



General Assembly

**Amendment**

January Session, 2015

LCO No. 9290



Offered by:

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To: Subst. House Bill No. 6987

File No. 682

Cal. No. 447

**"AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES."**

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

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4 repealed and the following is substituted in lieu thereof (*Effective*  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

6 (f) The commissioner shall charge a fee of five hundred sixty-five  
7 dollars for the technical assistance provided for the design, review and  
8 development of an institution's construction, renovation, building  
9 alteration, sale or change in ownership when the cost of [such] the  
10 project is one million dollars or less and shall charge a fee of one-  
11 quarter of one per cent of the total [project] construction cost when the  
12 cost of [such] the project is more than one million dollars. Such fee

13 shall include all department reviews and on-site inspections. For  
14 purposes of this subsection, "institution" does not include a facility  
15 owned by the state.

16 Sec. 2. Section 19a-491 of the general statutes is amended by adding  
17 subsection (j) as follows (*Effective October 1, 2015*):

18 (NEW) (j) (1) A chronic disease hospital shall (A) maintain its  
19 medical records on-site in an accessible manner, (B) keep a patient's  
20 medical records on-site for a minimum of ten years after the date of  
21 such patient's discharge, except the hospital may destroy the patient's  
22 original medical records prior to the expiration of the ten-year period if  
23 a copy of such medical records is preserved by a process that is  
24 consistent with current hospital standards, (C) complete a patient's  
25 medical records not more than thirty days after the date of such  
26 patient's discharge, except in unusual circumstances that shall be  
27 specified in the hospital's rules and regulations for its medical staff.  
28 Each chronic disease hospital shall provide the Department of Public  
29 Health with a list of the process it uses for preserving a copy of  
30 medical records in accordance with subparagraph (B) of this  
31 subdivision.

32 (2) A children's hospital shall (A) maintain its medical records,  
33 except nurses' notes, on-site in an accessible manner, and (B) keep a  
34 patient's medical records on-site for a minimum of ten years after the  
35 date of such patient's discharge, except the hospital may destroy the  
36 patient's original medical records prior to the expiration of the ten-year  
37 period if a copy of such medical records is preserved by a process that  
38 is consistent with current hospital standards. Each children's hospital  
39 shall provide the Department of Public Health a list of the process it  
40 uses for preserving a copy of medical records in accordance with  
41 subparagraph (B) of this subdivision.

42 (3) The Department of Public Health may adopt regulations in  
43 accordance with the provisions of chapter 54 to implement the  
44 provisions of this subsection.

45 Sec. 3. Subsection (b) of section 20-12d of the general statutes is  
46 repealed and the following is substituted in lieu thereof (*Effective*  
47 *October 1, 2015*):

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

52 Sec. 4. Subsections (d) to (f), inclusive, of section 32-41jj of the  
53 general statutes are repealed and the following is substituted in lieu  
54 thereof (*Effective October 1, 2015*):

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

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

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

80        Sec. 5. Subsection (b) of section 32-41kk of the general statutes is  
81 repealed and the following is substituted in lieu thereof (*Effective*  
82 *October 1, 2015*):

83        (b) The Regenerative Medicine Research Advisory Committee  
84 established pursuant to section 32-41ll shall develop an application for  
85 grants-in-aid under this section for the purpose of conducting  
86 regenerative medicine research and may receive applications from  
87 eligible institutions for such grants-in-aid. The Regenerative Medicine  
88 Research Advisory Committee shall require any applicant for a grant-  
89 in-aid under this section to conduct regenerative medicine research to  
90 submit (1) a complete description of the applicant's organization, (2)  
91 the applicant's plans for regenerative medicine research and proposed  
92 funding for such research from sources other than the state, [and] (3)  
93 proposed arrangements concerning financial benefits to the state as a  
94 result of any patent, royalty payment or similar rights developing from  
95 any proposed research made possible by the awarding of such grant-  
96 in-aid, and (4) a form attesting to compliance with subsections (c) and  
97 (d) of section 32-41jj, as amended by this act, if the regenerative  
98 medicine research involves the use of embryonic stem cells. The  
99 Regenerative Medicine Research Advisory Committee shall direct the  
100 chief executive officer of Connecticut Innovations, Incorporated, with  
101 respect to the awarding of such grants-in-aid after considering  
102 recommendations from the Regenerative Medicine Research Peer  
103 Review Committee established pursuant to section 32-41mm.

104        Sec. 6. Section 20-101 of the general statutes is repealed and the  
105 following is substituted in lieu thereof (*Effective October 1, 2015*):

106        No provision of this chapter shall confer any authority to practice  
107 medicine or surgery nor shall this chapter prohibit any person from

108 the domestic administration of family remedies or the furnishing of  
109 assistance in the case of an emergency; nor shall it be construed as  
110 prohibiting persons employed in state hospitals and state sanatoriums  
111 and subsidiary workers in general hospitals from assisting in the  
112 nursing care of patients if adequate medical and nursing supervision is  
113 provided; nor shall it be construed to prohibit the administration of  
114 medications by dialysis patient care technicians in accordance with  
115 section 19a-269a; nor shall it be construed to prohibit a personal care  
116 assistant employed by a homemaker-companion agency registered  
117 pursuant to section 20-671 from administering medications to a  
118 competent adult who directs his or her own care and makes his or her  
119 own decisions pertaining to assessment, planning and evaluation; nor  
120 shall it be construed as prohibiting students who are enrolled in  
121 schools of nursing approved pursuant to section 20-90, and students  
122 who are enrolled in schools for licensed practical nurses approved  
123 pursuant to section 20-90, from performing such work as is incidental  
124 to their respective courses of study; nor shall it prohibit a registered  
125 nurse who holds a master's degree in nursing or in a related field  
126 recognized for certification as either a nurse practitioner, a clinical  
127 nurse specialist, or a nurse anesthetist by one of the certifying bodies  
128 identified in section 20-94a from practicing for a period not to exceed  
129 one hundred twenty days after the date of graduation, provided such  
130 graduate advanced practice registered nurse is working in a hospital  
131 or other organization under the supervision of a licensed physician or  
132 a licensed advanced practice registered nurse, such hospital or other  
133 organization has verified that the graduate advanced practice  
134 registered nurse has applied to sit for the national certification  
135 examination and the graduate advanced practice registered nurse is  
136 not authorized to prescribe or dispense drugs; nor shall it prohibit  
137 graduates of schools of nursing or schools for licensed practical nurses  
138 approved pursuant to section 20-90, from nursing the sick for a period  
139 not to exceed ninety calendar days after the date of graduation,  
140 provided such graduate nurses are working in hospitals or  
141 organizations where adequate supervision is provided, and such  
142 hospital or other organization has verified that the graduate nurse has

143 successfully completed a nursing program. Upon notification that the  
144 graduate nurse has failed the licensure examination or that the  
145 graduate advanced practice registered nurse has failed the certification  
146 examination, all privileges under this section shall automatically cease.  
147 No provision of this chapter shall prohibit (1) any registered nurse  
148 who has been issued a temporary permit by the department, pursuant  
149 to subsection (b) of section 20-94, from caring for the sick pending the  
150 issuance of a license without examination; [nor shall it prohibit] (2) any  
151 licensed practical nurse who has been issued a temporary permit by  
152 the department, pursuant to subsection (b) of section 20-97, from  
153 caring for the sick pending the issuance of a license without  
154 examination; [nor shall it prohibit] (3) any qualified registered nurse or  
155 any qualified licensed practical nurse of another state from caring for a  
156 patient temporarily in this state [, provided such nurse has been  
157 granted a temporary permit from said department and] for not longer  
158 than seventy-two hours, provided such nurse shall not represent or  
159 hold himself or herself out as a nurse licensed to practice in this state;  
160 [nor shall it prohibit] (4) any qualified registered nurse or any qualified  
161 licensed practical nurse of another state from caring for a patient  
162 longer than seventy-two hours, provided such nurse (A) has been  
163 issued a temporary permit by the department, and (B) shall not  
164 represent or hold himself or herself out as a nurse licensed to practice  
165 in this state; (5) registered nurses or licensed practical nurses from  
166 other states from doing such nursing as is incident to their course of  
167 study when taking postgraduate courses in this state; [nor shall it  
168 prohibit] or (6) nursing or care of the sick, with or without  
169 compensation or personal profit, in connection with the practice of the  
170 religious tenets of any church by adherents thereof, provided such  
171 persons shall not otherwise engage in the practice of nursing within  
172 the meaning of this chapter. This chapter shall not prohibit the care of  
173 persons in their homes by domestic servants, housekeepers,  
174 nursemaids, companions, attendants or household aides of any type,  
175 whether employed regularly or because of an emergency of illness, if  
176 such persons are not initially employed in a nursing capacity. This  
177 chapter shall not prohibit unlicensed assistive personnel from

178 administering jejunostomy and gastrojejunal tube feedings to persons  
179 who [(1)] (A) attend day programs or respite centers under the  
180 jurisdiction of the Department of Developmental Services, [(2)] (B)  
181 reside in residential facilities under the jurisdiction of the Department  
182 of Developmental Services, or [(3)] (C) receive support under the  
183 jurisdiction of the Department of Developmental Services, when such  
184 feedings are performed by trained, unlicensed assistive personnel  
185 pursuant to the written order of a physician licensed under chapter  
186 370, an advanced practice registered nurse licensed to prescribe in  
187 accordance with section 20-94a or a physician assistant licensed to  
188 prescribe in accordance with section 20-12d, as amended by this act.

189 Sec. 7. Section 20-206c of the general statutes is repealed and the  
190 following is substituted in lieu thereof (*Effective October 1, 2015*):

191 The department may take any action set forth in section 19a-17, as  
192 amended by this act, if a person issued a license pursuant to section 20-  
193 206b fails to conform to the accepted standards of the massage therapy  
194 profession, including, but not limited to, the following: Conviction of a  
195 felony; fraud or deceit in obtaining a license; fraud or deceit in the  
196 practice of massage therapy; negligent, incompetent or wrongful  
197 conduct in professional activities; emotional disorder or mental illness;  
198 physical illness including, but not limited to, deterioration through the  
199 aging process; abuse or excessive use of drugs, including alcohol,  
200 narcotics or chemicals; wilful falsification of entries into any client  
201 record pertaining to massage therapy; failure to make a written  
202 referral, as required in section 20-206b; violation of any provisions of  
203 this section and sections 20-206a [to 20-206c, inclusive] and 20-206b.  
204 The commissioner may order a license holder to submit to a reasonable  
205 physical or mental examination if the license holder's physical or  
206 mental capacity to practice safely is the subject of an investigation. The  
207 commissioner may petition the superior court for the judicial district of  
208 Hartford to enforce such order or any action taken pursuant to section  
209 19a-17, as amended by this act. Notice of any contemplated action  
210 under said section, the cause of the action and the date of a hearing on

211 the action shall be given and an opportunity for hearing afforded in  
212 accordance with the provisions of chapter 54.

213 Sec. 8. Section 19a-180 of the general statutes is amended by adding  
214 subsections (k) and (l) as follows (*Effective October 1, 2015*):

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

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



244 Sec. 9. Subsection (a) of section 17b-451 of the general statutes is  
245 repealed and the following is substituted in lieu thereof (*Effective*  
246 *October 1, 2015*):

247 (a) [Any] A mandatory reporter, as defined in this section, who has  
248 reasonable cause to suspect or believe that any elderly person has been  
249 abused, neglected, exploited or abandoned, or is in a condition that is  
250 the result of such abuse, neglect, exploitation or abandonment, or is in  
251 need of protective services, shall, not later than seventy-two hours  
252 after such suspicion or belief arose, report such information or cause a  
253 report to be made in any reasonable manner to the Commissioner of  
254 Social Services or to the person or persons designated by the  
255 commissioner to receive such reports. The term "mandatory reporter"  
256 means (1) any physician or surgeon licensed under the provisions of  
257 chapter 370, (2) any resident physician or intern in any hospital in this  
258 state, whether or not so licensed, (3) any registered nurse, (4) any  
259 nursing home administrator, nurse's aide or orderly in a nursing home  
260 facility or residential care home, (5) any person paid for caring for a  
261 patient in a nursing home facility or residential care home, (6) any staff  
262 person employed by a nursing home facility or residential care home,  
263 (7) any patients' advocate, (8) any licensed practical nurse, medical  
264 examiner, dentist, optometrist, chiropractor, podiatrist, social worker,  
265 clergyman, police officer, pharmacist, psychologist or physical  
266 therapist, [and] (9) any person paid for caring for an elderly person by  
267 any institution, organization, agency or facility, [ Such persons shall  
268 include an] including without limitation, any employee of a  
269 community-based services provider, senior center, home care agency,  
270 homemaker and companion agency, adult day care center, village-  
271 model community and congregate housing facility, [who has  
272 reasonable cause to suspect or believe that any elderly person has been  
273 abused, neglected, exploited or abandoned, or is in a condition that is  
274 the result of such abuse, neglect, exploitation or abandonment, or is in  
275 need of protective services, shall, not later than seventy-two hours  
276 after such suspicion or belief arose, report such information or cause a  
277 report to be made in any reasonable manner to the Commissioner of

278 Social Services or to the person or persons designated by the  
279 commissioner to receive such reports. Any person required to report  
280 under the provisions of this section] and (10) any person licensed or  
281 certified as an emergency medical services provider pursuant to  
282 chapter 368d or chapter 384d, including any such emergency medical  
283 services provider who is a member of a municipal fire department.  
284 Any mandatory reporter who fails to make such report within the  
285 prescribed time period shall be fined not more than five hundred  
286 dollars, except that, if such person intentionally fails to make such  
287 report within the prescribed time period, such person shall be guilty of  
288 a class C misdemeanor for the first offense and a class A misdemeanor  
289 for any subsequent offense. Any institution, organization, agency or  
290 facility employing individuals to care for persons sixty years of age or  
291 older shall provide mandatory training on detecting potential abuse,  
292 [and] neglect, exploitation and abandonment of such persons and  
293 inform such employees of their obligations under this section. For  
294 purposes of this subsection, "person paid for caring for an elderly  
295 person by any institution, organization, agency or facility" includes an  
296 employee of a community-based services provider, senior center,  
297 home health care agency, homemaker and companion agency, adult  
298 day care center, village-model community and congregate housing  
299 facility.

300 Sec. 10. Subdivision (9) of section 19a-177 of the general statutes is  
301 repealed and the following is substituted in lieu thereof (*Effective*  
302 *October 1, 2015*):

303 (9) (A) Establish rates for the conveyance and treatment of patients  
304 by licensed ambulance services and invalid coaches and establish  
305 emergency service rates for certified ambulance services and  
306 paramedic intercept services, provided (i) the present rates established  
307 for such services and vehicles shall remain in effect until such time as  
308 the commissioner establishes a new rate schedule as provided in this  
309 subdivision, and (ii) any rate increase not in excess of the Medical Care  
310 Services Consumer Price Index, as published by the Bureau of Labor

311 Statistics of the United States Department of Labor, for the prior year,  
312 filed in accordance with subparagraph (B)(iii) of this subdivision shall  
313 be deemed approved by the commissioner. For purposes of this  
314 subdivision, licensed ambulance service shall not include emergency  
315 air transport services.

