AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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

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 Subsection (f) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

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

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 Subsection (b) of section 20-12d of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

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

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 Subsections (d) to (f), inclusive, of section 32-41jj of the general statutes are repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

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

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

[(f)] (e) Any person who conducts research involving embryonic stem cells in violation of the requirements of subdivision (2) of subsection (d) of this section shall be guilty of a class D felony, except that such person shall be fined not more than fifty thousand dollars.
Sec. 4. Section 20-101 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

No provision of this chapter shall confer any authority to practice medicine or surgery nor shall this chapter prohibit any person from the domestic administration of family remedies or the furnishing of assistance in the case of an emergency; nor shall it be construed as prohibiting persons employed in state hospitals and state sanatoriums and subsidiary workers in general hospitals from assisting in the nursing care of patients if adequate medical and nursing supervision is provided; nor shall it be construed to prohibit the administration of medications by dialysis patient care technicians in accordance with section 19a-269a; nor shall it be construed to prohibit a personal care assistant employed by a homemaker-companion agency registered pursuant to section 20-671 from administering medications to a competent adult who directs his or her own care and makes his or her own decisions pertaining to assessment, planning and evaluation; nor shall it be construed as prohibiting students who are enrolled in schools of nursing approved pursuant to section 20-90, and students who are enrolled in schools for licensed practical nurses approved pursuant to section 20-90, from performing such work as is incidental to their respective courses of study; nor shall it prohibit a registered nurse who holds a master's degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the certifying bodies identified in section 20-94a from practicing for a period not to exceed one hundred twenty days after the date of graduation, provided such graduate advanced practice registered nurse is working in a hospital or other organization under the supervision of a licensed physician or a licensed advanced practice registered nurse, such hospital or other organization has verified that the graduate advanced practice registered nurse has applied to sit for the national certification examination and the graduate advanced practice registered nurse is not authorized to prescribe or dispense drugs; nor shall it prohibit graduates of schools of nursing or schools for licensed practical nurses
approved pursuant to section 20-90, from nursing the sick for a period
not to exceed ninety calendar days after the date of graduation,
provided such graduate nurses are working in hospitals or
organizations where adequate supervision is provided, and such
hospital or other organization has verified that the graduate nurse has
successfully completed a nursing program. Upon notification that the
graduate nurse has failed the licensure examination or that the
graduate advanced practice registered nurse has failed the certification
examination, all privileges under this section shall automatically cease.
No provision of this chapter shall prohibit (1) any registered nurse
who has been issued a temporary permit by the department, pursuant
to subsection (b) of section 20-94, from caring for the sick pending the
issuance of a license without examination; [nor shall it prohibit] (2) any
licensed practical nurse who has been issued a temporary permit by
the department, pursuant to subsection (b) of section 20-97, from
caring for the sick pending the issuance of a license without
examination; [nor shall it prohibit] (3) any qualified registered nurse or
any qualified licensed practical nurse of another state from caring for a
patient temporarily in this state [, provided such nurse has been
granted a temporary permit from said department and] for not longer
than seventy-two hours, provided such nurse shall not represent or
hold himself or herself out as a nurse licensed to practice in this state;
[nor shall it prohibit] (4) any qualified registered nurse or any qualified
licensed practical nurse of another state from caring for a patient
longer than seventy-two hours, provided such nurse (A) has been
issued a temporary permit by the department, and (B) shall not
represent or hold himself or herself out as a nurse licensed to practice
in this state; (5) registered nurses or licensed practical nurses from
other states from doing such nursing as is incident to their course of
study when taking postgraduate courses in this state; [nor shall it
prohibit] or (6) nursing or care of the sick, with or without
compensation or personal profit, in connection with the practice of the
religious tenets of any church by adherents thereof, provided such
persons shall not otherwise engage in the practice of nursing within
the meaning of this chapter. This chapter shall not prohibit the care of
persons in their homes by domestic servants, housekeepers, nursemaids, companions, attendants or household aides of any type, whether employed regularly or because of an emergency of illness, if such persons are not initially employed in a nursing capacity. This chapter shall not prohibit unlicensed assistive personnel from administering jejunostomy and gastrojejunal tube feedings to persons who [(1)] (A) attend day programs or respite centers under the jurisdiction of the Department of Developmental Services, [(2)] (B) reside in residential facilities under the jurisdiction of the Department of Developmental Services, or [(3)] (C) receive support under the jurisdiction of the Department of Developmental Services, when such feedings are performed by trained, unlicensed assistive personnel pursuant to the written order of a physician licensed under chapter 370, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, as amended by this act.

