



General Assembly

January Session, 2015

***Raised Bill No. 6987***

LCO No. 4844



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***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2 repealed and the following is substituted in lieu thereof (*Effective*  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 project is  
8 one million dollars or less and shall charge a fee of one-quarter of one  
9 per cent of the total [project] construction cost when the cost of such  
10 project is more than one million dollars. Such fee shall include all  
11 department reviews and on-site inspections. For purposes of this  
12 subsection, "institution" does not include a facility owned by the state.

13 Sec. 2. Subsection (b) of section 20-12d of the general statutes is  
14 repealed and the following is substituted in lieu thereof (*Effective*

15 *October 1, 2015*):

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

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21 general statutes are repealed and the following is substituted in lieu  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

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

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

45 [(f)] (e) Any person who conducts research involving embryonic

46 stem cells in violation of the requirements of subdivision (2) of  
47 subsection (d) of this section shall be guilty of a class D felony, except  
48 that such person shall be fined not more than fifty thousand dollars.

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

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

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

113 or care of the sick, with or without compensation or personal profit, in  
114 connection with the practice of the religious tenets of any church by  
115 adherents thereof, provided such persons shall not otherwise engage  
116 in the practice of nursing within the meaning of this chapter. This  
117 chapter shall not prohibit the care of persons in their homes by  
118 domestic servants, housekeepers, nursemaids, companions, attendants  
119 or household aides of any type, whether employed regularly or  
120 because of an emergency of illness, if such persons are not initially  
121 employed in a nursing capacity. This chapter shall not prohibit  
122 unlicensed assistive personnel from administering jejunostomy and  
123 gastrojejunal tube feedings to persons who [(1)] (A) attend day  
124 programs or respite centers under the jurisdiction of the Department of  
125 Developmental Services, [(2)] (B) reside in residential facilities under  
126 the jurisdiction of the Department of Developmental Services, or [(3)]  
127 (C) receive support under the jurisdiction of the Department of  
128 Developmental Services, when such feedings are performed by  
129 trained, unlicensed assistive personnel pursuant to the written order of  
130 a physician licensed under chapter 370, an advanced practice  
131 registered nurse licensed to prescribe in accordance with section 20-94a  
132 or a physician assistant licensed to prescribe in accordance with section  
133 20-12d, as amended by this act.

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

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

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

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

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

179 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 who has reasonable cause to suspect or believe that any  
210 elderly person has been abused, neglected, exploited or abandoned, or

211 is in a condition that is the result of such abuse, neglect, exploitation or  
212 abandonment, or is in need of protective services, shall, not later than  
213 seventy-two hours after such suspicion or belief arose, report such  
214 information or cause a report to be made in any reasonable manner to  
215 the Commissioner of Social Services or to the person or persons  
216 designated by the commissioner to receive such reports. Any person  
217 required to report under the provisions of this section who fails to  
218 make such report within the prescribed time period shall be fined not  
219 more than five hundred dollars, except that, if such person  
220 intentionally fails to make such report within the prescribed time  
221 period, such person shall be guilty of a class C misdemeanor for the  
222 first offense and a class A misdemeanor for any subsequent offense.  
223 Any institution, organization, agency or facility employing individuals  
224 to care for persons sixty years of age or older shall provide mandatory  
225 training on detecting potential abuse and neglect of such persons and  
226 inform such employees of their obligations under this section. For  
227 purposes of this subsection, "person paid for caring for an elderly  
228 person by any institution, organization, agency or facility" includes an  
229 employee of a community-based services provider, senior center,  
230 home care agency, homemaker and companion agency, adult day care  
231 center, village-model community and congregate housing facility.

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

235 (9) (A) Establish rates for the conveyance and treatment of patients  
236 by licensed ambulance services and invalid coaches and establish  
237 emergency service rates for certified ambulance services and  
238 paramedic intercept services, provided (i) the present rates established  
239 for such services and vehicles shall remain in effect until such time as  
240 the commissioner establishes a new rate schedule as provided in this  
241 subdivision, and (ii) any rate increase not in excess of the Medical Care  
242 Services Consumer Price Index, as published by the Bureau of Labor  
243 Statistics of the United States Department of Labor, for the prior year,

244 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
245 be deemed approved by the commissioner. For purposes of this  
246 subdivision, licensed ambulance service shall not include emergency  
247 air transport services.

