or service for which a certificate of need was not obtained
968 shall notify the office not later than sixty days prior to terminating the
969 operation of the facility or service.

970 (d) The Commissioner of Public Health may implement policies and
971 procedures necessary to administer the provisions of this section while
972 in the process of adopting such policies and procedures as regulation,
973 provided the commissioner holds a public hearing prior to
974 implementing the policies and procedures and prints notice of intent to
975 adopt regulations in the Connecticut Law Journal not later than twenty
976 days after the date of implementation. Policies and procedures
977 implemented pursuant to this section shall be valid until the time final
978 regulations are adopted. Final regulations shall be adopted by
979 December 31, [2011] 2015.

980 Sec. 27. Subdivision (4) of subsection (a) of section 20-74ee of the
981 general statutes is repealed and the following is substituted in lieu
982 thereof (*Effective October 1, 2015*):

983 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to
984 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a
985 nuclear medicine technologist, as defined in section 20-74uu, who (i)
986 has successfully completed the individual certification exam for
987 computed tomography or magnetic resonance imaging administered
988 by the American Registry of Radiologic Technologists, and (ii) holds
989 and maintains in good standing, computed tomography or magnetic
990 resonance imaging certification by the American Registry of
991 Radiologic Technologists or the Nuclear Medicine Technology
992 Certification Board, from fully operating a computed tomography or
993 magnetic resonance imaging portion of a hybrid-fusion imaging
994 system, including diagnostic imaging, in conjunction with a positron
995 emission tomography or single-photon emission computed
996 tomography imaging system; or (B) require a technologist who is
997 certified by the International Society for Clinical Densitometry or the

998 American Registry of Radiologic Technologists or the Nuclear
999 Medicine Technology Certification Board and who operates a bone
1000 densitometry system under the supervision, control and responsibility
1001 of a physician licensed pursuant to chapter 370, to be licensed as a
1002 radiographer.

1003 Sec. 28. Section 20-254 of the general statutes is repealed and the
1004 following is substituted in lieu thereof (*Effective October 1, 2015*):

1005 Any person who holds a license at the time of application as a
1006 registered hairdresser and cosmetician, or as a person entitled to
1007 perform similar services under different designations in any other
1008 state, in the District of Columbia, or in a commonwealth or territory of
1009 the United States, and who was issued such license on the basis of
1010 successful completion of a program of education and training in
1011 hairdressing and cosmetology [and an examination] shall be eligible
1012 for licensing in this state and entitled to a license without examination
1013 upon payment of a fee of fifty dollars. No license shall be issued under
1014 this section to any applicant against whom professional disciplinary
1015 action is pending or who is the subject of an unresolved complaint.

1016 Sec. 29. Section 20-206q of the general statutes is repealed and the
1017 following is substituted in lieu thereof (*Effective October 1, 2015*):

1018 [When a physician conveys an order for a diet or means of
1019 nutritional support to a] A certified dietitian-nutritionist [by verbal
1020 means] may convey an order for a patient diet, including, but not
1021 limited to, a therapeutic diet for a patient in an institution, as defined
1022 in section 19a-490. [, such order shall be received and immediately
1023 committed to writing in the patient's chart by the certified dietitian-
1024 nutritionist. Any order so written may be] The certified dietitian-
1025 nutritionist shall document such order in the patient's medical record.
1026 Any order conveyed under this section shall be acted upon by the
1027 institution's nurses and physician assistants with the same authority as
1028 if the order were received directly from [the] a physician. Any order
1029 conveyed in this manner shall be countersigned by [the] a physician
1030 within twenty-four hours unless otherwise provided by state or federal