316 (B) Adopt regulations, in accordance with the provisions of chapter  
317 54, establishing methods for setting rates and conditions for charging  
318 such rates. Such regulations shall include, but not be limited to,  
319 provisions requiring that on and after July 1, 2000: (i) Requests for rate  
320 increases may be filed no more frequently than once a year, except  
321 that, in any case where an agency's schedule of maximum allowable  
322 rates falls below that of the Medicare allowable rates for that agency,  
323 the commissioner shall immediately amend such schedule so that the  
324 rates are at or above the Medicare allowable rates; (ii) only licensed  
325 ambulance services, certified ambulance services and paramedic  
326 intercept services that apply for a rate increase in excess of the Medical  
327 Care Services Consumer Price Index, as published by the Bureau of  
328 Labor Statistics of the United States Department of Labor, for the prior  
329 year, and do not accept the maximum allowable rates contained in any  
330 voluntary state-wide rate schedule established by the commissioner for  
331 the rate application year shall be required to file detailed financial  
332 information with the commissioner, provided any hearing that the  
333 commissioner may hold concerning such application shall be  
334 conducted as a contested case in accordance with chapter 54; (iii)  
335 licensed ambulance services, certified ambulance services and  
336 paramedic intercept services that do not apply for a rate increase in  
337 any year in excess of the Medical Care Services Consumer Price Index,  
338 as published by the Bureau of Labor Statistics of the United States  
339 Department of Labor, for the prior year, or that accept the maximum  
340 allowable rates contained in any voluntary state-wide rate schedule  
341 established by the commissioner for the rate application year shall, not  
342 later than [July fifteenth of such year] the last business day in August  
343 of such year, file with the commissioner a statement of emergency and  
344 nonemergency call volume, and, in the case of a licensed ambulance

345 service, certified ambulance service or paramedic intercept service that  
346 is not applying for a rate increase, a written declaration by such  
347 licensed ambulance service, certified ambulance service or paramedic  
348 intercept service that no change in its currently approved maximum  
349 allowable rates will occur for the rate application year; and (iv)  
350 detailed financial and operational information filed by licensed  
351 ambulance services, certified ambulance services and paramedic  
352 intercept services to support a request for a rate increase in excess of  
353 the Medical Care Services Consumer Price Index, as published by the  
354 Bureau of Labor Statistics of the United States Department of Labor,  
355 for the prior year, shall cover the time period pertaining to the most  
356 recently completed fiscal year and the rate application year of the  
357 licensed ambulance service, certified ambulance service or paramedic  
358 intercept service.

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

377 Sec. 11. Section 19a-175 of the general statutes is amended by adding

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

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

384 Sec. 12. Section 19a-181 of the general statutes is repealed and the  
385 following is substituted in lieu thereof (*Effective October 1, 2015*):

386 (a) [Each] In addition to the inspection required under subsection  
387 (b) of this section, each ambulance [.] and invalid coach [and  
388 intermediate or paramedic intercept vehicle] used by an emergency  
389 medical service organization [shall be registered with the Department  
390 of Motor Vehicles pursuant to chapter 246. The Department of Motor  
391 Vehicles shall not issue a certificate of registration for any such  
392 ambulance, invalid coach or intermediate or paramedic intercept  
393 vehicle unless the applicant for such certificate of registration presents  
394 to said department a safety certificate from the Commissioner of Public  
395 Health certifying that said] shall be inspected to verify such ambulance  
396 [.] or invalid coach [and intermediate or paramedic intercept vehicle  
397 has been inspected and] has met the minimum standards prescribed  
398 by the Commissioner of Public Health. [Each vehicle so registered with  
399 the Department of Motor Vehicles shall be inspected once every two  
400 years thereafter on or before the anniversary date of the issuance of the  
401 certificate of registration.] Such inspection shall be conducted (1) in  
402 accordance with 49 CFR 396.17, as amended from time to time, and (2)  
403 by a person (A) qualified to perform such inspection in accordance  
404 with 49 CFR 396.19 and 49 CFR 396.25, as amended from time to time,  
405 and (B) employed by the state or a municipality of the state or licensed  
406 in accordance with section 14-52. A record of each inspection shall be  
407 made in accordance with section 49 CFR 396.21, as amended from time  
408 to time. Each [such] inspector, upon determining that such ambulance  
409 [.] or invalid coach [or intermediate or paramedic intercept vehicle]  
410 meets the standards of safety and equipment prescribed by the

411 Commissioner of Public Health, shall [affix a safety certificate to such  
412 vehicle] provide notification to the emergency medical services  
413 organization in such manner and form as said commissioner  
414 designates. [, and such sticker shall be so placed as to be] The  
415 Commissioner of Public Health shall affix a safety certificate sticker in  
416 the rear compartment of such ambulance or invalid coach in a location  
417 readily visible to any person. [in the rear compartment of such  
418 vehicle.]

419 (b) Each authorized emergency medical services vehicle used by an  
420 emergency medical service organization shall be inspected by the  
421 Department of Public Health to verify the authorized emergency  
422 medical services vehicle is in compliance with the minimum standards  
423 for vehicle design and equipment as prescribed by the Commissioner  
424 of Public Health. Each inspector, upon determining that such  
425 authorized emergency medical services vehicle meets the standards of  
426 safety and equipment prescribed by the Commissioner of Public  
427 Health, shall affix a compliance certificate in the rear compartment of  
428 such vehicle, in such manner and form as said commissioner  
429 designates, and such sticker shall be so placed as to be readily visible  
430 to any person. The Commissioner of Public Health or the  
431 commissioner's designee may inspect any rescue vehicle used by an  
432 emergency medical service organization for compliance with the  
433 minimum equipment standards prescribed by said commissioner.

434 (c) Each authorized emergency medical services vehicle shall be  
435 registered with the Department of Motor Vehicles pursuant to chapter  
436 246. The Department of Motor Vehicles shall not issue a certificate of  
437 registration for any such authorized emergency medical services  
438 vehicle unless the applicant for such certificate of registration presents  
439 to said department a compliance certificate from the Commissioner of  
440 Public Health certifying that such authorized emergency medical  
441 services vehicle has been inspected and has met the minimum safety  
442 and vehicle design equipment standards prescribed by the  
443 Commissioner of Public Health. Each vehicle registered with the

444 Department of Motor Vehicles in accordance with this subsection shall  
445 be inspected by the Commissioner of Public Health or the  
446 commissioner's designee not less than once every two years on or  
447 before the anniversary date of the issuance of the certificate of  
448 registration.

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

454 Sec. 13. Subsection (d) of section 19a-654 of the general statutes is  
455 repealed and the following is substituted in lieu thereof (*Effective*  
456 *October 1, 2015*):

457 (d) Except as provided in this subsection, patient-identifiable data  
458 received by the office shall be kept confidential and shall not be  
459 considered public records or files subject to disclosure under the  
460 Freedom of Information Act, as defined in section 1-200. The office  
461 may release de-identified patient data or aggregate patient data to the  
462 public in a manner consistent with the provisions of 45 CFR 164.514.  
463 Any de-identified patient data released by the office shall exclude  
464 provider, physician and payer organization names or codes and shall  
465 be kept confidential by the recipient. The office may release patient-  
466 identifiable data (1) for medical and scientific research as provided for  
467 in [section 19a-25 and regulations adopted pursuant to section 19a-25]  
468 section 19a-25-3 of the regulations of Connecticut state agencies, and  
469 (2) to (A) a state agency for the purpose of improving health care  
470 service delivery, (B) a federal agency or the office of the Attorney  
471 General for the purpose of investigating hospital mergers and  
472 acquisitions, or (C) another state's health data collection agency with  
473 which the office has entered into a reciprocal data-sharing agreement  
474 for the purpose of certificate of need review or evaluation of health  
475 care services, upon receipt of a request from such agency, provided,  
476 prior to the release of such patient-identifiable data, such agency enters

477 into a written agreement with the office pursuant to which such  
478 agency agrees to protect the confidentiality of such patient-identifiable  
479 data and not to use such patient-identifiable data as a basis for any  
480 decision concerning a patient. No individual or entity receiving  
481 patient-identifiable data may release such data in any manner that may  
482 result in an individual patient, physician, provider or payer being  
483 identified. The office shall impose a reasonable, cost-based fee for any  
484 patient data provided to a nongovernmental entity.

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

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

495 (b) The Department of Public Health shall [, in its Public Health  
496 Code,] adopt regulations, [and] in accordance with the provisions of  
497 chapter 54, to establish reasonable standards governing exemptions  
498 from the licensing provisions of this section, clinical laboratory  
499 operations and facilities, personnel qualifications and certification,  
500 levels of acceptable proficiency in testing programs approved by the  
501 department, the collection, acceptance and suitability of specimens for  
502 analysis and such other pertinent laboratory functions, including the  
503 establishment of advisory committees, as may be necessary to insure  
504 public health and safety. No person, firm or corporation shall establish,  
505 conduct, operate or maintain a clinical laboratory unless such  
506 laboratory is licensed or approved by said department in accordance  
507 with its regulations. Each clinical laboratory shall comply with all  
508 standards for clinical laboratories [set forth in the Public Health Code]  
509 established by the department and shall be subject to inspection by



510 said department, including inspection of all records necessary to carry  
511 out the purposes of this section. The commissioner, or an agent  
512 authorized by the commissioner, may conduct any inquiry,  
513 investigation or hearing necessary to enforce the provisions of this  
514 section or regulations adopted under this section and shall have power  
515 to issue subpoenas, order the production of books, records or  
516 documents, administer oaths and take testimony under oath relative to  
517 the matter of such inquiry, investigation or hearing. At any such  
518 hearing ordered by the department, the commissioner or such agent  
519 may subpoena witnesses and require the production of records, papers  
520 and documents pertinent to such hearing. If any person disobeys such  
521 subpoena or, having appeared in obedience thereto, refuses to answer  
522 any pertinent question put to such person by the commissioner or such  
523 agent or to produce any records and papers pursuant to the subpoena,  
524 the commissioner or such agent may apply to the superior court for the  
525 judicial district of Hartford or for the judicial district wherein the  
526 person resides or wherein the business has been conducted, setting  
527 forth such disobedience or refusal and said court shall cite such person  
528 to appear before said court to answer such question or to produce such  
529 records and papers.

530 (c) Each application for licensure of a clinical laboratory, if such  
531 laboratory is located within an institution licensed in accordance with  
532 sections 19a-490 to 19a-503, inclusive, shall be made on forms provided  
533 by said department and shall be executed by the owner or owners or  
534 by a responsible officer of the firm or corporation owning the  
535 laboratory. Such application shall contain a current itemized rate  
536 schedule, full disclosure of any contractual relationship, written or  
537 oral, with any practitioner using the services of the laboratory and  
538 such other information as said department requires, which may  
539 include affirmative evidence of ability to comply with the standards as  
540 well as a sworn agreement to abide by them. Upon receipt of any such  
541 application, said department shall make such inspections and  
542 investigations as are necessary and shall deny licensure when  
543 operation of the clinical laboratory would be prejudicial to the health

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

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

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

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

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

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

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

588 Sec. 15. Section 19a-30a of the general statutes is repealed and the  
589 following is substituted in lieu thereof (*Effective October 1, 2015*):

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

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

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

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

614 Sec. 16. Subsection (f) of section 19a-17 of the general statutes is  
615 repealed and the following is substituted in lieu thereof (*Effective*  
616 *October 1, 2015*):

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

629 Sec. 17. Subdivision (6) of subsection (a) of section 19a-14 of the  
630 general statutes is repealed and the following is substituted in lieu  
631 thereof (*Effective October 1, 2015*):

632 (6) Determine the eligibility of all applicants for permits, licensure,  
633 certification or registration, based upon compliance with the general  
634 statutes and administrative regulations. The department may deny the  
635 eligibility of an applicant for a permit or for licensure by examination,  
636 endorsement, reciprocity or for reinstatement of a license voided  
637 pursuant to subsection (f) of section 19a-88, voluntarily surrendered or,

638 by agreement, not renewed or reinstated pursuant to subsection (d) of  
639 section 19a-17, or may issue a license pursuant to a consent order  
640 containing conditions that must be met by the applicant if the  
641 department determines that the applicant:

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

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

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

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

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

666 (F) Has a condition which would interfere with the practice of the  
667 applicant's profession, including, but not limited to, physical illness or  
668 loss of skill or deterioration due to the aging process, emotional

669 disorder or mental illness, abuse or excessive use of drugs or alcohol,  
670 provided the commissioner, or the commissioner's designee, gives  
671 notice and holds a hearing in accordance with the provisions of  
672 chapter 54, prior to denying an application for a permit or a license  
673 based on this subparagraph;

674 Sec. 18. Section 19a-531 of the general statutes is repealed and the  
675 following is substituted in lieu thereof (*Effective October 1, 2015*):

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

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

690 (a) For purposes of this section:

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

694 (2) "Cosmetic medical procedure" means any procedure performed  
695 on a person that is directed at improving the person's appearance and  
696 that does not meaningfully promote the proper function of the body or  
697 prevent or treat illness or disease and may include, but is not limited  
698 to, cosmetic surgery, hair transplants, cosmetic injections, cosmetic soft  
699 tissue fillers, dermaplaning, dermastamping, dermarolling,

700 dermabrasion that removes cells beyond the stratum corneum,  
701 chemical peels using modification solutions that exceed thirty per cent  
702 concentration with a pH value of lower than 3.0, laser hair removal,  
703 laser skin resurfacing, laser treatment of leg veins, sclerotherapy and  
704 other laser procedures, intense pulsed light, injection of cosmetic filling  
705 agents and neurotoxins and the use of class II medical devices  
706 designed to induce deep skin tissue alteration.

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

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

725 (d) Each medical spa shall post information, including the names  
726 and any specialty areas of any physician, physician assistant, advanced  
727 practice registered nurse or registered nurse performing cosmetic  
728 medical procedures, in a conspicuous place that is accessible to  
729 customers at the medical spa and on any Internet web site maintained  
730 by the medical spa. Such information shall also be: (1) Contained in  
731 any advertisement by the medical spa or state that such information  
732 may be found on the medical spa's Internet web site and list the

733 address for such Internet web site; and (2) contained in a written notice  
734 that is provided to each person before undergoing any cosmetic  
735 medical procedure at the medical spa.

736 Sec. 20. Subsection (a) of section 19a-401 of the general statutes is  
737 repealed and the following is substituted in lieu thereof (*Effective*  
738 *October 1, 2015*):

739 (a) There is established a Commission on Medicolegal  
740 Investigations, as an independent administrative commission,  
741 consisting of nine members: Two full professors of pathology, two full  
742 professors of law, a member of the Connecticut Medical Society, a  
743 member of the Connecticut Bar Association, two members of the  
744 public, selected by the Governor, and the Commissioner of Public  
745 Health, or the commissioner's designee. The Governor shall appoint  
746 the two full professors of pathology and the two full professors of law  
747 from a panel of not less than four such professors in the field of  
748 medicine and four such professors in the field of law recommended by  
749 a committee composed of the deans of the recognized schools and  
750 colleges of medicine and of law in the state of Connecticut; the member  
751 of the Connecticut Medical Society from a panel of not less than three  
752 members of that society recommended by the council of that society;  
753 and the member of the Connecticut Bar Association from a panel of not  
754 less than three members of that association recommended by the board  
755 of governors of that association. Initially, one professor of pathology,  
756 one professor of law, the member of the Connecticut Medical Society,  
757 and one member of the public shall serve for six years and until their  
758 successors are appointed, and one professor of pathology, one  
759 professor of law, the member of the Connecticut Bar Association and  
760 one member of the public shall serve for three years, and until their  
761 successors are appointed. All appointments to full terms subsequent to  
762 the initial appointments shall be for six years. Vacancies shall be filled  
763 for the expiration of the term of the member being replaced in the  
764 same manner as original appointments. Members shall be eligible for  
765 reappointment under the same conditions as are applicable to initial



766 appointments. The commission shall elect annually one of its members  
767 as chairman and one as vice chairman. Members of the commission  
768 shall receive no compensation but shall be reimbursed for their actual  
769 expenses incurred in service on the commission. The commission shall  
770 meet at least once each year and more often as its duties require, upon  
771 the request of any two members and shall meet at least once each year  
772 with those persons and groups that are affected by commission  
773 policies and procedures. The commission shall adopt its own rules for  
774 the conduct of its meetings.