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

277 service, certified ambulance service or paramedic intercept service that  
278 is not applying for a rate increase, a written declaration by such  
279 licensed ambulance service, certified ambulance service or paramedic  
280 intercept service that no change in its currently approved maximum  
281 allowable rates will occur for the rate application year; and (iv)  
282 detailed financial and operational information filed by licensed  
283 ambulance services, certified ambulance services and paramedic  
284 intercept services to support a request for a rate increase in excess of  
285 the Medical Care Services Consumer Price Index, as published by the  
286 Bureau of Labor Statistics of the United States Department of Labor,  
287 for the prior year, shall cover the time period pertaining to the most  
288 recently completed fiscal year and the rate application year of the  
289 licensed ambulance service, certified ambulance service or paramedic  
290 intercept service.

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

309 Sec. 9. Section 19a-175 of the general statutes is amended by adding

310 subdivision (31) as follows (*Effective October 1, 2015*):

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

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

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

342 Commissioner of Public Health, shall [affix a safety certificate to such  
343 vehicle] provide notification to the emergency medical services  
344 organization in such manner and form as said commissioner  
345 designates, [, and such sticker shall be so placed as to be] The  
346 Commissioner of Public Health shall affix a safety certificate sticker in  
347 the rear compartment of such ambulance or invalid coach in a location  
348 readily visible to any person. [in the rear compartment of such  
349 vehicle.]

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

365 (c) Each authorized emergency medical services vehicle shall be  
366 registered with the Department of Motor Vehicles pursuant to chapter  
367 246. The Department of Motor Vehicles shall not issue a certificate of  
368 registration for any such authorized emergency medical services  
369 vehicle unless the applicant for such certificate of registration presents  
370 to said department a compliance certificate from the Commissioner of  
371 Public Health certifying that such authorized emergency medical  
372 services vehicle has been inspected and has met the minimum safety  
373 and vehicle design equipment standards prescribed by the  
374 Commissioner of Public Health. Each vehicle registered with the

375 Department of Motor Vehicles in accordance with this subsection shall  
376 be inspected by the Commissioner of Public Health or the  
377 commissioner's designee not less than once every two years on or  
378 before the anniversary date of the issuance of the certificate of  
379 registration.

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

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

388 (d) Except as provided in this subsection, patient-identifiable data  
389 received by the office shall be kept confidential and shall not be  
390 considered public records or files subject to disclosure under the  
391 Freedom of Information Act, as defined in section 1-200. The office  
392 may release de-identified patient data or aggregate patient data to the  
393 public in a manner consistent with the provisions of 45 CFR 164.514.  
394 Any de-identified patient data released by the office shall exclude  
395 provider, physician and payer organization names or codes and shall  
396 be kept confidential by the recipient. The office may release patient-  
397 identifiable data (1) for medical and scientific research as provided for  
398 in [section 19a-25 and regulations adopted pursuant to section 19a-25]  
399 section 19a-25-3 of the regulations of Connecticut state agencies, and  
400 (2) to (A) a state agency for the purpose of improving health care  
401 service delivery, (B) a federal agency or the office of the Attorney  
402 General for the purpose of investigating hospital mergers and  
403 acquisitions, or (C) another state's health data collection agency with  
404 which the office has entered into a reciprocal data-sharing agreement  
405 for the purpose of certificate of need review or evaluation of health  
406 care services, upon receipt of a request from such agency, provided,

407 prior to the release of such patient-identifiable data, such agency enters  
408 into a written agreement with the office pursuant to which such  
409 agency agrees to protect the confidentiality of such patient-identifiable  
410 data and not to use such patient-identifiable data as a basis for any  
411 decision concerning a patient. No individual or entity receiving  
412 patient-identifiable data may release such data in any manner that may  
413 result in an individual patient, physician, provider or payer being  
414 identified. The office shall impose a reasonable, cost-based fee for any  
415 patient data provided to a nongovernmental entity.

