



General Assembly

Amendment

January Session, 2015

LCO No. 9253



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4 repealed and the following is substituted in lieu thereof (*Effective*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, or the chairpersons' or ranking members'
1142 designees.

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

1145 member of the General Assembly.

1146 (d) All appointments to the task force shall be made not later than
1147 thirty days after the effective date of this section. Any vacancy shall be
1148 filled by the appointing authority.

1149 (e) The speaker of the House of Representatives and the president
1150 pro tempore of the Senate shall select the chairpersons of the task force
1151 from among the members of the task force. Such chairpersons shall
1152 schedule the first meeting of the task force, which shall be held not
1153 later than sixty days after the effective date of this section.

1154 (f) Not later than January 1, 2016, the task force shall submit a report
1155 on its findings and recommendations to the joint standing committee
1156 of the General Assembly having cognizance of matters relating to
1157 public health, in accordance with the provisions of section 11-4a of the
1158 general statutes. The task force shall terminate on the date that it
1159 submits such report or January 1, 2016, whichever is later.

1160 Sec. 35. (*Effective from passage*) (a) There is established a task force to
1161 study rare diseases. The task force shall (1) examine research,
1162 diagnoses, treatment and education relating to rare diseases, and (2)
1163 make recommendations for the establishment of a permanent group of
1164 experts to advise the Department of Public Health on rare diseases. For
1165 purposes of this section, "rare disease" has the same meaning as
1166 provided in 21 USC 360bb, as amended from time to time.

1167 (b) The task force shall consist of the following members:

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

1176 medical researcher with experience conducting research concerning
1177 rare diseases;

1178 (2) Four appointed by the president pro tempore of the Senate, one
1179 of whom shall be a physician licensed and practicing in the state with
1180 experience researching, diagnosing or treating rare diseases and
1181 representing the specialty of cardiology or cardiovascular surgery, one
1182 of whom shall be a physician licensed and practicing in the state with
1183 experience researching, diagnosing or treating rare diseases and
1184 representing the specialty of pulmonology, one of whom shall be a
1185 representative of a hospital in the state, and one of whom shall be a
1186 registered nurse or advanced practice registered nurse licensed and
1187 practicing in the state with experience treating rare diseases;

1188 (3) Two appointed by the majority leader of the House of
1189 Representatives, one of whom shall be a physician licensed and
1190 practicing in the state with experience researching, diagnosing or
1191 treating rare diseases and representing the specialty of orthopedics or
1192 orthopedic surgery, and one of whom shall be a rare disease survivor
1193 over the age of eighteen;

1194 (4) Two appointed by the majority leader of the Senate, one of
1195 whom shall be a physician licensed and practicing in the state with
1196 experience researching, diagnosing or treating rare diseases and
1197 representing the specialty of internal medicine, and one of whom shall
1198 be a caregiver of a pediatric rare disease survivor;

1199 (5) Two appointed by the minority leader of the House of
1200 Representatives, one of whom shall be a physician licensed and
1201 practicing in the state with experience researching, diagnosing or
1202 treating rare diseases and representing the specialty of emergency
1203 medicine, and one of whom shall be a representative of the National
1204 Organization for Rare Disorders; and

1205 (6) Two appointed by the minority leader of the Senate, one of
1206 whom shall be a representative of the biopharmaceutical industry in

1207 the state with experience in research and development relating to rare
1208 diseases, and one of whom shall be a representative of a hospital in the
1209 state with experience in research and development relating to rare
1210 diseases.

1211 (c) Any member of the task force appointed under subdivision (1),
1212 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
1213 of the General Assembly.

1214 (d) All appointments to the task force shall be made not later than
1215 thirty days after the effective date of this section. Any vacancy shall be
1216 filled by the appointing authority.

1217 (e) The speaker of the House of Representatives and the president
1218 pro tempore of the Senate shall select the chairpersons of the task force
1219 from among the members of the task force. Such chairpersons shall
1220 schedule the first meeting of the task force, which shall be held not
1221 later than sixty days after the effective date of this section.

1222 (f) Not later than January 1, 2016, the task force shall submit a report
1223 on its findings and recommendations to the joint standing committee
1224 of the General Assembly having cognizance of matters relating to
1225 public health, in accordance with the provisions of section 11-4a of the
1226 general statutes. The task force shall terminate on the date that it
1227 submits such report or January 1, 2016, whichever is later.

1228 Sec. 36. Section 7-74 of the general statutes, as amended by section 5
1229 of public act 14-133, is repealed and the following is substituted in lieu
1230 thereof (*Effective July 1, 2015*):

1231 (a) The fee for a certification of birth registration, short form, shall
1232 be fifteen dollars. The fee for a certified copy of a certificate of birth,
1233 long form, shall be twenty dollars, except that the fee for such
1234 certifications and copies when issued by the department shall be thirty
1235 dollars.

1236 (b) (1) The fee for a certified copy of a certificate of marriage or

1237 death shall be twenty dollars. Such fees shall not be required of the
1238 department.

1239 (2) Any fee received by the Department of Public Health for a
1240 certificate of death shall be deposited in the neglected cemetery
1241 account, established in accordance with section 19a-308b.

1242 (c) The fee for one certified copy of a certificate of death for any
1243 deceased person who was a veteran, as defined in subsection (a) of
1244 section 27-103, shall be waived when such copy is requested by a
1245 spouse, child or parent of such deceased veteran.

1246 (d) The fee for an uncertified copy of an original certificate of birth
1247 issued pursuant to section 7-53 shall be sixty-five dollars.

1248 Sec. 37. Subdivisions (10) to (13), inclusive, of section 19a-177 of the
1249 general statutes are repealed and the following is substituted in lieu
1250 thereof (*Effective October 1, 2015*):

1251 (10) Research, develop, track and report on appropriate quantifiable
1252 outcome measures for the state's emergency medical [services] service
1253 system and submit to the joint standing committee of the General
1254 Assembly having cognizance of matters relating to public health, in
1255 accordance with the provisions of section 11-4a, on or before July 1,
1256 2002, and annually thereafter, a report on the progress toward the
1257 development of such outcome measures and, after such outcome
1258 measures are developed, an analysis of emergency medical services
1259 system outcomes;

1260 (11) Establish primary service areas and assign in writing a primary
1261 service area responder for each primary service area. Each state-owned
1262 campus having an acute care hospital on the premises shall be
1263 designated as the primary service area responder for that campus;

1264 (12) Revoke primary service area assignments upon determination
1265 by the commissioner that it is in the best interests of patient care to do
1266 so; and

1267 (13) Annually issue a list of minimum equipment requirements for
1268 ambulances and rescue vehicles based upon current national
1269 standards. The commissioner shall distribute such list to all emergency
1270 medical [services] service organizations and sponsor hospital medical
1271 directors and make such list available to other interested stakeholders.
1272 Emergency medical [services] service organizations shall have one
1273 year from the date of issuance of such list to comply with the
1274 minimum equipment requirements.