1031 law or regulations. Nothing in this section shall prohibit a physician
 1032 from conveying a verbal order for a patient diet to a certified dietitian-
 1033 nutritionist.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2015	19a-491(f)
Sec. 2	October 1, 2015	20-12d(b)
Sec. 3	October 1, 2015	32-41jj(d) to (f)
Sec. 4	October 1, 2015	20-101
Sec. 5	October 1, 2015	20-206c
Sec. 6	October 1, 2015	19a-180
Sec. 7	October 1, 2015	17b-451(a)
Sec. 8	October 1, 2015	19a-177(9)
Sec. 9	October 1, 2015	19a-175
Sec. 10	October 1, 2015	19a-181
Sec. 11	October 1, 2015	19a-654(d)
Sec. 12	October 1, 2015	10-149c(c)
Sec. 13	October 1, 2015	19a-30
Sec. 14	October 1, 2015	19a-30a
Sec. 15	October 1, 2015	19a-17(f)
Sec. 16	October 1, 2015	19a-14(a)(6)
Sec. 17	October 1, 2015	19a-531
Sec. 18	October 1, 2015	19a-903c
Sec. 19	October 1, 2015	19a-401(a)
Sec. 20	October 1, 2015	19a-29a(a)
Sec. 21	October 1, 2015	20-206bb(b)
Sec. 22	October 1, 2015	20-206bb(e)(1)
Sec. 23	October 1, 2015	19a-6n(c)
Sec. 24	from passage	20-151
Sec. 25	October 1, 2015	19a-630
Sec. 26	October 1, 2015	19a-639e
Sec. 27	October 1, 2015	20-74ee(a)(4)
Sec. 28	October 1, 2015	20-254
Sec. 29	October 1, 2015	20-206q

Statement of Legislative Commissioners:

In Section 9, "medical" was added before "vehicle" and in Section 10(b) "medical" was added before "vehicle" for consistency with standard

drafting conventions, and in Section 16, "this section" was changed to "subsection (d) of section 19a-17" for accuracy.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill, which makes various technical and clarifying changes, has no fiscal impact.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis

sHB 6987

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

SUMMARY:

This bill makes numerous substantive, minor, and technical changes to Department of Public Health (DPH)-related statutes and programs. For example, the bill allows out-of-state registered nurses and licensed practical nurses to temporarily care for a patient in Connecticut for up to 72 hours without obtaining a DPH permit.

The bill prohibits regional long-term care ombudsmen and DPH and Department of Social Services (DSS) employees from providing any health care institution, instead of only nursing or residential care homes, (1) advance notice of an investigation or inspection or (2) information about a complaint filed by a mandated reporter of elder abuse unless they are specifically required to do so by state or federal regulations.

It makes changes affecting several health care professions and institutions, including physician assistants, massage therapists, primary service area responders, mandated elder abuse reporters, emergency medical services providers, clinical and environmental laboratories, physical therapists, medical spas, acupuncturists, opticians, hairdressers and cosmeticians, nuclear medicine technologists, and certified dietician-nutritionists.

The bill also makes changes affecting technical assistance fees for certain health care institution construction projects, stem cell research, release of patient data by the Office of Health Care Access, disciplinary action against licensed health care practitioners, voluntary license surrender by health care practitioners, the Commission on Medicolegal

Investigations, the PANS/PANDAS advisory council, and the certificate of need (CON) process for health care institutions.

EFFECTIVE DATE: October 1, 2015, except that the provision on optician training programs takes effect upon passage.

§ 1 – TECHNICAL ASSISTANCE FEE

By law, DPH charges a fee for technical assistance the department provides for the design, review, and development of a health care institution's construction, renovation, sale, or ownership change. For projects costing more than \$ 1 million, the current fee is one-quarter of 1% of the total project cost. The bill specifies that the fee is based on total construction costs rather than project costs. (Neither current law nor the bill define either term.)

§ 2 – PHYSICIAN ASSISTANT ORDERS

The bill requires all orders written by a physician assistant to include his or her signature and printed name. (The signature requirement was inadvertently removed by PA 14-231.)

§ 3 – STEM CELL RESEARCH

The bill eliminates DPH's authority to (1) enforce specified laws concerning stem cell research and (2) adopt implementing regulations. Among other things, these laws establish conditions under which someone may conduct research involving embryonic stem cells. By law, this research must continue to be overseen by an embryonic stem cell research oversight committee established under national guidelines.