416 Sec. 12. Subsection (c) of section 10-149c of the general statutes is  
417 repealed and the following is substituted in lieu thereof (*Effective*  
418 *October 1, 2015*):

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

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

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

435 (b) The Department of Public Health shall [, in its Public Health  
436 Code,] adopt regulations, [and] in accordance with the provisions of  
437 chapter 54, to establish reasonable standards governing exemptions

438 from the licensing provisions of this section, clinical laboratory  
439 operations and facilities, personnel qualifications and certification,  
440 levels of acceptable proficiency in testing programs approved by the  
441 department, the collection, acceptance and suitability of specimens for  
442 analysis and such other pertinent laboratory functions, including the  
443 establishment of advisory committees, as may be necessary to insure  
444 public health and safety. No person, firm or corporation shall establish,  
445 conduct, operate or maintain a clinical laboratory unless such  
446 laboratory is licensed or approved by said department in accordance  
447 with its regulations. Each clinical laboratory shall comply with all  
448 standards for clinical laboratories [set forth in the Public Health Code]  
449 established by the department and shall be subject to inspection by  
450 said department, including inspection of all records necessary to carry  
451 out the purposes of this section. The commissioner, or an agent  
452 authorized by the commissioner, may conduct any inquiry,  
453 investigation or hearing necessary to enforce the provisions of this  
454 section or regulations adopted under this section and shall have power  
455 to issue subpoenas, order the production of books, records or  
456 documents, administer oaths and take testimony under oath relative to  
457 the matter of such inquiry, investigation or hearing. At any such  
458 hearing ordered by the department, the commissioner or such agent  
459 may subpoena witnesses and require the production of records, papers  
460 and documents pertinent to such hearing. If any person disobeys such  
461 subpoena or, having appeared in obedience thereto, refuses to answer  
462 any pertinent question put to such person by the commissioner or such  
463 agent or to produce any records and papers pursuant to the subpoena,  
464 the commissioner or such agent may apply to the superior court for the  
465 judicial district of Hartford or for the judicial district wherein the  
466 person resides or wherein the business has been conducted, setting  
467 forth such disobedience or refusal and said court shall cite such person  
468 to appear before said court to answer such question or to produce such  
469 records and papers.

470 (c) Each application for licensure of a clinical laboratory, if such

471 laboratory is located within an institution licensed in accordance with  
472 sections 19a-490 to 19a-503, inclusive, shall be made on forms provided  
473 by said department and shall be executed by the owner or owners or  
474 by a responsible officer of the firm or corporation owning the  
475 laboratory. Such application shall contain a current itemized rate  
476 schedule, full disclosure of any contractual relationship, written or  
477 oral, with any practitioner using the services of the laboratory and  
478 such other information as said department requires, which may  
479 include affirmative evidence of ability to comply with the standards as  
480 well as a sworn agreement to abide by them. Upon receipt of any such  
481 application, said department shall make such inspections and  
482 investigations as are necessary and shall deny licensure when  
483 operation of the clinical laboratory would be prejudicial to the health  
484 of the public. Licensure shall not be in force until notice of its effective  
485 date and term has been sent to the applicant.

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

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

504 hearing is provided in accordance with the provisions of said chapter.

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

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

515 (h) Any person, firm or corporation operating a clinical laboratory  
516 in violation of this section shall be fined not less than one hundred  
517 dollars or more than three hundred dollars for each offense. For  
518 purposes of calculating civil penalties under this section, each day a  
519 licensee operates in violation of this section or a regulation adopted  
520 under this section shall constitute a separate violation.

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

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

530 (a) Each clinical laboratory, licensed pursuant to section 19a-30, as  
531 amended by this act, which discovers a medical error made in the  
532 performance or reporting of any test or examination performed by the  
533 laboratory shall promptly notify, in writing, the authorized person

534 ordering the test of the existence of such error and shall promptly issue  
535 a corrected report or request for a retest, with the exception of HIV  
536 testing, in which case, errors shall be reported in person and  
537 counseling provided in accordance with chapter 368x.