1275 Sec. 38. Subsection (a) of section 19a-486b of the general statutes is
1276 repealed and the following is substituted in lieu thereof (*Effective*
1277 *October 1, 2015*):

1278 (a) Not later than one hundred twenty days after the date of receipt
1279 of the completed application pursuant to subsection [(d)] (e) of section
1280 19a-486a, the Attorney General and the commissioner shall approve
1281 the application, with or without modification, or deny the application.
1282 The commissioner shall also determine, in accordance with the
1283 provisions of chapter 368z, whether to approve, with or without
1284 modification, or deny the application for a certificate of need that is
1285 part of the completed application. Notwithstanding the provisions of
1286 section 19a-639a, as amended by this act, the commissioner shall
1287 complete the decision on the application for a certificate of need within
1288 the same time period as the completed application. Such one-hundred-
1289 twenty-day period may be extended by agreement of the Attorney
1290 General, the commissioner, the nonprofit hospital and the purchaser. If
1291 the Attorney General initiates a proceeding to enforce a subpoena
1292 pursuant to section 19a-486c or 19a-486d, the one-hundred-twenty-day
1293 period shall be tolled until the final court decision on the last pending
1294 enforcement proceeding, including any appeal or time for the filing of
1295 such appeal. Unless the one-hundred-twenty-day period is extended
1296 pursuant to this section, if the commissioner and Attorney General fail
1297 to take action on an agreement prior to the one hundred twenty-first
1298 day after the date of the filing of the completed application, the
1299 application shall be deemed approved.

1300 Sec. 39. Subsection (n) of section 19a-490 of the general statutes is
1301 repealed and the following is substituted in lieu thereof (*Effective*
1302 *October 1, 2015*):

1303 (n) "Multicare institution" means a hospital, psychiatric outpatient
1304 clinic for adults, free-standing facility for the care or treatment of
1305 substance abusive or dependent persons, hospital for psychiatric
1306 disabilities, as defined in section 17a-495, or a general acute care
1307 hospital that provides outpatient behavioral health services that [(A)]
1308 (1) is licensed in accordance with this chapter, [(B)] (2) has more than
1309 one facility or one or more satellite units owned and operated by a
1310 single licensee, and [(C)] (3) offers complex patient health care services
1311 at each facility or satellite unit.

1312 Sec. 40. Subdivision (2) of subsection (c) of section 19a-493 of the
1313 general statutes is repealed and the following is substituted in lieu
1314 thereof (*Effective October 1, 2015*):

1315 (2) Any multicare institution that intends to offer services at a
1316 satellite unit or other location outside of its facilities or satellite units []
1317 shall submit an application for approval to offer services at such
1318 location to the Department of Public Health. Such application shall be
1319 submitted on a form and in the manner prescribed by the
1320 Commissioner of Public Health. Not later than forty-five days after
1321 receipt of such application, the commissioner shall notify the multicare
1322 institution of the approval or denial of such application. If the satellite
1323 unit or other location is approved, that satellite unit or location shall be
1324 deemed to be licensed in accordance with this section [19a-493] and
1325 shall comply with the applicable requirements of this chapter and
1326 regulations adopted under this chapter.

1327 Sec. 41. Section 19a-508a of the general statutes is repealed and the
1328 following is substituted in lieu thereof (*Effective October 1, 2015*):

1329 Upon admitting a patient to a hospital, hospital personnel shall
1330 promptly ask the patient whether the patient desires for his or her

1331 physician to be notified of the hospital admission. If the patient so
1332 desires, hospital personnel shall make reasonable efforts to notify the
1333 physician designated by the patient of the patient's hospital admission
1334 as soon as practicable, but not later than twenty-four hours after the
1335 patient's request. For purposes of this section, "hospital" [shall have]
1336 has the same meaning as provided in section 19a-490, as amended by
1337 this act; and "physician" means a person licensed under the provisions
1338 of chapter 370.

1339 Sec. 42. Subsections (c) and (d) of section 19a-639a of the general
1340 statutes are repealed and the following is substituted in lieu thereof
1341 (*Effective October 1, 2015*):

1342 (c) Not later than five business days after receipt of a properly filed
1343 certificate of need application, the office shall publish notice of the
1344 application on its Internet web site. Not later than thirty days after the
1345 date of filing of the application, the office may request such additional
1346 information as the office determines necessary to complete the
1347 application. The applicant shall, not later than sixty days after the date
1348 of the office's request, submit the requested information to the office. If
1349 an applicant fails to submit the requested information to the office
1350 within the sixty-day period, the office shall consider the application to
1351 have been withdrawn.

1352 (d) Upon determining that an application is complete, the office
1353 shall provide notice of this determination to the applicant and to the
1354 public in accordance with regulations adopted by the department. In
1355 addition, the office shall post such notice on its Internet web site. The
1356 date on which the office posts such notice on its Internet web site shall
1357 begin the review period. Except as provided in this subsection, (1) the
1358 review period for a completed application shall be ninety days from
1359 the date on which the office posts such notice on its Internet web site;
1360 and (2) the office shall issue a decision on a completed application
1361 prior to the expiration of the ninety-day review period. The review
1362 period for a completed application that involves a transfer of a group
1363 practice, as described in subdivision (3) of subsection (a) of section 19a-

1364 638, when the offer was made in response to a request for proposal or
1365 similar voluntary offer for sale, shall be sixty days from the date on
1366 which the office posts notice on its Internet web site. Upon request or
1367 for good cause shown, the office may extend the review period for a
1368 period of time not to exceed sixty days. If the review period is
1369 extended, the office shall issue a decision on the completed application
1370 prior to the expiration of the extended review period. If the office
1371 holds a public hearing concerning a completed application in
1372 accordance with subsection (e) or (f) of this section, the office shall
1373 issue a decision on the completed application not later than sixty days
1374 after the date the office closes the public hearing record.