The bill also eliminates the requirement for a researcher to provide documentation to the department before someone may perform this research, verifying the voluntary nature of the donation of the stem cells and related materials or adherence to national guidelines for embryonic stem cells derived from out of state.

§ 4 – NURSES FROM OTHER STATES

Currently, a qualified registered nurse or licensed practical nurse

from another state may temporarily care for a patient in Connecticut if he or she receives a temporary DPH permit. The bill allows such temporary care for up to 72 hours without a permit. A permit is still required for temporary care beyond 72 hours.

As under current law, the nurse must not represent himself or herself as licensed in Connecticut.

§ 5 – MASSAGE THERAPISTS

The bill specifically allows DPH to take disciplinary action against a licensed massage therapist for fraud or deceit in obtaining the license.

§ 6 – PRIMARY SERVICE AREA RESPONDERS

The bill allows certain primary service area responders (PSARs) to apply, on a short form application, to change the address of their principal or branch locations within the primary service area, without necessarily going through the standard hearing process. This applies to licensed or certified volunteer, hospital-based, or municipal ambulance services that are PSARs. By law, a primary service area is a specific geographic area to which DPH assigns a designated emergency medical services provider for each category of emergency medical response services. These providers are termed PSARs

Under the bill, applicants must notify in writing all other PSARs in the municipality or adjacent municipalities. The application is deemed approved 30 days after filing, unless one of the notified PSARs objects in writing to the commissioner and requests a hearing within 15 days after receiving notice. At the hearing, the applicant must demonstrate the need to change its address, following existing procedures requiring a public hearing when an emergency medical services (EMS) organization requests approval of permits for new or expanded emergency medical services.

The bill requires the commissioner to develop the short form application. The application must at least require the applicant to provide (1) the applicant's name, current address, and new address, (2) an explanation for moving the principal or branch location, and (3) a

list of the providers to whom it sent notice and proof of notification.

§ 7 – MANDATED REPORTERS OF ELDER ABUSE

The bill adds licensed or certified EMS providers to the list of mandated elder abuse reporters.

Under the elder abuse mandated reporter law, various professionals must notify DSS when they reasonably suspect an elderly person (1) has been abused, neglected, abandoned, or exploited or (2) needs protective services.

§ 8 – EMS CALL VOLUME REPORTS

By law, DPH must establish EMS rates and adopt regulations that establish rate-setting methods. Currently, the regulations must specify that ambulance or paramedic intercept services that do not apply for a rate increase in a given year beyond the medical care services consumer price index (published by the U.S. Department of Labor), or that accept the maximum allowable rates in the voluntary statewide rate schedule, must file certain information by July 15. The bill extends this deadline to the last business day of August.

By law, this filing must include (1) a statement of call volume and (2) if the service is not applying for an increase, a written declaration that it will not change its current maximum rates during the rate year.

§§ 9 & 10 – EMS VEHICLE INSPECTIONS

PA 14-231 made various changes concerning required biennial inspections of EMS vehicles, including (1) allowing the inspections to be performed by state or municipal employees, or Department of Motor Vehicles-licensed motor vehicle repairers or dealers, qualified under federal regulations and (2) requiring the inspections to be conducted in accordance with federal regulations. Under the bill, these provisions only apply to ambulances and invalid coaches, but not to intercept vehicles staffed by advanced emergency technicians or paramedics. (Generally, these intercepts provide advanced life support.)

The bill requires all such ambulances, invalid coaches, and intercept vehicles to be inspected by DPH. (It is unclear how this provision interacts with the existing provision on who can conduct inspections, noted above.) The bill also allows the DPH commissioner to inspect any rescue vehicle used by an EMS organization, for compliance with minimum equipment standards. (The bill does not define rescue vehicle.)

The bill also updates terminology and makes minor and technical changes.