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

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

The commissioner may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or
mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17, as amended by this act. Notice of any contemplated action under said section, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54.

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

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

(NEW) (l) The commissioner shall develop a short form application for primary service area responders seeking to change the address of a principal or branch location pursuant to subsection (k) of this section. The application shall require an applicant to provide such information as the commissioner deems necessary, including, but not limited to, (1)
the applicant's name and address, (2) the new address where the
principal or branch is to be located, (3) an explanation as to why the
principal or branch location is being moved, and (4) a list of the
providers to whom notice was sent pursuant to subsection (k) of this
section and proof of such notification.

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

(a) Any physician or surgeon licensed under the provisions of
chapter 370, any resident physician or intern in any hospital in this
state, whether or not so licensed, any registered nurse, any nursing
home administrator, nurse's aide or orderly in a nursing home facility
or residential care home, any person paid for caring for a patient in a
nursing home facility or residential care home, any staff person
employed by a nursing home facility or residential care home, any
patients' advocate, any licensed practical nurse, medical examiner,
dentist, optometrist, chiropractor, podiatrist, social worker, clergyman,
police officer, pharmacist, psychologist or physical therapist, [and] any
person paid for caring for an elderly person by any institution,
organization, agency or facility. [Such persons shall include an
employee of a community-based services provider, senior center,
home care agency, homemaker and companion agency, adult day care
center, village-model community and congregate housing facility.] or
any person licensed or certified as an emergency medical services
provider under the provisions of chapter 368d who has reasonable
cause to suspect or believe that any elderly person has been abused,
neglected, exploited or abandoned, or is in a condition that is the result
of such abuse, neglect, exploitation or abandonment, or is in need of
protective services, shall, not later than seventy-two hours after such
suspicion or belief arose, report such information or cause a report to
be made in any reasonable manner to the Commissioner of Social
Services or to the person or persons designated by the commissioner to
receive such reports. Any person required to report under the
provisions of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. Any institution, organization, agency or facility employing individuals to care for persons sixty years of age or older shall provide mandatory training on detecting potential abuse and neglect of such persons and inform such employees of their obligations under this section. For purposes of this subsection, "person paid for caring for an elderly person by any institution, organization, agency or facility" includes an employee of a community-based services provider, senior center, home health care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility.

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

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

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging
such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services, certified ambulance services and paramedic intercept services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services, certified ambulance services and paramedic intercept services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than [July fifteenth of such year] the last business day in August of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service, certified ambulance service or paramedic intercept service that is not applying for a rate increase, a written declaration by such licensed ambulance service, certified ambulance service or paramedic intercept service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services, certified ambulance services and paramedic intercept services to support a request for a rate increase in excess of
the Medical Care Services Consumer Price Index, as published by the
Bureau of Labor Statistics of the United States Department of Labor,
for the prior year, shall cover the time period pertaining to the most
recently completed fiscal year and the rate application year of the
licensed ambulance service, certified ambulance service or paramedic
intercept service.

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

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

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

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

(a) Each ambulance [and invalid coach] used by an emergency medical service organization [shall be registered with the Department of Motor Vehicles pursuant to chapter 246. The Department of Motor Vehicles shall not issue a certificate of registration for any such ambulance, invalid coach or intermediate or paramedic intercept vehicle unless the applicant for such certificate of registration presents to said department a safety certificate from the Commissioner of Public Health certifying that said ambulance [and invalid coach or intermediate or paramedic intercept vehicle has been inspected and] has met the minimum standards prescribed by the Commissioner of Public Health. [Each vehicle so registered with the Department of Motor Vehicles shall be inspected once every two years thereafter on or before the anniversary date of the issuance of the certificate of registration.] Such inspection shall be conducted (1) in accordance with 49 CFR 396.17, as amended from time to time, and (2) by a person (A) qualified to perform such inspection in accordance with 49 CFR 396.19 and 49 CFR 396.25, as amended from time to time, and (B) employed by the state or a municipality of the state or licensed in accordance with section 14-52. A record of each inspection shall be made in accordance with section 49 CFR 396.21, as amended from time to time. Each [such] inspector, upon determining that such ambulance [and invalid coach or intermediate or paramedic intercept vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall [affix a safety certificate to such vehicle] provide notification to the emergency medical services organization in such manner and form as said commissioner designates, [and such sticker shall be so placed as to be] The Commissioner of Public Health shall affix a safety certificate sticker in the rear compartment of such ambulance or invalid coach in a location readily visible to any person [in the rear compartment of such vehicle].
(b) Each authorized emergency medical services vehicle used by an emergency medical service organization shall be inspected by the Department of Public Health to verify the authorized emergency medical services vehicle is in compliance with the minimum standards for vehicle design and equipment as prescribed by the Commissioner of Public Health. Each inspector, upon determining that such authorized emergency medical services vehicle meets the standards of safety and equipment prescribed by the Commissioner of Public Health, shall affix a compliance certificate in the rear compartment of such vehicle, in such manner and form as said commissioner designates, and such sticker shall be so placed as to be readily visible to any person. The Commissioner of Public Health or the commissioner's designee may inspect any rescue vehicle used by an emergency medical service organization for compliance with the minimum equipment standards prescribed by said commissioner.