1375 Sec. 43. Subsection (h) of section 20-206mm of the general statutes is
1376 repealed and the following is substituted in lieu thereof (*Effective*
1377 *October 1, 2015*):

1378 (h) The commissioner may issue an emergency medical [services]
1379 service instructor certificate to an applicant who presents (1) evidence
1380 satisfactory to the commissioner that the applicant is currently certified
1381 as an emergency medical technician in good standing, (2)
1382 documentation satisfactory to the commissioner, with reference to
1383 national education standards, regarding qualifications as an
1384 emergency medical service instructor, (3) a letter of endorsement
1385 signed by two instructors holding current emergency medical service
1386 instructor certification, (4) documentation of having completed written
1387 and practical examinations as prescribed by the commissioner, and (5)
1388 evidence satisfactory to the commissioner that the applicant has no
1389 pending disciplinary action or unresolved complaints against him or
1390 her.

1391 Sec. 44. Section 20-482 of the general statutes is repealed and the
1392 following is substituted in lieu thereof (*Effective October 1, 2015*):

1393 Any person or entity who knowingly violates any provision of
1394 sections 20-474 to 20-481, inclusive, and subsections (e) and (f) [,] of
1395 section 19a-88 or any regulation adopted thereunder, shall be fined not

1396 more than five thousand dollars per violation per day and be subject to
1397 disciplinary action pursuant to section 19a-17, as amended by this act.

1398 Sec. 45. Subsection (f) of section 19a-29a of the general statutes is
1399 repealed and the following is substituted in lieu thereof (*Effective*
1400 *October 1, 2015*):

1401 (f) Each registration or [certificate of approval] certification shall be
1402 issued for a period of not less than twenty-four or more than twenty-
1403 seven months from any deadline for applications established by the
1404 commissioner. Renewal applications shall be made (1) biennially
1405 within the twenty-fourth month of the current registration; (2) before
1406 any change in ownership is made; and (3) prior to any major
1407 expansion or alteration in, or changing of, quarters.

1408 Sec. 46. Subsection (c) of section 17a-58 of the general statutes is
1409 repealed and the following is substituted in lieu thereof (*Effective July*
1410 *1, 2015*):

1411 (c) The designated employee may request the parent or agent to
1412 provide (1) the name of the parent or agent, (2) information on the
1413 medical history of the infant and parents, and (3) the infant's name and
1414 date of birth if the infant's birth has been registered in the state vital
1415 records system prior to the surrender of the infant. Notwithstanding
1416 such a request from the designated employee, the parent or agent is
1417 not required to provide such name or information. The designated
1418 employee may provide the parent or agent with a numbered
1419 identification bracelet to link the parent or agent to the infant. The
1420 bracelet shall be used for identification only and shall not be construed
1421 to authorize the person who possesses the bracelet to take custody of
1422 the infant on demand. The designated employee shall provide the
1423 parent or agent with a pamphlet describing the process established
1424 under sections 17a-57 to [17a-61] 17a-60, inclusive, and sections 17a-61,
1425 as amended by this act, 53-21 and 53-23.

1426 Sec. 47. Section 17a-61 of the general statutes is repealed and the

1427 following is substituted in lieu thereof (*Effective July 1, 2015*):

1428 The Department of Children and Families, in consultation with the
1429 Attorney General, shall prepare a public information program about
1430 the process established under this section and sections 17a-57 to [17a-
1431 61] 17a-60, inclusive, 53-21 and 53-23. Such program shall include
1432 distribution to mothers and agents of a pamphlet that has the
1433 following information: (1) An explanation of the process established by
1434 this section and sections 17a-57 to [17a-61] 17a-60, inclusive; (2) the
1435 legal ramifications and protections for the mother or agent; (3) what
1436 will happen to the infant; (4) how to contact the Department of
1437 Children and Families with questions and the procedures for
1438 reunification; (5) the timelines involved in termination of parental
1439 rights and adoption; and (6) any other relevant information.

1440 Sec. 48. Subsection (b) of section 17a-111b of the general statutes is
1441 repealed and the following is substituted in lieu thereof (*Effective July*
1442 *1, 2015*):

1443 (b) The Commissioner of Children and Families or any other party
1444 may, at any time, file a motion with the court for a determination that
1445 reasonable efforts to reunify the parent with the child are not required.
1446 The court shall hold an evidentiary hearing on the motion not later
1447 than thirty days after the filing of the motion or may consolidate the
1448 hearing with a trial on a petition to terminate parental rights pursuant
1449 to section 17a-112. The court may determine that such efforts are not
1450 required if the court finds upon clear and convincing evidence that: (1)
1451 The parent has subjected the child to the following aggravated
1452 circumstances: (A) The child has been abandoned, as defined in
1453 subsection (j) of section 17a-112; or (B) the parent has inflicted or
1454 knowingly permitted another person to inflict sexual molestation or
1455 exploitation or severe physical abuse on the child or engaged in a
1456 pattern of abuse of the child; (2) the parent has killed, through
1457 deliberate, nonaccidental act, another child of the parent or a sibling of
1458 the child, or has requested, commanded, importuned, attempted,
1459 conspired or solicited to commit or knowingly permitted another

1460 person to commit the killing of the child, another child of the parent or
1461 sibling of the child, or has committed or knowingly permitted another
1462 person to commit an assault, through deliberate, nonaccidental act,
1463 that resulted in serious bodily injury of the child, another child of the
1464 parent or a sibling of the child; (3) the parental rights of the parent to a
1465 sibling have been terminated within three years of the filing of a
1466 petition pursuant to this section, provided the commissioner has made
1467 reasonable efforts to reunify the parent with the child during a period
1468 of at least ninety days; (4) the parent was convicted by a court of
1469 competent jurisdiction of sexual assault, except a conviction of a
1470 violation of section 53a-71 or 53a-73a resulting in the conception of the
1471 child; or (5) the child was placed in the care and control of the
1472 commissioner pursuant to the provisions of sections 17a-57 to [17a-61]
1473 17a-60, inclusive, and section 17a-61, as amended by this act.

1474 Sec. 49. Subsection (d) of section 19a-55 of the general statutes, as
1475 amended by section 1 of public act 15-10 is repealed and the following
1476 is substituted in lieu thereof (*Effective from passage*):

1477 (d) The administrative officer or other person in charge of each
1478 institution caring for newborn infants shall report any case of
1479 cytomegalovirus that is confirmed as a result of a screening test
1480 administered pursuant to subdivision [(3)] (2) of subsection (b) of this
1481 section to the Department of Public Health in a form and manner
1482 prescribed by the Commissioner of Public Health.