§ 11 – OHCA RELEASE OF DATA

The bill makes technical changes to clarify that DPH's Office of Health Care Access (OHCA) may release patient-identifiable data for medical and scientific research purposes, in accordance with existing regulations.

Regulations establish conditions for the department's release of identifiable health data. Among other requirements, the (1) requestor must apply to the department and (2) department must determine that the data will be used solely for bona fide medical and scientific research and the disclosure is necessary for the proposed research (Conn. Agency Regs. § 19a-25-3).

§ 12 – STUDENT ATHLETE CONCUSSIONS

The bill adds licensed physical therapists to the list of providers who may clear a student to return to sport activities after being diagnosed with a concussion or showing signs of having suffered a concussion.

It also specifies that a licensed athletic trainer may clear a student in this situation only when acting under the consent and direction of a licensed physician, chiropractor, podiatrist, or naturopath.

§§ 13 & 14 – CLINICAL LABORATORIES

The bill makes various changes concerning DPH's disciplinary authority over clinical laboratories.

By law, DPH may impose \$100 to \$300 fines on clinical laboratories for violations of certain laws. The bill specifies that each day a laboratory is out of compliance with the law or regulations is a separate violation for this purpose.

Under current law, DPH may suspend or revoke a clinical laboratory's license if the laboratory commits fraud, engages in fee-splitting inducements or bribes, violates the laws on reporting of medical errors, or violates other provisions of the licensing law. The bill allows DPH to impose its standard range of disciplinary actions, not just license suspension or revocation. These other disciplinary actions may include censure, a letter of reprimand, probation, or a civil penalty.

The bill also allows DPH to take disciplinary action for violations of regulations adopted pursuant to the licensing law.

It grants to the department similar investigative authority over clinical laboratories as it already has over licensed health care institutions. Thus, the bill allows the commissioner or an authorized agent to conduct any inquiry, investigation, or hearing needed to enforce the laws and regulations on clinical laboratory licensure. She or her agent may issue subpoenas; order the production of books, records or documents; administer oaths; and take testimony under oath. If a person disobeys a subpoena or refuses to answer a pertinent question or produce a requested document, the commissioner or agent may apply to Superior Court (in Hartford or the district where the person lives or the business is conducted) to order compliance.

§ 15 – DISCIPLINARY ACTION

The bill allows DPH and its professional licensing boards and commissions to take disciplinary action against a practitioner's license or permit as a result of the practitioner being subject to disciplinary action by a federal agency. Existing law grants this authority as to practitioners subject to disciplinary action by other states, the District of Columbia, U.S. possessions or territories, or foreign jurisdictions.

As under existing law regarding these other jurisdictions, the bill allows DPH or the board or commission to rely upon the federal agency's findings and conclusions when imposing this discipline.

§ 16 – VOLUNTARY SURRENDER OF A LICENSE

The bill specifies that DPH may deny an application for license reinstatement by a person who voluntarily surrendered or agreed not to renew or reinstate his or her license if the applicant:

1. failed to comply with state laws or regulations;
2. was found guilty or convicted of a felony;
3. is the subject of pending or final disciplinary action or an unresolved complaint in another jurisdiction;
4. was subject to disciplinary action in another jurisdiction, including a federal agency;
5. committed an act which, if he or she were licensed, would not conform to accepted professional standards of practice; or
6. has a condition that would interfere with his or her professional practice, such as a physical or mental illness.

Existing law already allows DPH to deny, for the above reasons, applicants for (1) permits; (2) licensure by examination, endorsement, or reciprocity; or (3) license reinstatement.

§ 17 – ADVANCE NOTICE OF HEALTH CARE INSTITUTION INSPECTIONS AND INVESTIGATIONS

The law prohibits regional long-term care ombudsmen and DPH and DSS employees from providing nursing or residential care homes (1) advance notice of an investigation or inspection or (2) information about a complaint filed by a mandated reporter of elder abuse unless they are specifically required to do so by state or federal regulations. The bill extends the prohibition to cover all licensed health care institutions and specifies that it does not apply to inspections related to

an institution's initial licensure.