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

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

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

(d) Except as provided in this subsection, patient-identifiable data received by the office shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The office may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the office shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The office may release patient-identifiable data (1) for medical and scientific research as provided for in [section 19a-25 and regulations adopted pursuant to section 19a-25] section 19a-25-3 of the regulations of Connecticut state agencies, and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, or (C) another state's health data collection agency with which the office has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the office pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data and not to use such patient-identifiable data as a basis for any decision concerning a patient. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The office shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.
Sec. 12. Subsection (c) of section 10-149c of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

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

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

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

(b) The Department of Public Health shall, in its Public Health Code, adopt regulations, in accordance with the provisions of chapter 54, to establish reasonable standards governing exemptions from the licensing provisions of this section, clinical laboratory operations and facilities, personnel qualifications and certification, levels of acceptable proficiency in testing programs approved by the department, the collection, acceptance and suitability of specimens for analysis and such other pertinent laboratory functions, including the establishment of advisory committees, as may be necessary to insure public health and safety. No person, firm or corporation shall establish, conduct, operate or maintain a clinical laboratory unless such laboratory is licensed or approved by said department in accordance
with its regulations. Each clinical laboratory shall comply with all standards for clinical laboratories [set forth in the Public Health Code] established by the department and shall be subject to inspection by said department, including inspection of all records necessary to carry out the purposes of this section. The commissioner, or an agent authorized by the commissioner, may conduct any inquiry, investigation or hearing necessary to enforce the provisions of this section or regulations adopted under this section and shall have power to issue subpoenas, order the production of books, records or documents, administer oaths and take testimony under oath relative to the matter of such inquiry, investigation or hearing. At any such hearing ordered by the department, the commissioner or such agent may subpoena witnesses and require the production of records, papers and documents pertinent to such hearing. If any person disobey such subpoena or, having appeared in obedience thereto, refuses to answer any pertinent question put to such person by the commissioner or such agent or to produce any records and papers pursuant to the subpoena, the commissioner or such agent may apply to the superior court for the judicial district of Hartford or for the judicial district wherein the person resides or wherein the business has been conducted, setting forth such disobedience or refusal and said court shall cite such person to appear before said court to answer such question or to produce such records and papers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) Determine the eligibility of all applicants for permits, licensure,
certification or registration, based upon compliance with the general
statutes and administrative regulations. The department may deny the
eligibility of an applicant for a permit or for licensure by examination, endorsement, reciprocity or for reinstatement of a license voided pursuant to subsection (f) of section 19a-88, voluntarily surrendered or, by agreement, not renewed or reinstated pursuant to subsection (d) of section 19a-17, or may issue a license pursuant to a consent order containing conditions that must be met by the applicant if the department determines that the applicant:

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

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

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

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

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

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

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

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

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

(a) For purposes of this section:

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

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

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

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

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

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

(a) There is established a Commission on Medicolegal Investigations, as an independent administrative commission, consisting of nine members: Two full professors of pathology, two full professors of law, a member of the Connecticut Medical Society, a member of the Connecticut Bar Association, two members of the public, selected by the Governor, and the Commissioner of Public Health, or the commissioner's designee. The Governor shall appoint the two full professors of pathology and the two full professors of law from a panel of not less than four such professors in the field of medicine and four such professors in the field of law recommended by a committee composed of the deans of the recognized schools and colleges of medicine and of law in the state of Connecticut; the member of the Connecticut Medical Society from a panel of not less than three members of that society recommended by the council of that society; and the member of the Connecticut Bar Association from a panel of not less than three members of that association recommended by the board of governors of that association. Initially, one professor of pathology, one professor of law, the member of the Connecticut Medical Society, and one member of the public shall serve for six years and until their successors are appointed, and one professor of pathology, one professor of law, the member of the Connecticut Bar Association and one member of the public shall serve for three years, and until their
successors are appointed. All appointments to full terms subsequent to
the initial appointments shall be for six years. Vacancies shall be filled
for the expiration of the term of the member being replaced in the
same manner as original appointments. Members shall be eligible for
reappointment under the same conditions as are applicable to initial
appointments. The commission shall elect annually one of its members
as chairman and one as vice chairman. Members of the commission
shall receive no compensation but shall be reimbursed for their actual
expenses incurred in service on the commission. The commission shall
meet at least once each year and more often as its duties require, upon
the request of any two members and shall meet at least once each year
with those persons and groups that are affected by commission
policies and procedures. The commission shall adopt its own rules for
the conduct of its meetings.