1483 Sec. 50. Subsection (v) of section 17a-451 of the general statutes, as
1484 amended by section 2 of house bill 6708 of the current session, is
1485 repealed and the following is substituted in lieu thereof (*Effective from*
1486 *passage*):

1487 (v) The commissioner may designate any employee of the
1488 department to sign any contract, agreement or settlement on behalf of
1489 the Department of Mental Health and Addiction Services.

1490 Sec. 51. Section 19a-904 of the general statutes is repealed and the

1491 following is substituted in lieu thereof (*Effective October 1, 2015*):

1492 (a) As used in this section:

1493 (1) "Infectious disease" [includes (A) infectious pulmonary
1494 tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human
1495 immunodeficiency virus (HIV), including acquired immunodeficiency
1496 syndrome (AIDS), (F) diphtheria, (G) novel influenza A virus
1497 infections with pandemic potential, as defined by the National Centers
1498 for Disease Control and Prevention, (H) methicillin-resistant
1499 staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J)
1500 meningococcal disease, (K) plague, and (L) rabies;] means any
1501 infectious disease on the list developed by the United States Secretary
1502 of Health and Human Services pursuant to 42 USC 300ff-131, as
1503 amended from time to time, and any infectious disease designated by
1504 the Commissioner of Public Health pursuant to subsection (b) of this
1505 section;

1506 (2) "Airborne infectious disease" means any infectious disease
1507 specified as an airborne infectious disease on the list of infectious
1508 diseases developed by the United States Secretary of Health and
1509 Human Services pursuant to 42 USC 300ff-131, as amended from time
1510 to time, and any infectious disease so designated by the Commissioner
1511 of Public Health pursuant to subsection (b) of this section;

1512 [(2) "Exposure" means a percutaneous or mucous membrane
1513 exposure of an individual to the blood, semen, vaginal secretions, or
1514 spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of
1515 another person;]

1516 (3) "Exposed" means to be in circumstances in which there is a
1517 recognized risk for transmission of an infectious disease from a human
1518 source to an emergency services member, or in the case of an infectious
1519 disease designated by the United States Secretary of Health and
1520 Human Services as a select agent, from a surface or environment
1521 contaminated by the agent to an emergency services member;

1522 [(3)] (4) "Patient" means a person, whether alive or dead, who has
1523 been attended, treated, assisted, handled or transported for medical
1524 care by an emergency services member as a result of an emergency;

1525 [(4)] (5) "Emergency services member" means any police officer as
1526 defined in section 7-294a, member of a paid or volunteer fire
1527 department, emergency medical technician, ambulance driver, or
1528 paramedic as defined in section 19a-175, when acting in an official
1529 capacity;

1530 [(5)] (6) "Emergency medical technician" means any class of
1531 emergency medical technician certified under regulations adopted
1532 pursuant to section 19a-179, including, but not limited to, any
1533 advanced emergency medical technician or emergency medical
1534 responder;

1535 [(6)] (7) "Emergency services organization" means the Division of
1536 State Police within the Department of Emergency Services and Public
1537 Protection, an organized local police department, municipal
1538 constabulary, paid or volunteer fire department, ambulance company
1539 or any organization whether public, private or voluntary that offers
1540 transportation or treatment services to patients under emergency
1541 conditions;

1542 [(7)] (8) "Hospital" has the same meaning as in section 19a-490; [and]

1543 [(8)] (9) "Designated officer" means the employee or volunteer of an
1544 emergency services organization designated in accordance with
1545 subdivision (1) of subsection [(b)] (c) of this section; [.] and

1546 (10) "Hospital contact person" means the employee of a hospital
1547 designated by such hospital in accordance with subdivision (2) of
1548 subsection (c) of this section.

1549 (b) The Commissioner of Public Health may designate a disease as
1550 an infectious disease or an airborne infectious disease, as both terms
1551 are defined in subsection (a) of this section. The commissioner shall

1552 adopt regulations in accordance with chapter 54 to designate a disease
1553 as an infectious disease or airborne infectious disease in accordance
1554 with the provisions of this subsection. The commissioner may
1555 implement such designations while in the process of adopting such
1556 designations in regulation form, provided the commissioner publishes
1557 notice of intention to adopt the regulations on the Department of
1558 Public Health's Internet web site and the eRegulations System within
1559 twenty days of implementing such designations. Designations
1560 implemented pursuant to this subsection shall be valid until the time
1561 such regulations are effective.

1562 [(b)] (c) (1) Each emergency services organization shall designate
1563 one employee or volunteer to act as the designated officer to receive
1564 notification of cases [of possible exposure] where persons have
1565 possibly been exposed to infectious disease, investigate such cases, [of
1566 possible exposure,] maintain [hospital] contact information for hospital
1567 contact persons, request further information from [hospitals] hospital
1568 contact persons and maintain any records required under this section.
1569 The designated officer may designate another employee or volunteer
1570 to serve as his or her designee in the event that the designated officer is
1571 unavailable.

1572 (2) Each hospital shall designate one employee to act as the hospital
1573 contact person to notify designated officers of cases where persons
1574 have possibly been exposed to airborne infectious disease and to
1575 receive and respond to requests from designated officers for
1576 information concerning the results of any test performed on a patient
1577 to determine the presence of an infectious disease. The hospital contact
1578 person may designate another employee of the hospital to serve as his
1579 or her designee in the event that the hospital contact person is
1580 unavailable.

1581 [(c)] (d) (1) Any hospital that diagnoses a patient as having
1582 [infectious pulmonary tuberculosis] an airborne infectious disease
1583 shall, through its hospital contact person, verbally notify the
1584 designated officer of the emergency services organization that

1585 attended, treated, assisted, handled or transported such patient no
1586 later than forty-eight hours after making such a diagnosis, and shall
1587 make such notification in writing not later than seventy-two hours
1588 after such diagnosis. Such notification shall include, but not be limited
1589 to, the diagnosis and the date on which the patient was attended,
1590 treated, assisted, handled or transported as a result of an emergency to
1591 such hospital, provided the identity of the patient shall not be
1592 disclosed in any such notification.

1593 (2) Any hospital that determines that a patient, who died at or
1594 before reaching such hospital and who was attended, treated, assisted,
1595 handled or transported by an emergency services member, had
1596 [infectious pulmonary tuberculosis] an airborne infectious disease
1597 shall, through its hospital contact person, notify the designated officer
1598 of such determination no later than forty-eight hours after making
1599 such determination.