775 Sec. 21. Subsection (a) of section 19a-29a of the general statutes is  
776 repealed and the following is substituted in lieu thereof (*Effective*  
777 *October 1, 2015*):

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

779 (1) "Environmental laboratory" means any facility or other area,  
780 including, but not limited to, an outdoor area where testing occurs,  
781 used for microbiological, chemical, radiological or other analyte testing  
782 of drinking waters, ground waters, sea waters, rivers, streams and  
783 surface waters, recreational waters, fresh water sources, wastewaters,  
784 swimming pools, construction, renovation and demolition building  
785 materials, soil, solid waste, animal and plant tissues, sewage, sewage  
786 effluent, sewage sludge or any other matrix for the purpose of  
787 providing information on the sanitary quality or the amount of  
788 pollution or any substance prejudicial to health or the environment.  
789 [For purposes of this section] "Environmental laboratory" does not  
790 include a publicly-owned treatment works, as defined in section 22a-  
791 521, that performs only physical, residue, microbiological and  
792 biological oxygen demand tests for its own facility for which results  
793 are required by or submitted to the Department of Energy and  
794 Environmental Protection to comply with permits or authorizations  
795 issued pursuant to section 22a-6k, 22a-430 or 22a-430b, or a pollution  
796 abatement facility, as defined in either section 22a-423 or 22a-475, that  
797 tests for pH, turbidity, conductivity, salinity and oxidation-reduction  
798 potential, and tests for residual chlorine for its own facility for which

799 results are required by or submitted to the Department of Energy and  
800 Environmental Protection to comply with permits or authorizations  
801 issued pursuant to section 22a-6k, 22a-430 or 22a-430b;

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

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

808 Sec. 22. Subsection (b) of section 20-206bb of the general statutes is  
809 repealed and the following is substituted in lieu thereof (*Effective*  
810 *October 1, 2015*):

811 (b) Each person seeking licensure as an acupuncturist shall make  
812 application on forms prescribed by the department, pay an application  
813 fee of two hundred dollars and present to the department satisfactory  
814 evidence that the applicant has (1) [has] completed sixty semester  
815 hours, or its equivalent, of postsecondary study in an institution of  
816 postsecondary education that, if in the United States or its territories,  
817 was accredited by a recognized regional accrediting body or, if outside  
818 the United States or its territories, was legally chartered to grant  
819 postsecondary degrees in the country in which located, (2) [has]  
820 successfully completed a course of study in acupuncture in a program  
821 that, at the time of graduation, was in candidate status with or  
822 accredited by an accrediting agency recognized by the United States  
823 Department of Education and included (A) for a person who  
824 completed such course of study before October 1, 2012, a minimum of  
825 one thousand three hundred fifty hours of didactic and clinical  
826 training, five hundred of which were clinical, or (B) for a person who  
827 completed such course of study on or after October 1, 2012, a  
828 minimum of one thousand nine hundred five hours of didactic and  
829 clinical training, six hundred sixty of which were clinical, (3) [has]  
830 passed all portions of the National Certification Commission for

831 Acupuncture and Oriental Medicine examination required for  
832 acupuncture certification or an examination prescribed by the  
833 department, [and] (4) [has] successfully completed a course in clean  
834 needle technique prescribed by the department, and (5) prior to  
835 providing direct patient care services, acquired professional liability  
836 insurance or other indemnity against liability for professional  
837 malpractice. Any person successfully completing the education,  
838 examination or training requirements of this section in a language  
839 other than English shall be deemed to have satisfied the requirement  
840 completed in that language. The amount of insurance that each person  
841 shall carry as insurance or indemnity against claims for injury or death  
842 for professional malpractice shall be not less than two hundred fifty  
843 thousand dollars for one person, per occurrence, with an aggregate of  
844 not less than one million dollars.

845 Sec. 23. Subdivision (1) of subsection (e) of section 20-206bb of the  
846 general statutes is repealed and the following is substituted in lieu  
847 thereof (*Effective October 1, 2015*):

848 (1) Except as provided in subdivision (2) of this subsection, for  
849 registration periods beginning on and after October 1, 2014, a licensee  
850 applying for license renewal shall (A) maintain a certification by the  
851 National Certification Commission for Acupuncture and Oriental  
852 Medicine, or (B) earn not less than thirty contact hours of continuing  
853 education approved by the National Certification Commission for  
854 Acupuncture and Oriental Medicine within the preceding twenty-four-  
855 month period. For registration periods beginning on and after October  
856 1, 2015, a licensee who provides direct patient care services and who is  
857 applying for license renewal shall maintain professional liability  
858 insurance or other indemnity against liability for professional  
859 malpractice.

860 Sec. 24. Section 20-206cc of the general statutes is repealed and the  
861 following is substituted in lieu thereof (*Effective October 1, 2015*):

862 The department may take any action set forth in section 19a-17, as

863 amended by this act, if a person issued a license pursuant to section 20-  
864 206bb, as amended by this act, fails to conform to the accepted  
865 standards of the acupuncturist profession, including, but not limited  
866 to, the following: Conviction of a felony; fraud or deceit in the practice  
867 of acupuncture; illegal conduct; negligent, incompetent or wrongful  
868 conduct in professional activities; emotional disorder or mental illness;  
869 physical illness including, but not limited to, deterioration through the  
870 aging process; abuse or excessive use of drugs, including alcohol,  
871 narcotics or chemicals; wilful falsification of entries into any patient  
872 record pertaining to acupuncture; misrepresentation or concealment of  
873 a material fact in the obtaining or reinstatement of an acupuncturist  
874 license; failure to maintain professional liability insurance or other  
875 indemnity against liability for professional malpractice as required  
876 under section 20-206bb, as amended by this act; or violation of any  
877 provisions of subsection (c) of section 19a-14. The commissioner may  
878 order a license holder to submit to a reasonable physical or mental  
879 examination if his physical or mental capacity to practice safely is the  
880 subject of an investigation. The commissioner may petition the  
881 superior court for the judicial district of Hartford to enforce such order  
882 or any action taken pursuant to section 19a-17, as amended by this act.  
883 Notice of any contemplated action under said section, the cause of the  
884 action and the date of a hearing on the action shall be given and an  
885 opportunity for hearing afforded in accordance with the provisions of  
886 chapter 54.

887 Sec. 25. Subsection (c) of section 19a-6n of the general statutes is  
888 repealed and the following is substituted in lieu thereof (*Effective*  
889 *October 1, 2015*):

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

895 Sec. 26. Section 20-151 of the general statutes is repealed and the

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

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

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

920 Sec. 27. Section 19a-639e of the general statutes is repealed and the  
921 following is substituted in lieu thereof (*Effective October 1, 2015*):

922 (a) Unless otherwise required to file a certificate of need application  
923 pursuant to the provisions of subsection (a) of section 19a-638, any  
924 health care facility that proposes to terminate a service that was  
925 authorized pursuant to a certificate of need issued under this chapter  
926 shall file a modification request with the office not later than sixty days  
927 prior to the proposed date of the termination of the service. The office

928 may request additional information from the health care facility as  
929 necessary to process the modification request. In addition, the office  
930 shall hold a public hearing on any request from a health care facility to  
931 terminate a service pursuant to this section if three or more individuals  
932 or an individual representing an entity with five or more people  
933 submits a request, in writing, that a public hearing be held on the  
934 health care facility's proposal to terminate a service.

935 (b) [Any] Unless otherwise required to file a certificate of need  
936 application pursuant to the provisions of subsection (a) of section 19a-  
937 638, any health care facility that proposes to terminate all services  
938 offered by such facility, that were authorized pursuant to one or more  
939 certificates of need issued under this chapter, shall provide notification  
940 to the office not later than sixty days prior to the termination of  
941 services and such facility shall surrender its certificate of need not later  
942 than thirty days prior to the termination of services.

943 (c) [Any] Unless otherwise required to file a certificate of need  
944 application pursuant to the provisions of subsection (a) of section 19a-  
945 638, any health care facility that proposes to terminate the operation of  
946 a facility or service for which a certificate of need was not obtained  
947 shall notify the office not later than sixty days prior to terminating the  
948 operation of the facility or service.

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

959 Sec. 28. Subdivision (4) of subsection (a) of section 20-74ee of the

960 general statutes is repealed and the following is substituted in lieu  
961 thereof (*Effective October 1, 2015*):

962 (4) Nothing in subsection (c) of section 19a-14, sections 20-74aa to  
963 20-74cc, inclusive, and this section shall be construed to: (A) Prohibit a  
964 nuclear medicine technologist, as defined in section 20-74uu, who (i)  
965 has successfully completed the individual certification exam for  
966 computed tomography or magnetic resonance imaging administered  
967 by the American Registry of Radiologic Technologists, and (ii) holds  
968 and maintains in good standing, computed tomography or magnetic  
969 resonance imaging certification by the American Registry of  
970 Radiologic Technologists or the Nuclear Medicine Technology  
971 Certification Board from fully operating a computed tomography or  
972 magnetic resonance imaging portion of a hybrid-fusion imaging  
973 system, including diagnostic imaging, in conjunction with a positron  
974 emission tomography or single-photon emission computed  
975 tomography imaging system; or (B) require a technologist who is  
976 certified by the International Society for Clinical Densitometry or the  
977 American Registry of Radiologic Technologists and who operates a  
978 bone densitometry system under the supervision, control and  
979 responsibility of a physician licensed pursuant to chapter 370, to be  
980 licensed as a radiographer.

981 Sec. 29. Section 20-254 of the general statutes is repealed and the  
982 following is substituted in lieu thereof (*Effective October 1, 2015*):

983 (a) Any person who holds a license at the time of application as a  
984 registered hairdresser and cosmetician, or as a person entitled to  
985 perform similar services under different designations in any other  
986 state, in the District of Columbia, or in a commonwealth or territory of  
987 the United States, and who was issued such license on the basis of  
988 successful completion of a program of education and training in  
989 hairdressing and cosmetology and an examination shall be eligible for  
990 licensing in this state and entitled to a license without examination  
991 upon payment of a fee of fifty dollars. No license shall be issued under  
992 this section to any applicant against whom professional disciplinary

993 action is pending or who is the subject of an unresolved complaint.

994 (b) If the issuance of such license in any other state, in the District of  
995 Columbia, or in a commonwealth or territory of the United States did  
996 not require an examination, an applicant who has legally practiced  
997 cosmetology for at least five years in a state outside of Connecticut  
998 shall be eligible for licensure under this section if the applicant submits  
999 to the commissioner evidence of education and experience that is  
1000 satisfactory to the commissioner and upon payment of a fee of fifty  
1001 dollars. Evidence of experience shall include, but not be limited to, (1)  
1002 an original certification from the out-of-state licensing agency  
1003 demonstrating at least five years of licensure, (2) correspondence from  
1004 the applicant's former employers, coworkers or clients that describes  
1005 the applicant's experience in the state for at least five years, and (3) a  
1006 copy of tax returns that indicate cosmetology as the applicant's  
1007 occupation. No license shall be issued under this section to any  
1008 applicant against whom professional disciplinary action is pending or  
1009 who is the subject of an unresolved complaint in the context of  
1010 providing services as a cosmetician.

1011 Sec. 30. Subsection (b) of section 17a-22j of the general statutes is  
1012 repealed and the following is substituted in lieu thereof (*Effective*  
1013 *October 1, 2015*):

1014 (b) The council shall consist of the following members:

1015 (1) Four appointed by the speaker of the House of Representatives;  
1016 two of whom are representatives of general or specialty psychiatric  
1017 hospitals; one of whom is an adult with a psychiatric disability; and  
1018 one of whom is an advocate for adults with psychiatric disabilities;

1019 (2) Four appointed by the president pro tempore of the Senate, two  
1020 of whom are parents of children who have a behavioral health  
1021 disorder or have received child protection or juvenile justice services  
1022 from the Department of Children and Families; one of whom has  
1023 expertise in health policy and evaluation; and one of whom is an



1024 advocate for children with behavioral health disorders;

1025 (3) Two appointed by the majority leader of the House of  
1026 Representatives; one of whom is a primary care provider serving  
1027 adults or children in the Medicaid program; and one of whom is a  
1028 child psychiatrist serving children pursuant to the HUSKY Plan;

1029 (4) Two appointed by the majority leader of the Senate; one of  
1030 whom is an advocate for adults with substance use disorders; and one  
1031 of whom is a representative of school-based health clinics;

1032 (5) Two appointed by the minority leader of the House of  
1033 Representatives; one of whom is a provider of community-based  
1034 psychiatric services for adults; and one of whom is a provider of  
1035 residential treatment for children;

1036 (6) Two appointed by the minority leader of the Senate one of  
1037 whom is a provider of community-based services for children with  
1038 behavioral health problems and one of whom is a member of the  
1039 Council on Medical Assistance Program Oversight;

1040 (7) Four appointed by the Governor; two of whom are  
1041 representatives of general or specialty psychiatric hospitals and two of  
1042 whom are parents of children who have a behavioral health disorder  
1043 or have received child protection or juvenile justice services from the  
1044 Department of Children and Families;

1045 (8) The chairpersons and ranking members of the joint standing  
1046 committees of the General Assembly having cognizance of matters  
1047 relating to human services, public health and appropriations and the  
1048 budgets of state agencies, or their designees;

1049 (9) Four appointed by the chairpersons of the Behavioral Health  
1050 Partnership Oversight Council; one of whom is a representative of a  
1051 home health care agency providing behavioral health services; one of  
1052 whom is a provider of substance use disorder treatment services; one  
1053 of whom is an adult in recovery from a psychiatric disability; and one

1054 of whom is a parent or family member of an adult with a serious  
1055 behavioral health disorder;

1056 (10) [~~Eight~~] Ten nonvoting ex-officio members, one each appointed  
1057 by the Commissioner of Social Services, the Commissioner of Children  
1058 and Families, the Commissioner of Mental Health and Addiction  
1059 Services, the Commissioner of Developmental Services, ~~[and]~~ the  
1060 Commissioner of Education and the Commissioner of Public Health to  
1061 represent his or her department, one appointed by the Chief Court  
1062 Administrator of the Judicial Branch to represent the Court Support  
1063 Services Division and one each appointed by the State Comptroller,  
1064 ~~[and]~~ the Secretary of the Office of Policy and Management, and the  
1065 Health Care Advocate to represent ~~[said]~~ his or her offices; and

1066 (11) One representative from each administrative services  
1067 organization under contract with the Department of Social Services to  
1068 provide such services for recipients of assistance under Medicaid and  
1069 HUSKY Plan, Part B to be nonvoting ex-officio members.