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

547 (c) Failure to comply with the provisions of this section may be  
548 cause for suspension or revocation of the license granted under said  
549 section 19a-30, as amended by this act, or the imposition of any other  
550 disciplinary action specified in section 19a-17, as amended by this act.

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

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

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

565 conclusions made by a duly authorized professional disciplinary  
566 agency of any state, a federal governmental agency, the District of  
567 Columbia, a United States possession or territory or foreign  
568 jurisdiction in taking such disciplinary action.

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

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

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

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

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

592 (D) Has been subject to disciplinary action similar to an action  
593 specified in subsection (a) of section 19a-17 by a duly authorized  
594 professional disciplinary agency of any state, the District of Columbia,

595 a United States possession or territory, or a foreign jurisdiction;

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

606 (F) Has a condition which would interfere with the practice of the  
607 applicant's profession, including, but not limited to, physical illness or  
608 loss of skill or deterioration due to the aging process, emotional  
609 disorder or mental illness, abuse or excessive use of drugs or alcohol,  
610 provided the commissioner, or the commissioner's designee, gives  
611 notice and holds a hearing in accordance with the provisions of  
612 chapter 54, prior to denying an application for a permit or a license  
613 based on this subparagraph;

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

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

626 misdemeanor and may be subject to dismissal, suspension or demotion  
627 in accordance with chapter 67.

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

630 (a) For purposes of this section:

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

634 (2) "Cosmetic medical procedure" means any procedure performed  
635 on a person that is directed at improving the person's appearance and  
636 that does not meaningfully promote the proper function of the body or  
637 prevent or treat illness or disease and may include, but is not limited  
638 to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft  
639 tissue fillers, dermaplaning, dermastamping, dermarolling,  
640 dermabrasion that removes cells beyond the stratum corneum,  
641 chemical peels using modification solutions that exceed thirty per cent  
642 concentration with a pH value of lower than 3.0, laser hair removal,  
643 laser skin resurfacing, laser treatment of leg veins, sclerotherapy and  
644 other laser procedures, intense pulsed light, injection of cosmetic filling  
645 agents and neurotoxins and the use of class II medical devices  
646 designed to induce deep skin tissue alteration.

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

657 this title and title 20, and shall only be performed by such physician,  
658 physician assistant or advanced practice registered nurse, or a  
659 registered nurse licensed pursuant to chapter 378.

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

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

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

679 (a) There is established a Commission on Medicolegal  
680 Investigations, as an independent administrative commission,  
681 consisting of nine members: Two full professors of pathology, two full  
682 professors of law, a member of the Connecticut Medical Society, a  
683 member of the Connecticut Bar Association, two members of the  
684 public, selected by the Governor, and the Commissioner of Public  
685 Health, or the commissioner's designee. The Governor shall appoint  
686 the two full professors of pathology and the two full professors of law  
687 from a panel of not less than four such professors in the field of

688 medicine and four such professors in the field of law recommended by  
689 a committee composed of the deans of the recognized schools and  
690 colleges of medicine and of law in the state of Connecticut; the member  
691 of the Connecticut Medical Society from a panel of not less than three  
692 members of that society recommended by the council of that society;  
693 and the member of the Connecticut Bar Association from a panel of not  
694 less than three members of that association recommended by the board  
695 of governors of that association. Initially, one professor of pathology,  
696 one professor of law, the member of the Connecticut Medical Society,  
697 and one member of the public shall serve for six years and until their  
698 successors are appointed, and one professor of pathology, one  
699 professor of law, the member of the Connecticut Bar Association and  
700 one member of the public shall serve for three years, and until their  
701 successors are appointed. All appointments to full terms subsequent to  
702 the initial appointments shall be for six years. Vacancies shall be filled  
703 for the expiration of the term of the member being replaced in the  
704 same manner as original appointments. Members shall be eligible for  
705 reappointment under the same conditions as are applicable to initial  
706 appointments. The commission shall elect annually one of its members  
707 as chairman and one as vice chairman. Members of the commission  
708 shall receive no compensation but shall be reimbursed for their actual  
709 expenses incurred in service on the commission. The commission shall  
710 meet at least once each year and more often as its duties require, upon  
711 the request of any two members and shall meet at least once each year  
712 with those persons and groups that are affected by commission  
713 policies and procedures. The commission shall adopt its own rules for  
714 the conduct of its meetings.