1600 [(d)] (e) (1) Any member of an emergency service organization who
1601 believes that he or she may have been exposed to an infectious disease
1602 through the member's contact with a patient who was attended,
1603 treated, assisted, handled or transported by the member shall report
1604 such [possible exposure] incident during which the member believes to
1605 have been exposed to an infectious disease to the designated officer.
1606 The designated officer shall immediately collect the facts surrounding
1607 such incident [of possible exposure] and evaluate such facts to make a
1608 determination of whether it would be reasonable to believe that the
1609 member may have been exposed to an infectious disease. If the
1610 designated officer determines that [there] it is reasonable to believe
1611 that the member may have been [exposure] exposed to an infectious
1612 disease, the designated officer shall submit a written request to the
1613 hospital contact person at the hospital that received the patient
1614 requesting to be notified of the results of any test performed on the
1615 patient to determine the presence of an infectious disease. The request
1616 shall include:

1617 (A) The name, address and telephone number of the designated

1618 officer submitting the request;

1619 (B) The name of the designated officer's employer or, in the case of a
1620 volunteer emergency services member, the entity for which the
1621 designated officer volunteers, and the name and contact information of
1622 the emergency services member who may have been exposed to the
1623 infectious disease; and

1624 (C) The date, time, location and manner of the [possible exposure]
1625 incident during which the member may have been exposed.

1626 (2) Such request shall be valid for ten days after it is made. If at the
1627 end of such ten-day period no test has been performed to determine
1628 the presence of an infectious disease, no diagnosis has been made or
1629 the result of the test is negative, the hospital shall, through its hospital
1630 contact person, so notify the designated officer who made the request.
1631 The notification shall not include the name of the patient.

1632 (3) Any hospital that receives a written request for notification shall,
1633 through its hospital contact person, give an oral notification of the
1634 presence of an infectious disease or of a confirmed positive test result,
1635 if known, to the designated officer no later than forty-eight hours after
1636 receiving such request, and shall send a written notification no later
1637 than three days after receiving such request. If an infectious disease is
1638 present or the test results are confirmed positive, both the oral and
1639 written notification shall include the name of the infectious disease and
1640 the date on which the patient was attended, treated, assisted, handled
1641 or transported by the emergency services organization. Such
1642 notification shall not disclose the name of the patient.

1643 (4) If a designated officer makes a request pursuant to this
1644 subsection and the patient has died at, or before reaching, the hospital
1645 receiving such request, the hospital shall, through its hospital contact
1646 person, provide a copy of the request to the medical facility
1647 ascertaining the cause of death if such facility is not the hospital that
1648 received the original request.

1649 (f) (1) Not later than January 1, 2016, each emergency services
1650 organization shall notify the Commissioner of Public Health, or the
1651 commissioner's designee, of its designated officer and the designated
1652 officer's contact information.

1653 (2) Not later than January 1, 2016, each hospital shall notify said
1654 commissioner, or said commissioner's designee, of its hospital contact
1655 person and the hospital contact person's contact information.

1656 (3) Each emergency services organization and hospital shall
1657 promptly notify said commissioner of any change of the designated
1658 officer or hospital contact person or such person's contact information.

1659 (g) The Commissioner of Public Health, or the commissioner's
1660 designee, shall assist designated officers and hospital contact persons
1661 in answering questions with respect to responsibilities of a designated
1662 officer or hospital contact person under the provisions of this section.
1663 Said commissioner shall, on and after January 1, 2016, maintain and
1664 update, as necessary, a list of designated officers and hospital contact
1665 persons along with such designated officers' and hospital contact
1666 persons' contact information and make such list available to the public
1667 on the Department of Public Health's Internet web site.

1668 [(e)] (h) No cause of action for damages shall arise, or any civil
1669 penalty be imposed, against any hospital, hospital contact person or
1670 [any] designated officer for failure to comply with the duties
1671 established by this section. Notwithstanding the provisions of this
1672 subsection, the Commissioner of Public Health may take any action
1673 specified in subdivisions (1) to (5), inclusive, of subsection (a) of
1674 section 19a-17 and section 19a-494 for a violation of the provisions of
1675 this section as the commissioner deems appropriate.

1676 Sec. 52. Section 17a-52 of the general statutes is repealed and the
1677 following is substituted in lieu thereof (*Effective October 1, 2015*):

1678 (a) There is established a Youth Suicide Advisory Board, within the
1679 Department of Children and Families, which shall be a coordinating

1680 source for youth suicide prevention. The board shall consist of twenty
1681 members, which shall include one psychiatrist licensed to practice
1682 medicine in this state, one psychologist licensed in this state, one
1683 representative of a local or regional board of education, one high
1684 school teacher, one high school student, one college or university
1685 faculty member, one college or university student and one parent, all
1686 appointed by the Commissioner of Children and Families, one
1687 representative of the Department of Public Health appointed by the
1688 Commissioner of Public Health, one representative of the state
1689 Department of Education appointed by the Commissioner of
1690 Education and one representative of the Board of Regents for Higher
1691 Education appointed by the president of the Board of Regents for
1692 Higher Education. The balance of the board shall be comprised of
1693 persons with expertise in the mental health of children or mental
1694 health issues with a focus on suicide prevention and shall be
1695 appointed by the Commissioner of Children and Families. Members of
1696 the board shall serve for two-year terms, without compensation. Any
1697 member who fails to attend three consecutive meetings or fifty per cent
1698 of all meetings held during any calendar year shall be deemed to have
1699 resigned from the board. The Commissioner of Children and Families
1700 shall be a nonvoting, ex-officio member of the board. The board shall
1701 elect a chairman, and a vice-chairman to act in the chairman's absence.

1702 (b) The board shall: (1) Increase public awareness of the existence of
1703 youth suicide and means of prevention; (2) make recommendations to
1704 the commissioner for the development of state-wide training in the
1705 prevention of youth suicide; (3) develop a strategic youth suicide
1706 prevention plan; (4) recommend interagency policies and procedures
1707 for the coordination of services for youths and families in the area of
1708 suicide prevention; (5) make recommendations for the establishment
1709 and implementation of suicide prevention procedures in schools and
1710 communities; (6) establish a coordinated system for the utilization of
1711 data for the prevention of youth suicide; [and] (7) make
1712 recommendations concerning the integration of suicide prevention and
1713 intervention strategies into other youth-focused prevention and

1714 intervention programs; and (8) periodically offer, within available
1715 appropriations, youth suicide prevention training for health care
1716 providers, school employees and other persons who provide services
1717 to children, young adults and families.