1070 Sec. 31. (NEW) (*Effective July 1, 2016*) (a) No person shall use or  
1071 require the use of disposable, nonsterile or sterile natural rubber latex  
1072 gloves at a retail food establishment, including, but not limited to, a  
1073 food service establishment, catering food service establishment or  
1074 itinerant food vending establishment.

1075 (b) Any person who violates subsection (a) of this section shall be  
1076 fined not less than two hundred fifty dollars nor more than five  
1077 hundred dollars.

1078 Sec. 32. (*Effective from passage*) (a) The Commissioner of Education,  
1079 in consultation with the Commissioner of Public Health, shall study  
1080 the potential advantages of licensing board certified behavior analysts,  
1081 as defined in section 20-185i of the general statutes, and assistant  
1082 behavior analysts, who are credentialed by the Behavior Analyst  
1083 Certification Board. Said commissioners shall also study the inclusion  
1084 of board certified behavior analysts and assistant behavior analysts in

1085 school special education planning and placement teams, as described  
1086 in section 10-76d of the general statutes.

1087 (b) Not later than January 1, 2016, the Commissioner of Education  
1088 shall report, in accordance with the provisions of section 11-4a of the  
1089 general statutes, concerning the results of such study to the joint  
1090 standing committees of the General Assembly having cognizance of  
1091 matters relating to public health and education. Such report shall  
1092 include, but need not be limited to, recommendations concerning: (1)  
1093 Any new licensure or certification categories relating to behavioral  
1094 analysis; (2) inclusion of board certified behavior analysts or assistant  
1095 behavior analysts on special education planning placement teams; and  
1096 (3) incentives for persons to enter the field of behavior analysis.

1097 Sec. 33. (*Effective October 1, 2015*) (a) For purposes of this section,  
1098 "food-borne disease outbreak" means an incident in which two or more  
1099 persons experience a similar illness resulting from the ingestion of  
1100 food or beverage that originated from a common source and is  
1101 contaminated with chemicals or infectious agents.

1102 (b) The Department of Public Health shall study issues concerning  
1103 food-borne disease outbreaks originating from public eating places, as  
1104 defined in section 22-127 of the general statutes, including, but not  
1105 limited to, the type of information that is communicated to members of  
1106 the public after a food-borne disease outbreak is confirmed and the  
1107 manner of such communication. Not later than July 1, 2016, the  
1108 Commissioner of Public Health shall report, in accordance with the  
1109 provisions of section 11-4a of the general statutes, regarding such  
1110 study to the joint standing committee of the General Assembly having  
1111 cognizance of matters relating to public health.

1112 Sec. 34. (*Effective from passage*) (a) There is established a task force to  
1113 study childhood nutrition. Such study shall include, but not be limited  
1114 to, an examination of (1) promoting healthier eating habits, (2)  
1115 providing and promoting healthier options for school meals, and (3)  
1116 the development of a nutrition education program for adoption by the

1117 local and regional school districts and integration into the physical  
1118 education curriculum.

1119 (b) The task force shall consist of the following members:

1120 (1) Two appointed by the speaker of the House of Representatives,  
1121 one of whom shall be a certified dietician-nutritionist practicing in the  
1122 state who provides services to children;

1123 (2) Two appointed by the president pro tempore of the Senate, one  
1124 of whom shall be a pediatrician licensed and practicing in the state;

1125 (3) One appointed by the majority leader of the House of  
1126 Representatives, who shall be a medical researcher with experience  
1127 conducting research concerning the effects of childhood nutrition on  
1128 overall health;

1129 (4) One appointed by the majority leader of the Senate, who shall be  
1130 a school nurse licensed and practicing in the state;

1131 (5) One appointed by the minority leader of the House of  
1132 Representatives, who shall be a psychiatrist licensed and practicing in  
1133 the state with experience treating children with issues related to  
1134 nutrition;

1135 (6) One appointed by the minority leader of the Senate, who shall be  
1136 a licensed clinical social worker, as defined in section 20-195m of the  
1137 general statutes, with experience providing services to children with  
1138 issues related to nutrition; and

1139 (7) The chairpersons and ranking members of the joint standing  
1140 committee of the General Assembly having cognizance of matters  
1141 relating to public health.

1142 (c) Any member of the task force appointed under subdivision (1),  
1143 (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a  
1144 member of the General Assembly.

1145 (d) All appointments to the task force shall be made not later than  
1146 thirty days after the effective date of this section. Any vacancy shall be  
1147 filled by the appointing authority.

1148 (e) The speaker of the House of Representatives and the president  
1149 pro tempore of the Senate shall select the chairpersons of the task force  
1150 from among the members of the task force. Such chairpersons shall  
1151 schedule the first meeting of the task force, which shall be held not  
1152 later than sixty days after the effective date of this section.

1153 (f) Not later than January 1, 2016, the task force shall submit a report  
1154 on its findings and recommendations to the joint standing committee  
1155 of the General Assembly having cognizance of matters relating to  
1156 public health, in accordance with the provisions of section 11-4a of the  
1157 general statutes. The task force shall terminate on the date that it  
1158 submits such report or January 1, 2016, whichever is later.

1159 Sec. 35. (*Effective from passage*) (a) There is established a task force to  
1160 study rare diseases. The task force shall (1) examine research,  
1161 diagnoses, treatment and education relating to rare diseases, and (2)  
1162 make recommendations for the establishment of a permanent group of  
1163 experts to advise the Department of Public Health on rare diseases. For  
1164 purposes of this section, "rare disease" has the same meaning as  
1165 provided in 21 USC 360bb, as amended from time to time.

1166 (b) The task force shall consist of the following members:

1167 (1) Four appointed by the speaker of the House of Representatives,  
1168 one of whom shall be a physician licensed and practicing in the state  
1169 with experience researching, diagnosing or treating rare diseases and  
1170 representing the specialty of neurology or neurological surgery, one of  
1171 whom shall be a physician licensed and practicing in the state with  
1172 experience researching, diagnosing or treating rare diseases and  
1173 representing the specialty of pediatrics, one of whom shall be an  
1174 administrator of a hospital in the state, and one of whom shall be a  
1175 medical researcher with experience conducting research concerning

1176 rare diseases;

1177 (2) Four appointed by the president pro tempore of the Senate, one  
1178 of whom shall be a physician licensed and practicing in the state with  
1179 experience researching, diagnosing or treating rare diseases and  
1180 representing the specialty of cardiology or cardiovascular surgery, one  
1181 of whom shall be a physician licensed and practicing in the state with  
1182 experience researching, diagnosing or treating rare diseases and  
1183 representing the specialty of pulmonology, one of whom shall be a  
1184 representative of a hospital in the state, and one of whom shall be a  
1185 registered nurse or advanced practice registered nurse licensed and  
1186 practicing in the state with experience treating rare diseases;

1187 (3) Two appointed by the majority leader of the House of  
1188 Representatives, one of whom shall be a physician licensed and  
1189 practicing in the state with experience researching, diagnosing or  
1190 treating rare diseases and representing the specialty of orthopedics or  
1191 orthopedic surgery, and one of whom shall be a rare disease survivor  
1192 over the age of eighteen;

1193 (4) Two appointed by the majority leader of the Senate, one of  
1194 whom shall be a physician licensed and practicing in the state with  
1195 experience researching, diagnosing or treating rare diseases and  
1196 representing the specialty of internal medicine, and one of whom shall  
1197 be a caregiver of a pediatric rare disease survivor;

1198 (5) Two appointed by the minority leader of the House of  
1199 Representatives, one of whom shall be a physician licensed and  
1200 practicing in the state with experience researching, diagnosing or  
1201 treating rare diseases and representing the specialty of emergency  
1202 medicine, and one of whom shall be a representative of the National  
1203 Organization for Rare Disorders; and

1204 (6) Two appointed by the minority leader of the Senate, one of  
1205 whom shall be a representative of the biopharmaceutical industry in  
1206 the state with experience in research and development relating to rare

1207 diseases, and one of whom shall be a representative of a hospital in the  
1208 state with experience in research and development relating to rare  
1209 diseases.

1210 (c) Any member of the task force appointed under subdivision (1),  
1211 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member  
1212 of the General Assembly.

1213 (d) All appointments to the task force shall be made not later than  
1214 thirty days after the effective date of this section. Any vacancy shall be  
1215 filled by the appointing authority.

1216 (e) The speaker of the House of Representatives and the president  
1217 pro tempore of the Senate shall select the chairpersons of the task force  
1218 from among the members of the task force. Such chairpersons shall  
1219 schedule the first meeting of the task force, which shall be held not  
1220 later than sixty days after the effective date of this section.

1221 (f) Not later than January 1, 2016, the task force shall submit a report  
1222 on its findings and recommendations to the joint standing committee  
1223 of the General Assembly having cognizance of matters relating to  
1224 public health, in accordance with the provisions of section 11-4a of the  
1225 general statutes. The task force shall terminate on the date that it  
1226 submits such report or January 1, 2016, whichever is later.

1227 Sec. 36. Section 7-74 of the general statutes, as amended by section 5  
1228 of public act 14-133, is repealed and the following is substituted in lieu  
1229 thereof (*Effective July 1, 2015*):

1230 (a) The fee for a certification of birth registration, short form, shall  
1231 be fifteen dollars. The fee for a certified copy of a certificate of birth,  
1232 long form, shall be twenty dollars, except that the fee for such  
1233 certifications and copies when issued by the department shall be thirty  
1234 dollars.

1235 (b) (1) The fee for a certified copy of a certificate of marriage or  
1236 death shall be twenty dollars. Such fees shall not be required of the

1237 department.

1238 (2) Any fee received by the Department of Public Health for a  
1239 certificate of death shall be deposited in the neglected cemetery  
1240 account, established in accordance with section 19a-308b.

1241 (c) The fee for one certified copy of a certificate of death for any  
1242 deceased person who was a veteran, as defined in subsection (a) of  
1243 section 27-103, shall be waived when such copy is requested by a  
1244 spouse, child or parent of such deceased veteran.

1245 (d) The fee for an uncertified copy of an original certificate of birth  
1246 issued pursuant to section 7-53 shall be sixty-five dollars.

1247 Sec. 37. Subdivisions (10) to (13), inclusive, of section 19a-177 of the  
1248 general statutes are repealed and the following is substituted in lieu  
1249 thereof (*Effective October 1, 2015*):

1250 (10) Research, develop, track and report on appropriate quantifiable  
1251 outcome measures for the state's emergency medical [services] service  
1252 system and submit to the joint standing committee of the General  
1253 Assembly having cognizance of matters relating to public health, in  
1254 accordance with the provisions of section 11-4a, on or before July 1,  
1255 2002, and annually thereafter, a report on the progress toward the  
1256 development of such outcome measures and, after such outcome  
1257 measures are developed, an analysis of emergency medical services  
1258 system outcomes;

1259 (11) Establish primary service areas and assign in writing a primary  
1260 service area responder for each primary service area. Each state-owned  
1261 campus having an acute care hospital on the premises shall be  
1262 designated as the primary service area responder for that campus;

1263 (12) Revoke primary service area assignments upon determination  
1264 by the commissioner that it is in the best interests of patient care to do  
1265 so; and



1266 (13) Annually issue a list of minimum equipment requirements for  
1267 ambulances and rescue vehicles based upon current national  
1268 standards. The commissioner shall distribute such list to all emergency  
1269 medical [services] service organizations and sponsor hospital medical  
1270 directors and make such list available to other interested stakeholders.  
1271 Emergency medical [services] service organizations shall have one  
1272 year from the date of issuance of such list to comply with the  
1273 minimum equipment requirements.

1274 Sec. 38. Subsection (a) of section 19a-486b of the general statutes is  
1275 repealed and the following is substituted in lieu thereof (*Effective*  
1276 *October 1, 2015*):

1277 (a) Not later than one hundred twenty days after the date of receipt  
1278 of the completed application pursuant to subsection [(d)] (e) of section  
1279 19a-486a, the Attorney General and the commissioner shall approve  
1280 the application, with or without modification, or deny the application.  
1281 The commissioner shall also determine, in accordance with the  
1282 provisions of chapter 368z, whether to approve, with or without  
1283 modification, or deny the application for a certificate of need that is  
1284 part of the completed application. Notwithstanding the provisions of  
1285 section 19a-639a, as amended by this act, the commissioner shall  
1286 complete the decision on the application for a certificate of need within  
1287 the same time period as the completed application. Such one-hundred-  
1288 twenty-day period may be extended by agreement of the Attorney  
1289 General, the commissioner, the nonprofit hospital and the purchaser. If  
1290 the Attorney General initiates a proceeding to enforce a subpoena  
1291 pursuant to section 19a-486c or 19a-486d, the one-hundred-twenty-day  
1292 period shall be tolled until the final court decision on the last pending  
1293 enforcement proceeding, including any appeal or time for the filing of  
1294 such appeal. Unless the one-hundred-twenty-day period is extended  
1295 pursuant to this section, if the commissioner and Attorney General fail  
1296 to take action on an agreement prior to the one hundred twenty-first  
1297 day after the date of the filing of the completed application, the  
1298 application shall be deemed approved.

1299 Sec. 39. Subsection (n) of section 19a-490 of the general statutes is  
1300 repealed and the following is substituted in lieu thereof (*Effective*  
1301 *October 1, 2015*):

1302 (n) "Multicare institution" means a hospital, psychiatric outpatient  
1303 clinic for adults, free-standing facility for the care or treatment of  
1304 substance abusive or dependent persons, hospital for psychiatric  
1305 disabilities, as defined in section 17a-495, or a general acute care  
1306 hospital that provides outpatient behavioral health services that [(A)]  
1307 (1) is licensed in accordance with this chapter, [(B)] (2) has more than  
1308 one facility or one or more satellite units owned and operated by a  
1309 single licensee, and [(C)] (3) offers complex patient health care services  
1310 at each facility or satellite unit.

1311 Sec. 40. Subdivision (2) of subsection (c) of section 19a-493 of the  
1312 general statutes is repealed and the following is substituted in lieu  
1313 thereof (*Effective October 1, 2015*):

1314 (2) Any multicare institution that intends to offer services at a  
1315 satellite unit or other location outside of its facilities or satellite units [ ]  
1316 shall submit an application for approval to offer services at such  
1317 location to the Department of Public Health. Such application shall be  
1318 submitted on a form and in the manner prescribed by the  
1319 Commissioner of Public Health. Not later than forty-five days after  
1320 receipt of such application, the commissioner shall notify the multicare  
1321 institution of the approval or denial of such application. If the satellite  
1322 unit or other location is approved, that satellite unit or location shall be  
1323 deemed to be licensed in accordance with this section [19a-493] and  
1324 shall comply with the applicable requirements of this chapter and  
1325 regulations adopted under this chapter.