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

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

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

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

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

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

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

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

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

Sec. 23. Subsection (c) of section 19a-6n of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):
(c) A representative of the Department of Education Bureau of
Special Education shall be a member and the chairpersons of the joint
standing [committee] committees of the General Assembly having
cognizance of matters relating to public health and insurance, or the
chairpersons' designees, shall be members of the advisory council.

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

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

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

Sec. 25. Section 19a-630 of the general statutes is repealed and the
following is substituted in lieu thereof (Effective October 1, 2015):
As used in this chapter, unless the context otherwise requires:

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

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

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

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

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

(6) "Certificate of need" means a certificate issued by the office.

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

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

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

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

[(9)] (11) "Free clinic" means a private, nonprofit community-based organization that provides medical, dental, pharmaceutical or mental health services at reduced cost or no cost to low-income, uninsured and underinsured individuals.

[(10)] (12) "Group practice" means eight or more full-time equivalent physicians, legally organized in a partnership, professional corporation, limited liability company formed to render professional services, medical foundation, not-for-profit corporation, faculty practice plan or other similar entity (A) in which each physician who is a member of the group provides substantially the full range of services that the physician routinely provides, including, but not limited to, medical care, consultation, diagnosis or treatment, through the joint use of shared office space, facilities, equipment or personnel; (B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group practice and amounts so received are treated as receipts of the group; or (C) in which the overhead expenses of, and the income from, the group are distributed in accordance with methods previously determined by members of the group. An entity that otherwise meets the definition of group practice under this section shall be considered a group practice although its shareholders, partners or owners of the group practice include single-physician professional corporations, limited liability companies formed to render professional services or other entities in which beneficial owners are individual physicians.
[(11)] (13) "Health care facility" means (A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals; (C) freestanding emergency departments; (D) outpatient surgical facilities, as defined in section 19a-493b and licensed under chapter 368v; (E) a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended; (F) a central service facility; (G) mental health facilities; (H) substance abuse treatment facilities; and (I) any other facility requiring certificate of need review pursuant to subsection (a) of section 19a-638. "Health care facility" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility.

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

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

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

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

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

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

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

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

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

(23) "Termination" means the operational discontinuance or elimination of a health care service by a health care facility, excluding any affiliate of such health care facility, except "termination" does not include a temporary suspension of a health care service for six months or less.

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

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

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

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

(c) [Any] Unless otherwise required to file a certificate of need application pursuant to the provisions of subsection (a) of section 19a-638, any health care facility that proposes to terminate the operation of a facility or service for which a certificate of need was not obtained shall notify the office not later than sixty days prior to terminating the operation of the facility or service.

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

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

(4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a nuclear medicine technologist, as defined in section 20-74uu, who (i)
has successfully completed the individual certification exam for computed tomography or magnetic resonance imaging administered
by the American Registry of Radiologic Technologists, and (ii) holds and maintains in good standing, computed tomography or magnetic resonance imaging certification by the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board, from fully operating a computed tomography or magnetic resonance imaging portion of a hybrid-fusion imaging system, including diagnostic imaging, in conjunction with a positron emission tomography or single-photon emission computed tomography imaging system; or (B) require a technologist who is certified by the International Society for Clinical Densitometry or the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board and who operates a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370, to be licensed as a radiographer.

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

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

Sec. 29. Section 20-206q of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):
When a physician conveys an order for a diet or means of nutritional support to a certified dietitian-nutritionist [by verbal means] may convey an order for a patient diet, including, but not limited to, a therapeutic diet for a patient in an institution, as defined in section 19a-490, such order shall be received and immediately committed to writing in the patient’s chart by the certified dietitian-nutritionist. Any order so written may be The certified dietitian-nutritionist shall document such order in the patient's medical record. Any order conveyed under this section shall be acted upon by the institution's nurses and physician assistants with the same authority as if the order were received directly from a physician. Any order conveyed in this manner shall be countersigned by a physician within twenty-four hours unless otherwise provided by state or federal law or regulations. Nothing in this section shall prohibit a physician from conveying a verbal order for a patient diet to a certified dietitian-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.