1718 Sec. 53. Subsection (f) of section 1 of substitute house bill 6975 of the
1719 current session, as amended by House Amendment Schedule "A", is
1720 repealed and the following is substituted in lieu thereof (*Effective from*
1721 *passage*):

1722 (f) The administrative staff of the joint standing committee of the
1723 General Assembly having cognizance of matters relating to [public
1724 health] education shall serve as administrative staff of the task force.

1725 Sec. 54. Section 20-206q of the general statutes is repealed and the
1726 following is substituted in lieu thereof (*Effective October 1, 2015*):

1727 [When a physician conveys an order for a diet or means of
1728 nutritional support to a] A certified dietitian-nutritionist [by verbal
1729 means] may write an order for a patient diet, including, but not limited
1730 to, a therapeutic diet for a patient in an institution, as defined in
1731 section 19a-490. [, such order shall be received and immediately
1732 committed to writing in the patient's chart by the certified dietitian-
1733 nutritionist. Any order so written may be] The certified dietitian-
1734 nutritionist shall write such order in the patient's medical record. Any
1735 order conveyed under this section shall be acted upon by the
1736 institution's nurses and physician assistants with the same authority as
1737 if the order were received directly from [the] a physician. Any order
1738 conveyed in this manner shall be countersigned by [the] a physician
1739 within [twenty-four] seventy-two hours unless otherwise provided by
1740 state or federal law or regulations. Nothing in this section shall
1741 prohibit a physician from conveying a verbal order for a patient diet to
1742 a certified dietitian-nutritionist.

1743 Sec. 55. Section 20-87a of the general statutes is repealed and the
1744 following is substituted in lieu thereof (*Effective October 1, 2015*):

1745 (a) The practice of nursing by a registered nurse is defined as the
1746 process of diagnosing human responses to actual or potential health
1747 problems, providing supportive and restorative care, health counseling
1748 and teaching, case finding and referral, collaborating in the
1749 implementation of the total health care regimen, and executing the
1750 medical regimen under the direction of a licensed physician, dentist or
1751 advanced practice registered nurse. A registered nurse may also
1752 execute orders issued by licensed physician assistants, podiatrists and
1753 optometrists, provided such orders do not exceed the nurse's or the
1754 ordering practitioner's scope of practice. A registered nurse may
1755 execute dietary orders written in a patient's chart by a certified
1756 dietician-nutritionist.

1757 (b) (1) Advanced nursing practice is defined as the performance of
1758 advanced level nursing practice activities that, by virtue of post-basic
1759 specialized education and experience, are appropriate to and may be
1760 performed by an advanced practice registered nurse. The advanced
1761 practice registered nurse performs acts of diagnosis and treatment of
1762 alterations in health status, as described in subsection (a) of this
1763 section.

1764 (2) An advanced practice registered nurse having been issued a
1765 license pursuant to section 20-94a shall, for the first three years after
1766 having been issued such license, collaborate with a physician licensed
1767 to practice medicine in this state. In all settings, such advanced practice
1768 registered nurse may, in collaboration with a physician licensed to
1769 practice medicine in this state, prescribe, dispense and administer
1770 medical therapeutics and corrective measures and may request, sign
1771 for, receive and dispense drugs in the form of professional samples in
1772 accordance with sections 20-14c to 20-14e, inclusive, except such
1773 advanced practice registered nurse licensed pursuant to section 20-94a
1774 and maintaining current certification from the American Association of
1775 Nurse Anesthetists who is prescribing and administering medical
1776 therapeutics during surgery may only do so if the physician who is
1777 medically directing the prescriptive activity is physically present in the

1778 institution, clinic or other setting where the surgery is being
1779 performed. For purposes of this subdivision, "collaboration" means a
1780 mutually agreed upon relationship between such advanced practice
1781 registered nurse and a physician who is educated, trained or has
1782 relevant experience that is related to the work of such advanced
1783 practice registered nurse. The collaboration shall address a reasonable
1784 and appropriate level of consultation and referral, coverage for the
1785 patient in the absence of such advanced practice registered nurse, a
1786 method to review patient outcomes and a method of disclosure of the
1787 relationship to the patient. Relative to the exercise of prescriptive
1788 authority, the collaboration between such advanced practice registered
1789 nurse and a physician shall be in writing and shall address the level of
1790 schedule II and III controlled substances that such advanced practice
1791 registered nurse may prescribe and provide a method to review
1792 patient outcomes, including, but not limited to, the review of medical
1793 therapeutics, corrective measures, laboratory tests and other diagnostic
1794 procedures that such advanced practice registered nurse may
1795 prescribe, dispense and administer.

1796 (3) An advanced practice registered nurse having (A) been issued a
1797 license pursuant to section 20-94a, (B) maintained such license for a
1798 period of not less than three years, and (C) engaged in the performance
1799 of advanced practice level nursing activities in collaboration with a
1800 physician for a period of not less than three years and not less than two
1801 thousand hours in accordance with the provisions of subdivision (2) of
1802 this subsection, may, thereafter, alone or in collaboration with a
1803 physician or another health care provider licensed to practice in this
1804 state: (i) Perform the acts of diagnosis and treatment of alterations in
1805 health status, as described in subsection (a) of this section; and (ii)
1806 prescribe, dispense and administer medical therapeutics and corrective
1807 measures and dispense drugs in the form of professional samples as
1808 described in subdivision (2) of this subsection in all settings. Any
1809 advanced practice registered nurse electing to practice not in
1810 collaboration with a physician in accordance with the provisions of
1811 this subdivision shall maintain documentation of having engaged in

1812 the performance of advanced practice level nursing activities in
1813 collaboration with a physician for a period of not less than three years
1814 and not less than two thousand hours. Such advanced practice
1815 registered nurse shall maintain such documentation for a period of not
1816 less than three years after completing such requirements and shall
1817 submit such documentation to the Department of Public Health for
1818 inspection not later than forty-five days after a request made by the
1819 department for such documentation. Any such advanced practice
1820 registered nurse shall submit written notice to the Commissioner of
1821 Public Health of his or her intention to practice without collaboration
1822 with a physician after completing the requirements described in this
1823 subdivision and prior to beginning such practice.

1824 (4) An advanced practice registered nurse licensed under the
1825 provisions of this chapter may make the determination and
1826 pronouncement of death of a patient, provided the advanced practice
1827 registered nurse attests to such pronouncement on the certificate of
1828 death and signs the certificate of death not later than twenty-four
1829 hours after the pronouncement.