1326 Sec. 41. Section 19a-508a of the general statutes is repealed and the  
1327 following is substituted in lieu thereof (*Effective October 1, 2015*):

1328 Upon admitting a patient to a hospital, hospital personnel shall  
1329 promptly ask the patient whether the patient desires for his or her

1330 physician to be notified of the hospital admission. If the patient so  
1331 desires, hospital personnel shall make reasonable efforts to notify the  
1332 physician designated by the patient of the patient's hospital admission  
1333 as soon as practicable, but not later than twenty-four hours after the  
1334 patient's request. For purposes of this section, "hospital" [shall have]  
1335 has the same meaning as provided in section 19a-490, as amended by  
1336 this act; and "physician" means a person licensed under the provisions  
1337 of chapter 370.

1338 Sec. 42. Subsections (c) and (d) of section 19a-639a of the general  
1339 statutes are repealed and the following is substituted in lieu thereof  
1340 (*Effective October 1, 2015*):

1341 (c) Not later than five business days after receipt of a properly filed  
1342 certificate of need application, the office shall publish notice of the  
1343 application on its Internet web site. Not later than thirty days after the  
1344 date of filing of the application, the office may request such additional  
1345 information as the office determines necessary to complete the  
1346 application. The applicant shall, not later than sixty days after the date  
1347 of the office's request, submit the requested information to the office. If  
1348 an applicant fails to submit the requested information to the office  
1349 within the sixty-day period, the office shall consider the application to  
1350 have been withdrawn.

1351 (d) Upon determining that an application is complete, the office  
1352 shall provide notice of this determination to the applicant and to the  
1353 public in accordance with regulations adopted by the department. In  
1354 addition, the office shall post such notice on its Internet web site. The  
1355 date on which the office posts such notice on its Internet web site shall  
1356 begin the review period. Except as provided in this subsection, (1) the  
1357 review period for a completed application shall be ninety days from  
1358 the date on which the office posts such notice on its Internet web site;  
1359 and (2) the office shall issue a decision on a completed application  
1360 prior to the expiration of the ninety-day review period. The review  
1361 period for a completed application that involves a transfer of a group  
1362 practice, as described in subdivision (3) of subsection (a) of section 19a-

1363 638, when the offer was made in response to a request for proposal or  
1364 similar voluntary offer for sale, shall be sixty days from the date on  
1365 which the office posts notice on its Internet web site. Upon request or  
1366 for good cause shown, the office may extend the review period for a  
1367 period of time not to exceed sixty days. If the review period is  
1368 extended, the office shall issue a decision on the completed application  
1369 prior to the expiration of the extended review period. If the office  
1370 holds a public hearing concerning a completed application in  
1371 accordance with subsection (e) or (f) of this section, the office shall  
1372 issue a decision on the completed application not later than sixty days  
1373 after the date the office closes the public hearing record.

1374 Sec. 43. Subsection (h) of section 20-206mm of the general statutes is  
1375 repealed and the following is substituted in lieu thereof (*Effective*  
1376 *October 1, 2015*):

1377 (h) The commissioner may issue an emergency medical [services]  
1378 service instructor certificate to an applicant who presents (1) evidence  
1379 satisfactory to the commissioner that the applicant is currently certified  
1380 as an emergency medical technician in good standing, (2)  
1381 documentation satisfactory to the commissioner, with reference to  
1382 national education standards, regarding qualifications as an  
1383 emergency medical service instructor, (3) a letter of endorsement  
1384 signed by two instructors holding current emergency medical service  
1385 instructor certification, (4) documentation of having completed written  
1386 and practical examinations as prescribed by the commissioner, and (5)  
1387 evidence satisfactory to the commissioner that the applicant has no  
1388 pending disciplinary action or unresolved complaints against him or  
1389 her.

1390 Sec. 44. Section 20-482 of the general statutes is repealed and the  
1391 following is substituted in lieu thereof (*Effective October 1, 2015*):

1392 Any person or entity who knowingly violates any provision of  
1393 sections 20-474 to 20-481, inclusive, and subsections (e) and (f) [ ] of  
1394 section 19a-88 or any regulation adopted thereunder, shall be fined not

1395 more than five thousand dollars per violation per day and be subject to  
1396 disciplinary action pursuant to section 19a-17, as amended by this act.

1397 Sec. 45. Subsection (f) of section 19a-29a of the general statutes is  
1398 repealed and the following is substituted in lieu thereof (*Effective*  
1399 *October 1, 2015*):

1400 (f) Each registration or [certificate of approval] certification shall be  
1401 issued for a period of not less than twenty-four or more than twenty-  
1402 seven months from any deadline for applications established by the  
1403 commissioner. Renewal applications shall be made (1) biennially  
1404 within the twenty-fourth month of the current registration; (2) before  
1405 any change in ownership is made; and (3) prior to any major  
1406 expansion or alteration in, or changing of, quarters.

1407 Sec. 46. Subsection (c) of section 17a-58 of the general statutes is  
1408 repealed and the following is substituted in lieu thereof (*Effective July*  
1409 *1, 2015*):

1410 (c) The designated employee may request the parent or agent to  
1411 provide (1) the name of the parent or agent, (2) information on the  
1412 medical history of the infant and parents, and (3) the infant's name and  
1413 date of birth if the infant's birth has been registered in the state vital  
1414 records system prior to the surrender of the infant. Notwithstanding  
1415 such a request from the designated employee, the parent or agent is  
1416 not required to provide such name or information. The designated  
1417 employee may provide the parent or agent with a numbered  
1418 identification bracelet to link the parent or agent to the infant. The  
1419 bracelet shall be used for identification only and shall not be construed  
1420 to authorize the person who possesses the bracelet to take custody of  
1421 the infant on demand. The designated employee shall provide the  
1422 parent or agent with a pamphlet describing the process established  
1423 under sections 17a-57 to [17a-61] 17a-60, inclusive, and sections 17a-61,  
1424 as amended by this act, 53-21 and 53-23.

1425 Sec. 47. Section 17a-61 of the general statutes is repealed and the

1426 following is substituted in lieu thereof (*Effective July 1, 2015*):

1427 The Department of Children and Families, in consultation with the  
1428 Attorney General, shall prepare a public information program about  
1429 the process established under this section and sections 17a-57 to [17a-  
1430 61] 17a-60, inclusive, 53-21 and 53-23. Such program shall include  
1431 distribution to mothers and agents of a pamphlet that has the  
1432 following information: (1) An explanation of the process established by  
1433 this section and sections 17a-57 to [17a-61] 17a-60, inclusive; (2) the  
1434 legal ramifications and protections for the mother or agent; (3) what  
1435 will happen to the infant; (4) how to contact the Department of  
1436 Children and Families with questions and the procedures for  
1437 reunification; (5) the timelines involved in termination of parental  
1438 rights and adoption; and (6) any other relevant information.

1439 Sec. 48. Subsection (b) of section 17a-111b of the general statutes is  
1440 repealed and the following is substituted in lieu thereof (*Effective July*  
1441 *1, 2015*):

1442 (b) The Commissioner of Children and Families or any other party  
1443 may, at any time, file a motion with the court for a determination that  
1444 reasonable efforts to reunify the parent with the child are not required.  
1445 The court shall hold an evidentiary hearing on the motion not later  
1446 than thirty days after the filing of the motion or may consolidate the  
1447 hearing with a trial on a petition to terminate parental rights pursuant  
1448 to section 17a-112. The court may determine that such efforts are not  
1449 required if the court finds upon clear and convincing evidence that: (1)  
1450 The parent has subjected the child to the following aggravated  
1451 circumstances: (A) The child has been abandoned, as defined in  
1452 subsection (j) of section 17a-112; or (B) the parent has inflicted or  
1453 knowingly permitted another person to inflict sexual molestation or  
1454 exploitation or severe physical abuse on the child or engaged in a  
1455 pattern of abuse of the child; (2) the parent has killed, through  
1456 deliberate, nonaccidental act, another child of the parent or a sibling of  
1457 the child, or has requested, commanded, importuned, attempted,  
1458 conspired or solicited to commit or knowingly permitted another

1459 person to commit the killing of the child, another child of the parent or  
1460 sibling of the child, or has committed or knowingly permitted another  
1461 person to commit an assault, through deliberate, nonaccidental act,  
1462 that resulted in serious bodily injury of the child, another child of the  
1463 parent or a sibling of the child; (3) the parental rights of the parent to a  
1464 sibling have been terminated within three years of the filing of a  
1465 petition pursuant to this section, provided the commissioner has made  
1466 reasonable efforts to reunify the parent with the child during a period  
1467 of at least ninety days; (4) the parent was convicted by a court of  
1468 competent jurisdiction of sexual assault, except a conviction of a  
1469 violation of section 53a-71 or 53a-73a resulting in the conception of the  
1470 child; or (5) the child was placed in the care and control of the  
1471 commissioner pursuant to the provisions of sections 17a-57 to [17a-61]  
1472 17a-60, inclusive, and section 17a-61, as amended by this act.

1473 Sec. 49. Subsection (d) of section 19a-55 of the general statutes, as  
1474 amended by section 1 of public act 15-10 is repealed and the following  
1475 is substituted in lieu thereof (*Effective from passage*):

1476 (d) The administrative officer or other person in charge of each  
1477 institution caring for newborn infants shall report any case of  
1478 cytomegalovirus that is confirmed as a result of a screening test  
1479 administered pursuant to subdivision [(3)] (2) of subsection (b) of this  
1480 section to the Department of Public Health in a form and manner  
1481 prescribed by the Commissioner of Public Health.

1482 Sec. 50. Subsection (v) of section 17a-451 of the general statutes, as  
1483 amended by section 2 of house bill 6708 of the current session, is  
1484 repealed and the following is substituted in lieu thereof (*Effective from*  
1485 *passage*):

1486 (v) The commissioner may designate any employee of the  
1487 department to sign any contract, agreement or settlement on behalf of  
1488 the Department of Mental Health and Addiction Services.

1489 Sec. 51. Section 19a-904 of the general statutes is repealed and the

1490 following is substituted in lieu thereof (*Effective October 1, 2015*):

1491 (a) As used in this section:

1492 (1) "Infectious disease" [includes (A) infectious pulmonary  
1493 tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human  
1494 immunodeficiency virus (HIV), including acquired immunodeficiency  
1495 syndrome (AIDS), (F) diphtheria, (G) novel influenza A virus  
1496 infections with pandemic potential, as defined by the National Centers  
1497 for Disease Control and Prevention, (H) methicillin-resistant  
1498 staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J)  
1499 meningococcal disease, (K) plague, and (L) rabies;] means any  
1500 infectious disease on the list developed by the United States Secretary  
1501 of Health and Human Services pursuant to 42 USC 300ff-131, as  
1502 amended from time to time, and any infectious disease designated by  
1503 the Commissioner of Public Health pursuant to subsection (b) of this  
1504 section;

1505 (2) "Airborne infectious disease" means any infectious disease  
1506 specified as an airborne infectious disease on the list of infectious  
1507 diseases developed by the United States Secretary of Health and  
1508 Human Services pursuant to 42 USC 300ff-131, as amended from time  
1509 to time, and any infectious disease so designated by the Commissioner  
1510 of Public Health pursuant to subsection (b) of this section;

1511 [(2) "Exposure" means a percutaneous or mucous membrane  
1512 exposure of an individual to the blood, semen, vaginal secretions, or  
1513 spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of  
1514 another person;]

1515 (3) "Exposed" means to be in circumstances in which there is a  
1516 recognized risk for transmission of an infectious disease from a human  
1517 source to an emergency services member, or in the case of an infectious  
1518 disease designated by the United States Secretary of Health and  
1519 Human Services as a select agent, from a surface or environment  
1520 contaminated by the agent to an emergency services member;



1521        [(3)] (4) "Patient" means a person, whether alive or dead, who has  
1522        been attended, treated, assisted, handled or transported for medical  
1523        care by an emergency services member as a result of an emergency;

1524        [(4)] (5) "Emergency services member" means any police officer as  
1525        defined in section 7-294a, member of a paid or volunteer fire  
1526        department, emergency medical technician, ambulance driver, or  
1527        paramedic as defined in section 19a-175, when acting in an official  
1528        capacity;

1529        [(5)] (6) "Emergency medical technician" means any class of  
1530        emergency medical technician certified under regulations adopted  
1531        pursuant to section 19a-179, including, but not limited to, any  
1532        advanced emergency medical technician or emergency medical  
1533        responder;

1534        [(6)] (7) "Emergency services organization" means the Division of  
1535        State Police within the Department of Emergency Services and Public  
1536        Protection, an organized local police department, municipal  
1537        constabulary, paid or volunteer fire department, ambulance company  
1538        or any organization whether public, private or voluntary that offers  
1539        transportation or treatment services to patients under emergency  
1540        conditions;

1541        [(7)] (8) "Hospital" has the same meaning as in section 19a-490; [and]

1542        [(8)] (9) "Designated officer" means the employee or volunteer of an  
1543        emergency services organization designated in accordance with  
1544        subdivision (1) of subsection [(b)] (c) of this section; [.] and

1545        (10) "Hospital contact person" means the employee of a hospital  
1546        designated by such hospital in accordance with subdivision (2) of  
1547        subsection (c) of this section.

1548        (b) The Commissioner of Public Health may designate a disease as  
1549        an infectious disease or an airborne infectious disease, as both terms  
1550        are defined in subsection (a) of this section. The commissioner shall

1551 adopt regulations in accordance with chapter 54 to designate a disease  
1552 as an infectious disease or airborne infectious disease in accordance  
1553 with the provisions of this subsection. The commissioner may  
1554 implement such designations while in the process of adopting such  
1555 designations in regulation form, provided the commissioner publishes  
1556 notice of intention to adopt the regulations on the Department of  
1557 Public Health's Internet web site and the eRegulations System within  
1558 twenty days of implementing such designations. Designations  
1559 implemented pursuant to this subsection shall be valid until the time  
1560 such regulations are effective.

1561 [(b)] (c) (1) Each emergency services organization shall designate  
1562 one employee or volunteer to act as the designated officer to receive  
1563 notification of cases [of possible exposure] where persons have  
1564 possibly been exposed to infectious disease, investigate such cases, [of  
1565 possible exposure,] maintain [hospital] contact information for hospital  
1566 contact persons, request further information from [hospitals] hospital  
1567 contact persons and maintain any records required under this section.  
1568 The designated officer may designate another employee or volunteer  
1569 to serve as his or her designee in the event that the designated officer is  
1570 unavailable.

1571 (2) Each hospital shall designate one employee to act as the hospital  
1572 contact person to notify designated officers of cases where persons  
1573 have possibly been exposed to airborne infectious disease and to  
1574 receive and respond to requests from designated officers for  
1575 information concerning the results of any test performed on a patient  
1576 to determine the presence of an infectious disease. The hospital contact  
1577 person may designate another employee of the hospital to serve as his  
1578 or her designee in the event that the hospital contact person is  
1579 unavailable.

1580 [(c)] (d) (1) Any hospital that diagnoses a patient as having  
1581 [infectious pulmonary tuberculosis] an airborne infectious disease  
1582 shall, through its hospital contact person, verbally notify the  
1583 designated officer of the emergency services organization that

1584 attended, treated, assisted, handled or transported such patient no  
1585 later than forty-eight hours after making such a diagnosis, and shall  
1586 make such notification in writing not later than seventy-two hours  
1587 after such diagnosis. Such notification shall include, but not be limited  
1588 to, the diagnosis and the date on which the patient was attended,  
1589 treated, assisted, handled or transported as a result of an emergency to  
1590 such hospital, provided the identity of the patient shall not be  
1591 disclosed in any such notification.