Under the bill and current law, violators are guilty of a class B misdemeanor, punishable by a fine of up to \$1,000, up to six months in prison, or both. They may also be dismissed, suspended, or demoted from their positions.

§ 18 – MEDICAL SPAS

The bill specifies that the statutory definition of a medical spa does not include hospitals or other licensed health care facilities. The law defines a medical spa as an establishment where cosmetic medical procedures are performed.

By law, a medical-spa-employed- or contracted- physician, physician assistant, or advanced practice registered nurse must perform an initial physical assessment of a person before he or she can undergo a cosmetic medical procedure at the spa. The bill requires the assessment to be performed in person.

§ 19 – COMMISSION ON MEDICOLEGAL INVESTIGATIONS

The bill allows the DPH commissioner to designate an employee to represent her on the Commission on Medicolegal Investigations. The nine-member commission supervises and controls the Office of the Chief Medical Examiner.

§ 20 – ENVIRONMENTAL LABORATORIES

By law, DPH approves and certifies private, municipal, and state-operated environmental laboratories that test drinking water, sewage, soil, and other environmental samples for contaminants.

The bill excludes two types of facilities from the definition of "environmental laboratory":

1. publicly owned treatment works that only perform physical, residue, microbiological, and biological oxygen demand tests for their own facilities and
2. pollution abatement facilities that test for pH, turbidity,

conductivity, salinity, oxidation-reduction potential, and residual chlorine for their own facilities.

The exclusion applies only if the test results are submitted to the Department of Energy and Environmental Protection (DEEP) to comply with water discharge permits or emergency authorizations. For pollution abatement facilities, it also applies if the testing is required by DEEP for such compliance purposes.

§§ 21-22 – PROFESSIONAL LIABILITY INSURANCE FOR ACUPUNCTURISTS

Starting October 1, 2015, the bill requires an acupuncturist applying for or renewing a license to maintain professional liability insurance or other indemnity against liability for professional malpractice in an amount the DPH commissioner determines.

§ 23 – PANDAS/PANS ADVISORY COUNCIL

The bill adds the insurance commissioner, or her designee, to the 14-member Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute Neuropsychiatric Syndrome (PANS).

The council advises the DPH commissioner on research, diagnosis, treatment, and education relating to these conditions and must report annually to the Public Health Committee.

§ 24 – OPTICAL SALES PERMITS

By law, a licensed optician or an establishment with an optical department must obtain a DPH permit to sell retail optical glasses and instruments. The bill exempts from the permit requirement a regionally accredited college or university that operates an optical establishment to provide practical training to students enrolled in its optician training program.

The law allows students enrolled in these optician training programs to produce, mount, and fit ophthalmic lenses under the direct supervision of a licensed optician and to perform work that is

incidental to their course of study (CGS § 20-147a).

§§ 25-26 – CERTIFICATE OF NEED

Generally, the law requires a health care facility to apply for a certificate of need (CON) from DPH's Office of Health Care Access (OHCA) when it proposes to (1) establish a new facility or provide new services, (2) change ownership, (3) purchase or acquire certain equipment, or (4) terminate certain services. The bill (1) specifies when facilities must file a CON before terminating services and (2) defines several terms used in the OHCA statutes.

Termination of Services by Health Care Facilities

By law, if a health care facility proposes to terminate all of its services and those services were originally authorized by a CON, it must (1) notify OHCA at least 60 days before and (2) surrender its CON within 30 days after, taking such action.

Additionally, existing law requires a facility that proposes to stop operating or providing a service for which a CON was not originally obtained to notify OHCA at least 60 days before taking such action.