1830 (c) The practice of nursing by a licensed practical nurse is defined as
1831 the performing of selected tasks and sharing of responsibility under
1832 the direction of a registered nurse or an advanced practice registered
1833 nurse and within the framework of supportive and restorative care,
1834 health counseling and teaching, case finding and referral, collaborating
1835 in the implementation of the total health care regimen and executing
1836 the medical regimen under the direction of a licensed physician,
1837 physician assistant, podiatrist, optometrist or dentist. A licensed
1838 practical nurse may also execute dietary orders written in a patient's
1839 chart by a certified dietician-nutritionist.

1840 (d) In the case of a registered or licensed practical nurse employed
1841 by a home health care agency, the practice of nursing includes, but is
1842 not limited to, executing the medical regimen under the direction of a
1843 physician licensed in a state that borders Connecticut.

1844 Sec. 56. Subdivision (5) of section 20-206m of the general statutes is
1845 repealed and the following is substituted in lieu thereof (*Effective*
1846 *October 1, 2015*):

1847 (5) "Dietetics or nutrition practice" means the integration and
1848 application of the principles derived from the sciences of nutrition,
1849 biochemistry, food, physiology, and behavioral and social sciences to
1850 provide nutrition services that include: (A) Nutrition assessment; (B)
1851 the establishment of priorities, goals, and objectives that meet nutrition
1852 needs; (C) the provision of nutrition counseling in health and disease;
1853 (D) the development, implementation and management of nutrition
1854 care plans; and (E) the evaluation and maintenance of appropriate
1855 standards of quality in food and nutrition. The term "dietetics or
1856 nutrition practice" includes the ordering of oral diets and enteral and
1857 parenteral nutrition support and the physical administration of oral
1858 diets, but does not include the administration of nutrition by any route
1859 other than oral administration, [and does not include] the
1860 administration of enteral or parenteral diets or the issuance of orders
1861 for laboratory or other diagnostic tests or orders intended to be
1862 implemented by any person licensed pursuant to chapter 378.

1863 Sec. 57. Subsection (b) of section 2 of house bill 5027 of the current
1864 session is repealed and the following is substituted in lieu thereof
1865 (*Effective October 1, 2015*):

1866 (b) The Commissioner of [Public Health] Consumer Protection, after
1867 consulting with the Commissioner of [Consumer Protection] Public
1868 Health, shall adopt regulations, in accordance with the provisions of
1869 chapter 54 of the general statutes, to allow the preparation of food in a
1870 private residential dwelling for sale for human consumption.

1871 Sec. 58. Subdivision (1) of subsection (b) of section 2 of senate bill
1872 811 of the current session, as amended by Senate Amendment
1873 Schedules "A" and "B" and House Amendment Schedule "A", is
1874 repealed and the following is substituted in lieu thereof (*Effective*
1875 *October 1, 2015*):

1876 (b) (1) On and after July 1, 2016, the exchange shall, within available
1877 resources, establish and maintain a consumer health information
1878 Internet web site to assist consumers in making informed decisions
1879 concerning their health care and informed choices among health care
1880 providers. Such Internet web site shall: (A) Contain information
1881 comparing the quality, price and cost of health care services, including,
1882 to the extent practicable, (i) comparative price and cost information for
1883 the primary diagnoses and procedures reported pursuant to
1884 subsection (c) of this section categorized by payer and listed by health
1885 care provider, (ii) links to the Internet web sites for The Joint
1886 Commission and Medicare hospital compare tool where consumers
1887 may obtain comparative quality information, (iii) definitions of
1888 common health insurance and medical terms so consumers may
1889 compare health coverage and understand the terms of their coverage,
1890 and (iv) factors consumers should consider when choosing an
1891 insurance product or provider group, including provider network,
1892 premium, cost-sharing, covered services and tier information; [and
1893 (v) patient decision aids;] (B) be designed to assist consumers and
1894 institutional purchasers in making informed decisions regarding their
1895 health care and informed choices among health care providers and
1896 allow comparisons between prices paid by various health carriers to
1897 health care providers; (C) present information in language and a
1898 format that is understandable to the average consumer; and (D) be
1899 publicized to the general public. All information [received by the
1900 exchange pursuant to the provisions of this section shall be posted on
1901 the Internet web site] outlined in this section shall be posted on an
1902 Internet web site established, or to be established, by the exchange in a
1903 manner and timeframe as may be organizationally and financially
1904 reasonable in the sole discretion of the exchange.

1905 Sec. 59. Subdivision (7) of subsection (b) of section 25 of senate bill
1906 811 of the current session, as amended by Senate Amendment
1907 Schedules "A" and "B" and House Amendment Schedule "A", is
1908 repealed and the following is substituted in lieu thereof (*Effective July*
1909 *1, 2015*):

1910 (7) Five members appointed by the Governor, one each of whom
1911 shall be (A) a representative of a health system that includes more than
1912 one hospital, (B) a representative of the health insurance industry, (C)
1913 an expert in health information technology, (D) a health care consumer
1914 or consumer advocate, and (E) [an] a current or former employee or
1915 trustee of a plan established pursuant to subdivision (5) of subsection
1916 (c) of 29 USC 186.

1917 Sec. 60. Subsection (a) of section 20-74t of the general statutes is
1918 repealed and the following is substituted in lieu thereof (*Effective*
1919 *October 1, 2015*):

1920 (a) On and after October 1, 2004, each alcohol and drug counselor
1921 licensed or certified pursuant to this chapter shall complete a
1922 minimum of twenty hours of continuing education each registration
1923 period. For purposes of this section, registration period means the
1924 twelve-month period for which a license or certificate has been
1925 renewed in accordance with section 19a-88 and is current and valid.
1926 The continuing education shall be in areas related to the individual's
1927 practice and shall include not less than one contact hour of training or
1928 education each registration period on the topic of cultural competency
1929 and, on and after January 1, 2016, not less than two contact hours of
1930 training or education during the first renewal period in which
1931 continuing education is required and not less than once every six years
1932 thereafter on the topic of mental health conditions common to veterans
1933 and family members of veterans, including (1) determining whether a
1934 patient is a veteran or family member of a veteran, (2) screening for
1935 conditions such as post-traumatic stress disorder, risk of suicide,
1936 depression and grief, and (3) suicide prevention training. Qualifying
1937 continuing education activities are educational offerings sponsored by
1938 a hospital or other licensed health care institutions, courses offered by
1939 a regionally accredited institution of higher education or courses
1940 offered by individuals or organizations on the list maintained by the
1941 Connecticut Certification Board, Inc. as approved providers of such
1942 continuing education activities.