1592 (2) Any hospital that determines that a patient, who died at or  
1593 before reaching such hospital and who was attended, treated, assisted,  
1594 handled or transported by an emergency services member, had  
1595 [infectious pulmonary tuberculosis] an airborne infectious disease  
1596 shall, through its hospital contact person, notify the designated officer  
1597 of such determination no later than forty-eight hours after making  
1598 such determination.

1599 [(d)] (e) (1) Any member of an emergency service organization who  
1600 believes that he or she may have been exposed to an infectious disease  
1601 through the member's contact with a patient who was attended,  
1602 treated, assisted, handled or transported by the member shall report  
1603 such [possible exposure] incident during which the member believes to  
1604 have been exposed to an infectious disease to the designated officer.  
1605 The designated officer shall immediately collect the facts surrounding  
1606 such incident [of possible exposure] and evaluate such facts to make a  
1607 determination of whether it would be reasonable to believe that the  
1608 member may have been exposed to an infectious disease. If the  
1609 designated officer determines that [there] it is reasonable to believe  
1610 that the member may have been [exposure] exposed to an infectious  
1611 disease, the designated officer shall submit a written request to the  
1612 hospital contact person at the hospital that received the patient  
1613 requesting to be notified of the results of any test performed on the  
1614 patient to determine the presence of an infectious disease. The request  
1615 shall include:

1616 (A) The name, address and telephone number of the designated

1617 officer submitting the request;

1618 (B) The name of the designated officer's employer or, in the case of a  
1619 volunteer emergency services member, the entity for which the  
1620 designated officer volunteers, and the name and contact information of  
1621 the emergency services member who may have been exposed to the  
1622 infectious disease; and

1623 (C) The date, time, location and manner of the [possible exposure]  
1624 incident during which the member may have been exposed.

1625 (2) Such request shall be valid for ten days after it is made. If at the  
1626 end of such ten-day period no test has been performed to determine  
1627 the presence of an infectious disease, no diagnosis has been made or  
1628 the result of the test is negative, the hospital shall, through its hospital  
1629 contact person, so notify the designated officer who made the request.  
1630 The notification shall not include the name of the patient.

1631 (3) Any hospital that receives a written request for notification shall,  
1632 through its hospital contact person, give an oral notification of the  
1633 presence of an infectious disease or of a confirmed positive test result,  
1634 if known, to the designated officer no later than forty-eight hours after  
1635 receiving such request, and shall send a written notification no later  
1636 than three days after receiving such request. If an infectious disease is  
1637 present or the test results are confirmed positive, both the oral and  
1638 written notification shall include the name of the infectious disease and  
1639 the date on which the patient was attended, treated, assisted, handled  
1640 or transported by the emergency services organization. Such  
1641 notification shall not disclose the name of the patient.

1642 (4) If a designated officer makes a request pursuant to this  
1643 subsection and the patient has died at, or before reaching, the hospital  
1644 receiving such request, the hospital shall, through its hospital contact  
1645 person, provide a copy of the request to the medical facility  
1646 ascertaining the cause of death if such facility is not the hospital that  
1647 received the original request.

1648 (f) (1) Not later than January 1, 2016, each emergency services  
1649 organization shall notify the Commissioner of Public Health, or the  
1650 commissioner's designee, of its designated officer and the designated  
1651 officer's contact information.

1652 (2) Not later than January 1, 2016, each hospital shall notify said  
1653 commissioner, or said commissioner's designee, of its hospital contact  
1654 person and the hospital contact person's contact information.

1655 (3) Each emergency services organization and hospital shall  
1656 promptly notify said commissioner of any change of the designated  
1657 officer or hospital contact person or such person's contact information.

1658 (g) The Commissioner of Public Health, or the commissioner's  
1659 designee, shall assist designated officers and hospital contact persons  
1660 in answering questions with respect to responsibilities of a designated  
1661 officer or hospital contact person under the provisions of this section.  
1662 Said commissioner shall, on and after January 1, 2016, maintain and  
1663 update, as necessary, a list of designated officers and hospital contact  
1664 persons along with such designated officers' and hospital contact  
1665 persons' contact information and make such list available to the public  
1666 on the Department of Public Health's Internet web site.

1667 [(e)] (h) No cause of action for damages shall arise, or any civil  
1668 penalty be imposed, against any hospital, hospital contact person or  
1669 [any] designated officer for failure to comply with the duties  
1670 established by this section. Notwithstanding the provisions of this  
1671 subsection, the Commissioner of Public Health may take any action  
1672 specified in subdivisions (1) to (5), inclusive, of subsection (a) of  
1673 section 19a-17 and section 19a-494 for a violation of the provisions of  
1674 this section as the commissioner deems appropriate.

1675 Sec. 52. Section 17a-52 of the general statutes is repealed and the  
1676 following is substituted in lieu thereof (*Effective October 1, 2015*):

1677 (a) There is established a Youth Suicide Advisory Board, within the  
1678 Department of Children and Families, which shall be a coordinating

1679 source for youth suicide prevention. The board shall consist of twenty  
1680 members, which shall include one psychiatrist licensed to practice  
1681 medicine in this state, one psychologist licensed in this state, one  
1682 representative of a local or regional board of education, one high  
1683 school teacher, one high school student, one college or university  
1684 faculty member, one college or university student and one parent, all  
1685 appointed by the Commissioner of Children and Families, one  
1686 representative of the Department of Public Health appointed by the  
1687 Commissioner of Public Health, one representative of the state  
1688 Department of Education appointed by the Commissioner of  
1689 Education and one representative of the Board of Regents for Higher  
1690 Education appointed by the president of the Board of Regents for  
1691 Higher Education. The balance of the board shall be comprised of  
1692 persons with expertise in the mental health of children or mental  
1693 health issues with a focus on suicide prevention and shall be  
1694 appointed by the Commissioner of Children and Families. Members of  
1695 the board shall serve for two-year terms, without compensation. Any  
1696 member who fails to attend three consecutive meetings or fifty per cent  
1697 of all meetings held during any calendar year shall be deemed to have  
1698 resigned from the board. The Commissioner of Children and Families  
1699 shall be a nonvoting, ex-officio member of the board. The board shall  
1700 elect a chairman, and a vice-chairman to act in the chairman's absence.

1701 (b) The board shall: (1) Increase public awareness of the existence of  
1702 youth suicide and means of prevention; (2) make recommendations to  
1703 the commissioner for the development of state-wide training in the  
1704 prevention of youth suicide; (3) develop a strategic youth suicide  
1705 prevention plan; (4) recommend interagency policies and procedures  
1706 for the coordination of services for youths and families in the area of  
1707 suicide prevention; (5) make recommendations for the establishment  
1708 and implementation of suicide prevention procedures in schools and  
1709 communities; (6) establish a coordinated system for the utilization of  
1710 data for the prevention of youth suicide; [and] (7) make  
1711 recommendations concerning the integration of suicide prevention and  
1712 intervention strategies into other youth-focused prevention and

1713 intervention programs; and (8) periodically offer, within available  
1714 appropriations, youth suicide prevention training for health care  
1715 providers, school employees and other persons who provide services  
1716 to children, young adults and families.

1717 Sec. 53. Subsection (f) of section 1 of substitute house bill 6975 of the  
1718 current session, as amended by House Amendment Schedule "A", is  
1719 repealed and the following is substituted in lieu thereof (*Effective from*  
1720 *passage*):

1721 (f) The administrative staff of the joint standing committee of the  
1722 General Assembly having cognizance of matters relating to [public  
1723 health] education shall serve as administrative staff of the task force.

1724 Sec. 54. Section 20-206q of the general statutes is repealed and the  
1725 following is substituted in lieu thereof (*Effective October 1, 2015*):

1726 [When a physician conveys an order for a diet or means of  
1727 nutritional support to a] A certified dietitian-nutritionist [by verbal  
1728 means] may write an order for a patient diet, including, but not limited  
1729 to, a therapeutic diet for a patient in an institution, as defined in  
1730 section 19a-490. [, such order shall be received and immediately  
1731 committed to writing in the patient's chart by the certified dietitian-  
1732 nutritionist. Any order so written may be] The certified dietitian-  
1733 nutritionist shall write such order in the patient's medical record. Any  
1734 order conveyed under this section shall be acted upon by the  
1735 institution's nurses and physician assistants with the same authority as  
1736 if the order were received directly from [the] a physician. Any order  
1737 conveyed in this manner shall be countersigned by [the] a physician  
1738 within [twenty-four] seventy-two hours unless otherwise provided by  
1739 state or federal law or regulations. Nothing in this section shall  
1740 prohibit a physician from conveying a verbal order for a patient diet to  
1741 a certified dietitian-nutritionist.

1742 Sec. 55. Section 20-87a of the general statutes is repealed and the  
1743 following is substituted in lieu thereof (*Effective October 1, 2015*):

1744 (a) The practice of nursing by a registered nurse is defined as the  
1745 process of diagnosing human responses to actual or potential health  
1746 problems, providing supportive and restorative care, health counseling  
1747 and teaching, case finding and referral, collaborating in the  
1748 implementation of the total health care regimen, and executing the  
1749 medical regimen under the direction of a licensed physician, dentist or  
1750 advanced practice registered nurse. A registered nurse may also  
1751 execute orders issued by licensed physician assistants, podiatrists and  
1752 optometrists, provided such orders do not exceed the nurse's or the  
1753 ordering practitioner's scope of practice. A registered nurse may  
1754 execute dietary orders written in a patient's chart by a certified  
1755 dietician-nutritionist.

1756 (b) (1) Advanced nursing practice is defined as the performance of  
1757 advanced level nursing practice activities that, by virtue of post-basic  
1758 specialized education and experience, are appropriate to and may be  
1759 performed by an advanced practice registered nurse. The advanced  
1760 practice registered nurse performs acts of diagnosis and treatment of  
1761 alterations in health status, as described in subsection (a) of this  
1762 section.

1763 (2) An advanced practice registered nurse having been issued a  
1764 license pursuant to section 20-94a shall, for the first three years after  
1765 having been issued such license, collaborate with a physician licensed  
1766 to practice medicine in this state. In all settings, such advanced practice  
1767 registered nurse may, in collaboration with a physician licensed to  
1768 practice medicine in this state, prescribe, dispense and administer  
1769 medical therapeutics and corrective measures and may request, sign  
1770 for, receive and dispense drugs in the form of professional samples in  
1771 accordance with sections 20-14c to 20-14e, inclusive, except such  
1772 advanced practice registered nurse licensed pursuant to section 20-94a  
1773 and maintaining current certification from the American Association of  
1774 Nurse Anesthetists who is prescribing and administering medical  
1775 therapeutics during surgery may only do so if the physician who is  
1776 medically directing the prescriptive activity is physically present in the



1777 institution, clinic or other setting where the surgery is being  
1778 performed. For purposes of this subdivision, "collaboration" means a  
1779 mutually agreed upon relationship between such advanced practice  
1780 registered nurse and a physician who is educated, trained or has  
1781 relevant experience that is related to the work of such advanced  
1782 practice registered nurse. The collaboration shall address a reasonable  
1783 and appropriate level of consultation and referral, coverage for the  
1784 patient in the absence of such advanced practice registered nurse, a  
1785 method to review patient outcomes and a method of disclosure of the  
1786 relationship to the patient. Relative to the exercise of prescriptive  
1787 authority, the collaboration between such advanced practice registered  
1788 nurse and a physician shall be in writing and shall address the level of  
1789 schedule II and III controlled substances that such advanced practice  
1790 registered nurse may prescribe and provide a method to review  
1791 patient outcomes, including, but not limited to, the review of medical  
1792 therapeutics, corrective measures, laboratory tests and other diagnostic  
1793 procedures that such advanced practice registered nurse may  
1794 prescribe, dispense and administer.

1795 (3) An advanced practice registered nurse having (A) been issued a  
1796 license pursuant to section 20-94a, (B) maintained such license for a  
1797 period of not less than three years, and (C) engaged in the performance  
1798 of advanced practice level nursing activities in collaboration with a  
1799 physician for a period of not less than three years and not less than two  
1800 thousand hours in accordance with the provisions of subdivision (2) of  
1801 this subsection, may, thereafter, alone or in collaboration with a  
1802 physician or another health care provider licensed to practice in this  
1803 state: (i) Perform the acts of diagnosis and treatment of alterations in  
1804 health status, as described in subsection (a) of this section; and (ii)  
1805 prescribe, dispense and administer medical therapeutics and corrective  
1806 measures and dispense drugs in the form of professional samples as  
1807 described in subdivision (2) of this subsection in all settings. Any  
1808 advanced practice registered nurse electing to practice not in  
1809 collaboration with a physician in accordance with the provisions of  
1810 this subdivision shall maintain documentation of having engaged in

1811 the performance of advanced practice level nursing activities in  
1812 collaboration with a physician for a period of not less than three years  
1813 and not less than two thousand hours. Such advanced practice  
1814 registered nurse shall maintain such documentation for a period of not  
1815 less than three years after completing such requirements and shall  
1816 submit such documentation to the Department of Public Health for  
1817 inspection not later than forty-five days after a request made by the  
1818 department for such documentation. Any such advanced practice  
1819 registered nurse shall submit written notice to the Commissioner of  
1820 Public Health of his or her intention to practice without collaboration  
1821 with a physician after completing the requirements described in this  
1822 subdivision and prior to beginning such practice.

1823 (4) An advanced practice registered nurse licensed under the  
1824 provisions of this chapter may make the determination and  
1825 pronouncement of death of a patient, provided the advanced practice  
1826 registered nurse attests to such pronouncement on the certificate of  
1827 death and signs the certificate of death not later than twenty-four  
1828 hours after the pronouncement.

1829 (c) The practice of nursing by a licensed practical nurse is defined as  
1830 the performing of selected tasks and sharing of responsibility under  
1831 the direction of a registered nurse or an advanced practice registered  
1832 nurse and within the framework of supportive and restorative care,  
1833 health counseling and teaching, case finding and referral, collaborating  
1834 in the implementation of the total health care regimen and executing  
1835 the medical regimen under the direction of a licensed physician,  
1836 physician assistant, podiatrist, optometrist or dentist. A licensed  
1837 practical nurse may also execute dietary orders written in a patient's  
1838 chart by a certified dietician-nutritionist.

1839 (d) In the case of a registered or licensed practical nurse employed  
1840 by a home health care agency, the practice of nursing includes, but is  
1841 not limited to, executing the medical regimen under the direction of a  
1842 physician licensed in a state that borders Connecticut.

1843 Sec. 56. Subdivision (5) of section 20-206m of the general statutes is  
1844 repealed and the following is substituted in lieu thereof (*Effective*  
1845 *October 1, 2015*):

1846 (5) "Dietetics or nutrition practice" means the integration and  
1847 application of the principles derived from the sciences of nutrition,  
1848 biochemistry, food, physiology, and behavioral and social sciences to  
1849 provide nutrition services that include: (A) Nutrition assessment; (B)  
1850 the establishment of priorities, goals, and objectives that meet nutrition  
1851 needs; (C) the provision of nutrition counseling in health and disease;  
1852 (D) the development, implementation and management of nutrition  
1853 care plans; and (E) the evaluation and maintenance of appropriate  
1854 standards of quality in food and nutrition. The term "dietetics or  
1855 nutrition practice" includes the ordering of oral diets and enteral and  
1856 parenteral nutrition support and the physical administration of oral  
1857 diets, but does not include the administration of nutrition by any route  
1858 other than oral administration, [and does not include] the  
1859 administration of enteral or parenteral diets or the issuance of orders  
1860 for laboratory or other diagnostic tests or orders intended to be  
1861 implemented by any person licensed pursuant to chapter 378.