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

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

719 (1) "Environmental laboratory" means any facility or other area,

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

742 (2) "Analyte" means a microbiological, chemical, radiological or  
743 other component of a matrix being measured by an analytical test; []  
744 and

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

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

751 (b) Each person seeking licensure as an acupuncturist shall make  
752 application on forms prescribed by the department, pay an application  
753 fee of two hundred dollars and present to the department satisfactory  
754 evidence that the applicant has (1) [has] completed sixty semester  
755 hours, or its equivalent, of postsecondary study in an institution of  
756 postsecondary education that, if in the United States or its territories,  
757 was accredited by a recognized regional accrediting body or, if outside  
758 the United States or its territories, was legally chartered to grant  
759 postsecondary degrees in the country in which located, (2) [has]  
760 successfully completed a course of study in acupuncture in a program  
761 that, at the time of graduation, was in candidate status with or  
762 accredited by an accrediting agency recognized by the United States  
763 Department of Education and included (A) for a person who  
764 completed such course of study before October 1, 2012, a minimum of  
765 one thousand three hundred fifty hours of didactic and clinical  
766 training, five hundred of which were clinical, or (B) for a person who  
767 completed such course of study on or after October 1, 2012, a  
768 minimum of one thousand nine hundred five hours of didactic and  
769 clinical training, six hundred sixty of which were clinical, (3) [has]  
770 passed all portions of the National Certification Commission for  
771 Acupuncture and Oriental Medicine examination required for  
772 acupuncture certification or an examination prescribed by the  
773 department, [and] (4) [has] successfully completed a course in clean  
774 needle technique prescribed by the department, and (5) acquired  
775 professional liability insurance or other indemnity against liability for  
776 professional malpractice in an amount determined by the  
777 commissioner. Any person successfully completing the education,  
778 examination or training requirements of this section in a language  
779 other than English shall be deemed to have satisfied the requirement  
780 completed in that language.

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

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	19a-491(f)
Sec. 2	<i>October 1, 2015</i>	20-12d(b)
Sec. 3	<i>October 1, 2015</i>	32-41jj(d) to (f)
Sec. 4	<i>October 1, 2015</i>	20-101
Sec. 5	<i>October 1, 2015</i>	20-206c
Sec. 6	<i>October 1, 2015</i>	19a-180
Sec. 7	<i>October 1, 2015</i>	17b-451(a)
Sec. 8	<i>October 1, 2015</i>	19a-177(9)
Sec. 9	<i>October 1, 2015</i>	19a-175
Sec. 10	<i>October 1, 2015</i>	19a-181
Sec. 11	<i>October 1, 2015</i>	19a-654(d)

Sec. 12	<i>October 1, 2015</i>	10-149c(c)
Sec. 13	<i>October 1, 2015</i>	19a-30
Sec. 14	<i>October 1, 2015</i>	19a-30a
Sec. 15	<i>October 1, 2015</i>	19a-17(f)
Sec. 16	<i>October 1, 2015</i>	19a-14(a)(6)
Sec. 17	<i>October 1, 2015</i>	19a-531
Sec. 18	<i>October 1, 2015</i>	19a-903c
Sec. 19	<i>October 1, 2015</i>	19a-401(a)
Sec. 20	<i>October 1, 2015</i>	19a-29a(a)
Sec. 21	<i>October 1, 2015</i>	20-206bb(b)
Sec. 22	<i>October 1, 2015</i>	20-206bb(e)(1)
Sec. 23	<i>October 1, 2015</i>	19a-6n(c)

**Statement of Purpose:**

To make various revisions to the Public Health Statutes.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*