The bill specifies that a health care facility must comply with the above requirements only if it is not otherwise required to file a CON application. By law, a CON is required if:

1. a hospital seeks to terminate any inpatient or outpatient services;
2. with certain exceptions, termination of surgical services is proposed by (a) an outpatient surgical facility or (b) a facility providing outpatient surgical services as part of the outpatient department of a short-term acute care hospital;
3. a short-term acute care hospital seeks to terminate an emergency department; or
4. a state-operated health care facility or institution that serves Medicare or Medicaid beneficiaries seeks to terminate any

inpatient or outpatient services.

Definitions

The bill defines several terms used in the statutes pertaining to OHCA, and that primarily affect the CON process. Under the bill:

1. “access” means the availability of services to a person who needs care and the person’s ability to obtain the services based on (1) the services’ location, (2) available transportation, (3) the location’s hours of operation, and (4) any language or cultural considerations;
2. “clear public need” means the necessity for the proposed health care facilities, services, or equipment that results from deficiencies in their access or availability based on (a) population demographics, (b) service utilization patterns, and (c) epidemiological information regarding diseases or health conditions of members of the public;
3. “health care services” means medical, surgical, diagnostic, or therapeutic services integral to the clinical management of illness, disease, disability, or injury;
4. “population served” means the residents of an applicant’s primary service area;
5. “primary service area” means an area consisting of the smallest number of zip codes from which the applicant draws at least 75% of its patients;
6. “quality” means the degree to which health care services increase the likelihood of desired health care outcomes and are consistent with established professional knowledge, standards, and guidelines;
7. “relocation” means moving a health care facility from its current location to a new location when the payer mix and population served do not substantially change; and

8. "termination" occurs when a health care facility stops operating or eliminates a health care service, excluding the facility's affiliates. It does not include suspending a service for six months or less.

§ 27 – NUCLEAR MEDICINE TECHNOLOGISTS

Current law specifies that a radiographer license is not required for a nuclear medicine technologist certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists (ARRT) if the technologist is operating a bone densitometry system under a licensed physician's supervision, control, and responsibility. The bill extends this provision to technologists certified by the Nuclear Medicine Technology Certification Board (NMTCB).

The law also specifies that the radiographer licensure statutes do not prohibit a nuclear medicine technologist from fully operating a CT or magnetic resonance imaging (MRI) portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a (1) positron emission tomography or (2) single-photon emission CT imaging system. The technologist must (1) have successfully completed the individual certification exam for CT or MRI administered by the ARRT and (2) hold and maintain in good standing CT or MRI certification. The bill allows technologists to also obtain the certification from the NMCTB, instead of just the ARRT.

§ 28 – HAIRDRESSER AND COSMETICIAN LICENSURE WITHOUT EXAMINATION

The bill removes the requirement that applicants currently licensed as hairdressers and cosmeticians in another state have successfully passed a written examination in that state in order to obtain a Connecticut license without examination. It continues to require these applicants to (1) have successfully completed a hairdresser and cosmetician education and training program and (2) pay a \$50 fee. By law, applicants must not have any pending disciplinary actions or unresolved complaints against them.

§ 29 – CERTIFIED DIETICIAN-NUTRITIONISTS

The bill allows certified dietician-nutritionists (CDNs) to directly order diet or nutritional support, including therapeutic diets, for patients in health care institutions. Current law only allows CDNs to convey a physician's verbal order.

Under the bill, the CDN must document the order in the patient's medical record and a physician must countersign it within 24 hours unless state or federal law requires otherwise.

Any order a CDN conveys can be acted on by the institution's nurses and physician assistants with the same authority as if the order was received directly from a physician.

The bill continues to allow physicians to convey verbal orders to CDNs for such diet or nutritional support but eliminates the requirement that CDNs document these orders in the patient's medical record.

BACKGROUND***Related Bills***

sSB 706, favorably reported by the Aging Committee, adds certain EMS providers to the list of mandated elder abuse reporters.

sSB 1005, favorably reported by the Aging Committee, makes certain EMS providers and financial institution officers and employees mandated elder abuse reporters and limits which patient advocates are mandated reporters.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/30/2015)