1862 Sec. 57. Subsection (b) of section 2 of house bill 5027 of the current  
1863 session is repealed and the following is substituted in lieu thereof  
1864 (*Effective October 1, 2015*):

1865 (b) The Commissioner of [Public Health] Consumer Protection, after  
1866 consulting with the Commissioner of [Consumer Protection] Public  
1867 Health, shall adopt regulations, in accordance with the provisions of  
1868 chapter 54 of the general statutes, to allow the preparation of food in a  
1869 private residential dwelling for sale for human consumption.

1870 Sec. 58. Subdivision (1) of subsection (b) of section 2 of senate bill  
1871 811 of the current session, as amended by Senate Amendment  
1872 Schedules "A" and "B" and House Amendment Schedule "A", is  
1873 repealed and the following is substituted in lieu thereof (*Effective*  
1874 *October 1, 2015*):

1875 (b) (1) On and after July 1, 2016, the exchange shall, within available  
1876 resources, establish and maintain a consumer health information  
1877 Internet web site to assist consumers in making informed decisions  
1878 concerning their health care and informed choices among health care  
1879 providers. Such Internet web site shall: (A) Contain information  
1880 comparing the quality, price and cost of health care services, including,  
1881 to the extent practicable, (i) comparative price and cost information for  
1882 the primary diagnoses and procedures reported pursuant to  
1883 subsection (c) of this section categorized by payer and listed by health  
1884 care provider, (ii) links to the Internet web sites for The Joint  
1885 Commission and Medicare hospital compare tool where consumers  
1886 may obtain comparative quality information, (iii) definitions of  
1887 common health insurance and medical terms so consumers may  
1888 compare health coverage and understand the terms of their coverage,  
1889 and (iv) factors consumers should consider when choosing an  
1890 insurance product or provider group, including provider network,  
1891 premium, cost-sharing, covered services and tier information; [ and  
1892 (v) patient decision aids;] (B) be designed to assist consumers and  
1893 institutional purchasers in making informed decisions regarding their  
1894 health care and informed choices among health care providers and  
1895 allow comparisons between prices paid by various health carriers to  
1896 health care providers; (C) present information in language and a  
1897 format that is understandable to the average consumer; and (D) be  
1898 publicized to the general public. All information [received by the  
1899 exchange pursuant to the provisions of this section shall be posted on  
1900 the Internet web site] outlined in this section shall be posted on an  
1901 Internet web site established, or to be established, by the exchange in a  
1902 manner and timeframe as may be organizationally and financially  
1903 reasonable in the sole discretion of the exchange.

1904 Sec. 59. Subdivision (7) of subsection (b) of section 25 of senate bill  
1905 811 of the current session, as amended by Senate Amendment  
1906 Schedules "A" and "B" and House Amendment Schedule "A", is  
1907 repealed and the following is substituted in lieu thereof (*Effective July*  
1908 *1, 2015*):

1909 (7) Five members appointed by the Governor, one each of whom  
1910 shall be (A) a representative of a health system that includes more than  
1911 one hospital, (B) a representative of the health insurance industry, (C)  
1912 an expert in health information technology, (D) a health care consumer  
1913 or consumer advocate, and (E) [an] a current or former employee or  
1914 trustee of a plan established pursuant to subdivision (5) of subsection  
1915 (c) of 29 USC 186.

1916 Sec. 60. Subsection (a) of section 20-74t of the general statutes is  
1917 repealed and the following is substituted in lieu thereof (*Effective*  
1918 *October 1, 2015*):

1919 (a) On and after October 1, 2004, each alcohol and drug counselor  
1920 licensed or certified pursuant to this chapter shall complete a  
1921 minimum of twenty hours of continuing education each registration  
1922 period. For purposes of this section, registration period means the  
1923 twelve-month period for which a license or certificate has been  
1924 renewed in accordance with section 19a-88 and is current and valid.  
1925 The continuing education shall be in areas related to the individual's  
1926 practice and shall include not less than one contact hour of training or  
1927 education each registration period on the topic of cultural competency  
1928 and, on and after January 1, 2016, not less than two contact hours of  
1929 training or education during the first renewal period in which  
1930 continuing education is required and not less than once every six years  
1931 thereafter on the topic of mental health conditions common to veterans  
1932 and family members of veterans, including (1) determining whether a  
1933 patient is a veteran or family member of a veteran, (2) screening for  
1934 conditions such as post-traumatic stress disorder, risk of suicide,  
1935 depression and grief, and (3) suicide prevention training. Qualifying  
1936 continuing education activities are educational offerings sponsored by  
1937 a hospital or other licensed health care institutions, courses offered by  
1938 a regionally accredited institution of higher education or courses  
1939 offered by individuals or organizations on the list maintained by the  
1940 Connecticut Certification Board, Inc. as approved providers of such  
1941 continuing education activities.

1942 Sec. 61. Section 20-32 of the general statutes is repealed and the  
1943 following is substituted in lieu thereof (*Effective October 1, 2015*):

1944 (a) No licensee under the provisions of this chapter shall use the title  
1945 "Doctor" or any abbreviation or synonym thereof unless he or she  
1946 holds the degree of doctor of chiropractic from a chartered chiropractic  
1947 school or college, in which event the title shall be such as will  
1948 designate the licensee as a practitioner of chiropractic. Each licensed  
1949 chiropractor shall exhibit his or her name at the entrance of his or her  
1950 place of business or on his or her office door. The Department of Public  
1951 Health shall not initiate a disciplinary action against a licensed  
1952 chiropractor who, prior to July 1, 2011, is alleged to have been  
1953 practicing as a chiropractor under any name other than the name of the  
1954 chiropractor actually owning the practice or a corporate name  
1955 containing the name of such chiropractor.

1956 (b) All licensed chiropractors applying for license renewal shall be  
1957 required to participate in continuing education programs. Such  
1958 programs shall include, on and after January 1, 2016, not less than two  
1959 contact hours of training or education during the first renewal period  
1960 in which continuing education is required and not less than once every  
1961 six years thereafter on the topic of mental health conditions common to  
1962 veterans and family members of veterans. The Commissioner of Public  
1963 Health shall adopt regulations, in accordance with chapter 54, to (1)  
1964 define basic requirements for continuing education programs that  
1965 includes coursework appropriate for chiropractors on the subject of  
1966 mental health conditions common to veterans and family members of  
1967 veterans, including (A) determining whether a patient is a veteran or  
1968 family member of a veteran, (B) screening for conditions such as post-  
1969 traumatic stress disorder, risk of suicide, depression and grief, and (C)  
1970 suicide prevention training, (2) delineate qualifying programs, (3)  
1971 establish a system of control and reporting, and (4) provide for waiver  
1972 of the continuing education requirement for good cause. For  
1973 registration periods beginning on and after October 1, 2012, the  
1974 Commissioner of Public Health, in consultation with the Board of

1975 Chiropractic Examiners, shall, on or before October 1, 2011, and  
1976 biennially thereafter, issue a list that includes not more than five  
1977 mandatory topics for continuing education activities that shall be  
1978 required for the two subsequent registration periods following the date  
1979 of issuance of such list.

1980 Sec. 62. Subsection (b) of section 20-191c of the general statutes is  
1981 repealed and the following is substituted in lieu thereof (*Effective*  
1982 *October 1, 2015*):

1983 (b) Qualifying continuing education activities shall be related to the  
1984 practice of psychology and shall include courses, seminars, workshops,  
1985 conferences and postdoctoral institutes offered or approved by: (1) The  
1986 American Psychological Association; (2) a regionally accredited  
1987 institution of higher education graduate program; (3) a nationally  
1988 recognized provider of continuing education seminars; (4) the  
1989 Department of Mental Health and Addiction Services; or (5) a  
1990 behavioral science organization that is professionally or scientifically  
1991 recognized. Not more than five continuing education units during  
1992 each registration period shall be completed via the Internet, distance  
1993 learning or home study. On and after January 1, 2016, qualifying  
1994 continuing education activities shall include not less than two contact  
1995 hours of training or education during the first renewal period in which  
1996 continuing education is required and not less than once every six years  
1997 thereafter on the topic of mental health conditions common to veterans  
1998 and family members of veterans, including (A) determining whether a  
1999 patient is a veteran or family member of a veteran, (B) screening for  
2000 conditions such as post-traumatic stress disorder, risk of suicide,  
2001 depression and grief, and (C) suicide prevention training. Qualifying  
2002 continuing education activities may include a licensee's research-based  
2003 presentation at a professional conference, provided not more than five  
2004 continuing education units during each registration period shall be  
2005 completed by such activities. A licensee who has earned a diploma  
2006 from the American Board of Professional Psychology during the  
2007 registration period may substitute the diploma for continuing

2008 education requirements for such registration period. For purposes of  
2009 this section, "continuing education unit" means fifty to sixty minutes of  
2010 participation in accredited continuing professional education.

2011 Sec. 63. Subsection (c) of section 20-195c of the general statutes is  
2012 repealed and the following is substituted in lieu thereof (*Effective*  
2013 *October 1, 2015*):

2014 (c) Licenses issued under this section may be renewed annually in  
2015 accordance with the provisions of section 19a-88. The fee for such  
2016 renewal shall be three hundred fifteen dollars. Each licensed marital  
2017 and family therapist applying for license renewal shall furnish  
2018 evidence satisfactory to the commissioner of having participated in  
2019 continuing education programs. The commissioner shall adopt  
2020 regulations, in accordance with chapter 54, to (1) define basic  
2021 requirements for continuing education programs, which shall include  
2022 not less than one contact hour of training or education each  
2023 registration period on the topic of cultural competency and, on and  
2024 after January 1, 2016, not less than two contact hours of training or  
2025 education during the first renewal period in which continuing  
2026 education is required and not less than once every six years thereafter  
2027 on the topic of mental health conditions common to veterans and  
2028 family members of veterans, including (A) determining whether a  
2029 patient is a veteran or family member of a veteran, (B) screening for  
2030 conditions such as post-traumatic stress disorder, risk of suicide,  
2031 depression and grief, and (C) suicide prevention training, (2) delineate  
2032 qualifying programs, (3) establish a system of control and reporting,  
2033 and (4) provide for waiver of the continuing education requirement for  
2034 good cause.

2035 Sec. 64. Subsection (b) of section 20-195cc of the general statutes is  
2036 repealed and the following is substituted in lieu thereof (*Effective*  
2037 *October 1, 2015*):

2038 (b) Licenses issued under this section may be renewed annually  
2039 pursuant to section 19a-88. The fee for such renewal shall be one



2040 hundred ninety dollars. Each licensed professional counselor applying  
2041 for license renewal shall furnish evidence satisfactory to the  
2042 commissioner of having participated in continuing education  
2043 programs. The commissioner shall adopt regulations, in accordance  
2044 with chapter 54, to (1) define basic requirements for continuing  
2045 education programs, which shall include not less than one contact  
2046 hour of training or education each registration period on the topic of  
2047 cultural competency and, on and after January 1, 2016, not less than  
2048 two contact hours of training or education during the first renewal  
2049 period in which continuing education is required and not less than  
2050 once every six years thereafter on the topic of mental health conditions  
2051 common to veterans and family members of veterans, including (A)  
2052 determining whether a patient is a veteran or family member of a  
2053 veteran, (B) screening for conditions such as post-traumatic stress  
2054 disorder, risk of suicide, depression and grief, and (C) suicide  
2055 prevention training, (2) delineate qualifying programs, (3) establish a  
2056 system of control and reporting, and (4) provide for a waiver of the  
2057 continuing education requirement for good cause.

2058 Sec. 65. Subsection (b) of section 20-195u of the general statutes is  
2059 repealed and the following is substituted in lieu thereof (*Effective*  
2060 *October 1, 2015*):

2061 (b) Continuing education required pursuant to this section shall be  
2062 related to the practice of social work and shall include not less than  
2063 one contact hour of training or education each registration period on  
2064 the topic of cultural competency and, on and after January 1, 2016, not  
2065 less than two contact hours of training or education during the first  
2066 renewal period in which continuing education is required and not less  
2067 than once every six years thereafter on the topic of mental health  
2068 conditions common to veterans and family members of veterans,  
2069 including (1) determining whether a patient is a veteran or family  
2070 member of a veteran, (2) screening for conditions such as post-  
2071 traumatic stress disorder, risk of suicide, depression and grief, and (3)  
2072 suicide prevention training. Such continuing education shall consist of

2073 courses, workshops and conferences offered or approved by the  
2074 Association of Social Work Boards, the National Association of Social  
2075 Workers or a school or department of social work accredited by the  
2076 Council on Social Work Education. A licensee's ability to engage in on-  
2077 line and home study continuing education shall be limited to not more  
2078 than six hours per registration period. Within the registration period,  
2079 an initial presentation by a licensee of an original paper, essay or  
2080 formal lecture in social work to a recognized group of fellow  
2081 professionals may account for five hours of continuing education  
2082 hours of the aggregate continuing education requirements prescribed  
2083 in this section.

2084 Sec. 66. Subsection (b) of section 20-10b of the general statutes is  
2085 repealed and the following is substituted in lieu thereof (*Effective*  
2086 *October 1, 2015*):

2087 (b) Except as otherwise provided in subsections (d), (e) and (f) of  
2088 this section, a licensee applying for license renewal shall earn a  
2089 minimum of fifty contact hours of continuing medical education  
2090 within the preceding twenty-four-month period. Such continuing  
2091 medical education shall (1) be in an area of the physician's practice; (2)  
2092 reflect the professional needs of the licensee in order to meet the health  
2093 care needs of the public; and (3) during the first renewal period in  
2094 which continuing medical education is required and not less than once  
2095 every six years thereafter, include at least one contact hour of training  
2096 or education in each of the following topics: (A) Infectious diseases,  
2097 including, but not limited to, acquired immune deficiency syndrome  
2098 and human immunodeficiency virus, (B) risk management, (C) sexual  
2099 assault, (D) domestic violence, (E) cultural competency, and (F)  
2100 behavioral health, provided further that on and after January 1, 2016,  
2101 such behavioral health continuing medical education may include, but  
2102 not be limited to, at least two contact hours of training or education  
2103 during the first renewal period in which continuing education is  
2104 required and not less than once every six years thereafter, on the topic  
2105 of mental health conditions common to veterans and family members

2106 of veterans, including (i) determining whether a patient is a veteran or  
2107 family member of a veteran, (ii) screening for conditions such as post-  
2108 traumatic stress disorder, risk of suicide, depression and grief, and (iii)  
2109 suicide prevention training. For purposes of this section, qualifying  
2110 continuing medical education activities include, but are not limited to,  
2111 courses offered or approved by the American Medical Association,  
2112 American Osteopathic Medical Association, Connecticut Hospital  
2113 Association, Connecticut State Medical Society, county medical  
2114 societies or equivalent organizations in another jurisdiction,  
2115 educational offerings sponsored by a hospital or other health care  
2116 institution or courses offered by a regionally accredited academic  
2117 institution or a state or local health department. The commissioner, or  
2118 the commissioner's designee, may grant a waiver for not more than ten  
2119 contact hours of continuing medical education for a physician who: (i)  
2120 Engages in activities related to the physician's service as a member of  
2121 the Connecticut Medical Examining Board, established pursuant to  
2122 section 20-8a; (ii) engages in activities related to the physician's service  
2123 as a member of a medical hearing panel, pursuant to section 20-8a; or  
2124 (iii) assists the department with its duties to boards and commissions  
2125 as described in section 19a-14.

2126 Sec. 67. Section 20-94d of the general statutes is repealed and the  
2127 following is substituted in lieu thereof (*Effective October 1, 2015*):

2128 (a) As used in this section:

2129 (1) "Commissioner" means the Commissioner of Public Health;

2130 (2) "Contact hour" means a minimum of fifty minutes of continuing  
2131 education and activities;

2132 (3) "Department" means the Department of Public Health;

2133 (4) "Licensee" means an advanced practice registered nurse licensed  
2134 pursuant to section 20-94a; and

2135 (5) "Registration period" means the one-year period for which a

2136 license has been renewed in accordance with section 19a-88 and is  
2137 current and valid.

2138 (b) Except as provided in this section, for registration periods  
2139 beginning on and after October 1, 2014, a licensee applying for license  
2140 renewal shall earn a minimum of fifty contact hours of continuing  
2141 education within the preceding twenty-four-month period. Such  
2142 continuing education shall: (1) Be in an area of the advanced practice  
2143 registered nurse's practice; (2) reflect the professional needs of the  
2144 licensee in order to meet the health care needs of the public; (3) include  
2145 at least five contact hours of training or education in  
2146 pharmacotherapeutics; [and] (4) include at least one contact hour of  
2147 training or education in each of the following topics: (A) Infectious  
2148 diseases, including, but not limited to, acquired immune deficiency  
2149 syndrome and human immunodeficiency virus, (B) risk management,  
2150 (C) sexual assault, (D) domestic violence, (E) cultural competency, and  
2151 (F) substance abuse; and (5) on and after January 1, 2016, include not  
2152 less than two contact hours of training or education during the first  
2153 renewal period in which continuing education is required and not less  
2154 than once every six years thereafter on the topic of mental health  
2155 conditions common to veterans and family members of veterans,  
2156 including (A) determining whether a patient is a veteran or family  
2157 member of a veteran, (B) screening for conditions such as post-  
2158 traumatic stress disorder, risk of suicide, depression and grief, and (C)  
2159 suicide prevention training. For purposes of this section, qualifying  
2160 continuing education activities include, but are not limited to, courses,  
2161 including on-line courses, offered or approved by the American  
2162 Nurses Association, Connecticut Hospital Association, Connecticut  
2163 Nurses Association, Connecticut League for Nursing, a specialty  
2164 nursing society or an equivalent organization in another jurisdiction,  
2165 an educational offering sponsored by a hospital or other health care  
2166 institution or a course offered by a regionally accredited academic  
2167 institution or a state or local health department. The commissioner  
2168 may grant a waiver of not more than ten contact hours of continuing  
2169 education for an advanced practice registered nurse who: (i) Engages

2170 in activities related to the advanced practice registered nurse's service  
2171 as a member of the Connecticut State Board of Examiners for Nursing,  
2172 established pursuant to section 20-88; or (ii) assists the department  
2173 with its duties to boards and commissions as described in section 19a-  
2174 14.

2175 (c) Each licensee applying for license renewal pursuant to section  
2176 19a-88 shall sign a statement attesting that he or she has satisfied the  
2177 continuing education requirements of subsection (b) of this section on  
2178 a form prescribed by the department. Each licensee shall retain records  
2179 of attendance or certificates of completion that demonstrate  
2180 compliance with the continuing education requirements of subsection  
2181 (b) of this section for a minimum of three years following the year in  
2182 which the continuing education activities were completed and shall  
2183 submit such records or certificates to the department for inspection not  
2184 later than forty-five days after a request by the department for such  
2185 records or certificates.

2186 (d) A licensee applying for the first time for license renewal  
2187 pursuant to section 19a-88 is exempt from the continuing education  
2188 requirements of this section.

2189 (e) (1) A licensee who is not engaged in active professional practice  
2190 in any form during a registration period shall be exempt from the  
2191 continuing education requirements of this section, provided the  
2192 licensee submits to the department, prior to the expiration of the  
2193 registration period, a notarized application for exemption on a form  
2194 prescribed by the department and such other documentation as may  
2195 be required by the department. The application for exemption  
2196 pursuant to this subdivision shall contain a statement that the licensee  
2197 may not engage in professional practice until the licensee has met the  
2198 requirements of this section.

2199 (2) Any licensee who is exempt from the provisions of subsection (b)  
2200 of this section for less than two years shall complete twenty-five  
2201 contact hours of continuing education that meets the criteria set forth

2202 in subsection (b) of this section within the twelve-month period  
2203 immediately preceding the licensee's return to active professional  
2204 practice.

2205 (f) In individual cases involving medical disability or illness, the  
2206 commissioner, or the commissioner's designee, may grant a waiver of  
2207 the continuing education requirements or an extension of time within  
2208 which to fulfill the continuing education requirements of this section to  
2209 any licensee, provided the licensee submits to the department an  
2210 application for waiver or extension of time on a form prescribed by the  
2211 department, along with a certification by a licensed physician,  
2212 physician assistant or advanced practice registered nurse of the  
2213 disability or illness and such other documentation as may be required  
2214 by the commissioner. The commissioner or his or her designee may  
2215 grant a waiver or extension for a period not to exceed one registration  
2216 period, except that the commissioner or his or her designee may grant  
2217 additional waivers or extensions if the medical disability or illness  
2218 upon which a waiver or extension is granted continues beyond the  
2219 period of the waiver or extension and the licensee applies for an  
2220 additional waiver or extension.

2221 (g) Any licensee whose license has become void pursuant to section  
2222 19a-88 and who applies to the department for reinstatement of such  
2223 license pursuant to section 19a-14 shall submit evidence documenting  
2224 successful completion of twenty-five contact hours of continuing  
2225 education within the one-year period immediately preceding  
2226 application for reinstatement.

2227 Sec. 68. Subsection (a) of section 10-204a of the general statutes, as  
2228 amended by section 1 of substitute house bill 6949 of the current  
2229 session, as amended by House Amendment Schedule "A", is repealed  
2230 and the following is substituted in lieu thereof (*Effective July 1, 2015*):

2231 (a) Each local or regional board of education, or similar body  
2232 governing a nonpublic school or schools, shall require each child to be  
2233 protected by adequate immunization against diphtheria, pertussis,

2234 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus  
2235 influenzae type B and any other vaccine required by the schedule for  
2236 active immunization adopted pursuant to section 19a-7f before being  
2237 permitted to enroll in any program operated by a public or nonpublic  
2238 school under its jurisdiction. Before being permitted to enter seventh  
2239 grade, a child shall receive a second immunization against measles.  
2240 Any such child who (1) presents a certificate from a physician,  
2241 physician assistant, advanced practice registered nurse or local health  
2242 agency stating that initial immunizations have been given to such child  
2243 and additional immunizations are in process under guidelines and  
2244 schedules specified by the Commissioner of Public Health; or (2)  
2245 presents a certificate from a physician, physician assistant or advanced  
2246 practice registered nurse stating that in the opinion of such physician,  
2247 physician assistant or advanced practice registered nurse such  
2248 immunization is medically contraindicated because of the physical  
2249 condition of such child; or (3) presents a statement from the parents or  
2250 guardian of such child that such immunization would be contrary to  
2251 the religious beliefs of such child or the parents or guardian of such  
2252 child, which statement shall be acknowledged, in accordance with the  
2253 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of  
2254 record or a family support magistrate, (B) a clerk or deputy clerk of a  
2255 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of  
2256 the peace, [or] (F) an attorney admitted to the bar of this state, or (G)  
2257 notwithstanding any provision of chapter 6 a school nurse; or (4) in the  
2258 case of measles, mumps or rubella, presents a certificate from a  
2259 physician, physician assistant or advanced practice registered nurse or  
2260 from the director of health in such child's present or previous town of  
2261 residence, stating that the child has had a confirmed case of such  
2262 disease; or (5) in the case of hemophilus influenzae type B has passed  
2263 his fifth birthday; or (6) in the case of pertussis, has passed his sixth  
2264 birthday, shall be exempt from the appropriate provisions of this  
2265 section. If the parents or guardians of any child are unable to pay for  
2266 such immunizations, the expense of such immunizations shall, on the  
2267 recommendations of such board of education, be paid by the town. [In  
2268 order to remain enrolled in a program operated by a public or

2269 nonpublic school] Before being permitted to enter seventh grade, the  
2270 parents or guardian of any child who is exempt on religious grounds  
2271 from the immunization requirements of this section, pursuant to  
2272 subdivision (3) of this subsection, shall [annually] present to such  
2273 school a statement that such immunization requirements are contrary  
2274 to the religious beliefs of such child or the parents or guardian of such  
2275 child, which statement shall be acknowledged, in accordance with the  
2276 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of  
2277 record or a family support magistrate, (B) a clerk or deputy clerk of a  
2278 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of  
2279 the peace, [or] (F) an attorney admitted to the bar of this state, or (G)  
2280 notwithstanding any provision of chapter 6 a school nurse.

2281 Sec. 69. (NEW) (*Effective October 1, 2015*) Not later than January 1,  
2282 2016, the Department of Housing, in collaboration with the  
2283 Department of Mental Health and Addiction Services and the State  
2284 Department of Education, shall make available information on trauma-  
2285 informed care and related services for homeless children and youths to  
2286 homeless shelter providers in the state that receive financial assistance  
2287 from the Department of Housing. Such homeless shelter providers  
2288 shall, to the extent feasible, (1) refer homeless children or youth to such  
2289 services as necessary, and (2) make efforts to ensure that such  
2290 homeless children or youths have access to such services.

2291 Sec. 70. Subsection (a) of section 19a-649 of the general statutes is  
2292 repealed and the following is substituted in lieu thereof (*Effective July*  
2293 *1, 2015*):

2294 (a) The office shall review annually the level of uncompensated care  
2295 provided by each hospital to the indigent. Each hospital shall file  
2296 annually with the office its policies regarding the provision of charity  
2297 care and reduced cost services to the indigent, excluding medical  
2298 assistance recipients, and its debt collection practices. A hospital shall  
2299 file its audited financial statements not later than February twenty-  
2300 eighth of each year, except a health system, as defined in section 19a-  
2301 508c, may file one such statement that includes the audited financial



2302 statements for each hospital within the health system. Not later than  
 2303 March thirty-first of each year, the hospital shall file a verification of  
 2304 the hospital's net revenue for the most recently completed fiscal year in  
 2305 a format prescribed by the office.

2306 Sec. 71. Section 4 of substitute house bill 6949 of the current session,  
 2307 as amended by House Amendment Schedule "A", is repealed. (*Effective*  
 2308 *July 1, 2015*)"

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>	19a-491
Sec. 3	<i>October 1, 2015</i>	20-12d(b)
Sec. 4	<i>October 1, 2015</i>	32-41jj(d) to (f)
Sec. 5	<i>October 1, 2015</i>	32-41kk(b)
Sec. 6	<i>October 1, 2015</i>	20-101
Sec. 7	<i>October 1, 2015</i>	20-206c
Sec. 8	<i>October 1, 2015</i>	19a-180
Sec. 9	<i>October 1, 2015</i>	17b-451(a)
Sec. 10	<i>October 1, 2015</i>	19a-177(9)
Sec. 11	<i>October 1, 2015</i>	19a-175
Sec. 12	<i>October 1, 2015</i>	19a-181
Sec. 13	<i>October 1, 2015</i>	19a-654(d)
Sec. 14	<i>October 1, 2015</i>	19a-30
Sec. 15	<i>October 1, 2015</i>	19a-30a
Sec. 16	<i>October 1, 2015</i>	19a-17(f)
Sec. 17	<i>October 1, 2015</i>	19a-14(a)(6)
Sec. 18	<i>October 1, 2015</i>	19a-531
Sec. 19	<i>October 1, 2015</i>	19a-903c
Sec. 20	<i>October 1, 2015</i>	19a-401(a)
Sec. 21	<i>October 1, 2015</i>	19a-29a(a)
Sec. 22	<i>October 1, 2015</i>	20-206bb(b)
Sec. 23	<i>October 1, 2015</i>	20-206bb(e)(1)
Sec. 24	<i>October 1, 2015</i>	20-206cc
Sec. 25	<i>October 1, 2015</i>	19a-6n(c)
Sec. 26	<i>from passage</i>	20-151
Sec. 27	<i>October 1, 2015</i>	19a-639e

Sec. 28	October 1, 2015	20-74ee(a)(4)
Sec. 29	October 1, 2015	20-254
Sec. 30	October 1, 2015	17a-22j(b)
Sec. 31	July 1, 2016	New section
Sec. 32	from passage	New section
Sec. 33	October 1, 2015	New section
Sec. 34	from passage	New section
Sec. 35	from passage	New section
Sec. 36	July 1, 2015	7-74
Sec. 37	October 1, 2015	19a-177(10) to (13)
Sec. 38	October 1, 2015	19a-486b(a)
Sec. 39	October 1, 2015	19a-490(n)
Sec. 40	October 1, 2015	19a-493(c)(2)
Sec. 41	October 1, 2015	19a-508a
Sec. 42	October 1, 2015	19a-639a(c) and (d)
Sec. 43	October 1, 2015	20-206mm(h)
Sec. 44	October 1, 2015	20-482
Sec. 45	October 1, 2015	19a-29a(f)
Sec. 46	July 1, 2015	17a-58(c)
Sec. 47	July 1, 2015	17a-61
Sec. 48	July 1, 2015	17a-111b(b)
Sec. 49	from passage	19a-55(d)
Sec. 50	from passage	17a-451(v)
Sec. 51	October 1, 2015	19a-904
Sec. 52	October 1, 2015	17a-52
Sec. 53	from passage	HB 6975 (current session), Sec. 1(f)
Sec. 54	October 1, 2015	20-206q
Sec. 55	October 1, 2015	20-87a
Sec. 56	October 1, 2015	20-206m(5)
Sec. 57	October 1, 2015	HB 5027 (current session), Sec. 2(b)
Sec. 58	October 1, 2015	SB 811 (current session), Sec. 2 (b)(1)
Sec. 59	July 1, 2015	SB 811 (current session), Sec. 25 (b)(7)
Sec. 60	October 1, 2015	20-74t(a)
Sec. 61	October 1, 2015	20-32
Sec. 62	October 1, 2015	20-191c(b)
Sec. 63	October 1, 2015	20-195c(c)

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Sec. 64	<i>October 1, 2015</i>	20-195cc(b)
Sec. 65	<i>October 1, 2015</i>	20-195u(b)
Sec. 66	<i>October 1, 2015</i>	20-10b(b)
Sec. 67	<i>October 1, 2015</i>	20-94d
Sec. 68	<i>July 1, 2015</i>	10-204a(a)
Sec. 69	<i>October 1, 2015</i>	New section
Sec. 70	<i>July 1, 2015</i>	19a-649(a)
Sec. 71	<i>July 1, 2015</i>	Repealer section