1943 Sec. 61. Section 20-32 of the general statutes is repealed and the
1944 following is substituted in lieu thereof (*Effective October 1, 2015*):

1945 (a) No licensee under the provisions of this chapter shall use the title
1946 "Doctor" or any abbreviation or synonym thereof unless he or she
1947 holds the degree of doctor of chiropractic from a chartered chiropractic
1948 school or college, in which event the title shall be such as will
1949 designate the licensee as a practitioner of chiropractic. Each licensed
1950 chiropractor shall exhibit his or her name at the entrance of his or her
1951 place of business or on his or her office door. The Department of Public
1952 Health shall not initiate a disciplinary action against a licensed
1953 chiropractor who, prior to July 1, 2011, is alleged to have been
1954 practicing as a chiropractor under any name other than the name of the
1955 chiropractor actually owning the practice or a corporate name
1956 containing the name of such chiropractor.

1957 (b) All licensed chiropractors applying for license renewal shall be
1958 required to participate in continuing education programs. Such
1959 programs shall include, on and after January 1, 2016, not less than two
1960 contact hours of training or education during the first renewal period
1961 in which continuing education is required and not less than once every
1962 six years thereafter on the topic of mental health conditions common to
1963 veterans and family members of veterans. The Commissioner of Public
1964 Health shall adopt regulations, in accordance with chapter 54, to (1)
1965 define basic requirements for continuing education programs that
1966 includes coursework appropriate for chiropractors on the subject of
1967 mental health conditions common to veterans and family members of
1968 veterans, including (A) determining whether a patient is a veteran or
1969 family member of a veteran, (B) screening for conditions such as post-
1970 traumatic stress disorder, risk of suicide, depression and grief, and (C)
1971 suicide prevention training, (2) delineate qualifying programs, (3)
1972 establish a system of control and reporting, and (4) provide for waiver
1973 of the continuing education requirement for good cause. For
1974 registration periods beginning on and after October 1, 2012, the
1975 Commissioner of Public Health, in consultation with the Board of

1976 Chiropractic Examiners, shall, on or before October 1, 2011, and
1977 biennially thereafter, issue a list that includes not more than five
1978 mandatory topics for continuing education activities that shall be
1979 required for the two subsequent registration periods following the date
1980 of issuance of such list.

1981 Sec. 62. Subsection (b) of section 20-191c of the general statutes is
1982 repealed and the following is substituted in lieu thereof (*Effective*
1983 *October 1, 2015*):

1984 (b) Qualifying continuing education activities shall be related to the
1985 practice of psychology and shall include courses, seminars, workshops,
1986 conferences and postdoctoral institutes offered or approved by: (1) The
1987 American Psychological Association; (2) a regionally accredited
1988 institution of higher education graduate program; (3) a nationally
1989 recognized provider of continuing education seminars; (4) the
1990 Department of Mental Health and Addiction Services; or (5) a
1991 behavioral science organization that is professionally or scientifically
1992 recognized. Not more than five continuing education units during
1993 each registration period shall be completed via the Internet, distance
1994 learning or home study. On and after January 1, 2016, qualifying
1995 continuing education activities shall include not less than two contact
1996 hours of training or education during the first renewal period in which
1997 continuing education is required and not less than once every six years
1998 thereafter on the topic of mental health conditions common to veterans
1999 and family members of veterans, including (A) determining whether a
2000 patient is a veteran or family member of a veteran, (B) screening for
2001 conditions such as post-traumatic stress disorder, risk of suicide,
2002 depression and grief, and (C) suicide prevention training. Qualifying
2003 continuing education activities may include a licensee's research-based
2004 presentation at a professional conference, provided not more than five
2005 continuing education units during each registration period shall be
2006 completed by such activities. A licensee who has earned a diploma
2007 from the American Board of Professional Psychology during the
2008 registration period may substitute the diploma for continuing

2009 education requirements for such registration period. For purposes of
2010 this section, "continuing education unit" means fifty to sixty minutes of
2011 participation in accredited continuing professional education.

2012 Sec. 63. Subsection (c) of section 20-195c of the general statutes is
2013 repealed and the following is substituted in lieu thereof (*Effective*
2014 *October 1, 2015*):

2015 (c) Licenses issued under this section may be renewed annually in
2016 accordance with the provisions of section 19a-88. The fee for such
2017 renewal shall be three hundred fifteen dollars. Each licensed marital
2018 and family therapist applying for license renewal shall furnish
2019 evidence satisfactory to the commissioner of having participated in
2020 continuing education programs. The commissioner shall adopt
2021 regulations, in accordance with chapter 54, to (1) define basic
2022 requirements for continuing education programs, which shall include
2023 not less than one contact hour of training or education each
2024 registration period on the topic of cultural competency and, on and
2025 after January 1, 2016, not less than two contact hours of training or
2026 education during the first renewal period in which continuing
2027 education is required and not less than once every six years thereafter
2028 on the topic of mental health conditions common to veterans and
2029 family members of veterans, including (A) determining whether a
2030 patient is a veteran or family member of a veteran, (B) screening for
2031 conditions such as post-traumatic stress disorder, risk of suicide,
2032 depression and grief, and (C) suicide prevention training, (2) delineate
2033 qualifying programs, (3) establish a system of control and reporting,
2034 and (4) provide for waiver of the continuing education requirement for
2035 good cause.

2036 Sec. 64. Subsection (b) of section 20-195cc of the general statutes is
2037 repealed and the following is substituted in lieu thereof (*Effective*
2038 *October 1, 2015*):

2039 (b) Licenses issued under this section may be renewed annually
2040 pursuant to section 19a-88. The fee for such renewal shall be one

2041 hundred ninety dollars. Each licensed professional counselor applying
2042 for license renewal shall furnish evidence satisfactory to the
2043 commissioner of having participated in continuing education
2044 programs. The commissioner shall adopt regulations, in accordance
2045 with chapter 54, to (1) define basic requirements for continuing
2046 education programs, which shall include not less than one contact
2047 hour of training or education each registration period on the topic of
2048 cultural competency and, on and after January 1, 2016, not less than
2049 two contact hours of training or education during the first renewal
2050 period in which continuing education is required and not less than
2051 once every six years thereafter on the topic of mental health conditions
2052 common to veterans and family members of veterans, including (A)
2053 determining whether a patient is a veteran or family member of a
2054 veteran, (B) screening for conditions such as post-traumatic stress
2055 disorder, risk of suicide, depression and grief, and (C) suicide
2056 prevention training, (2) delineate qualifying programs, (3) establish a
2057 system of control and reporting, and (4) provide for a waiver of the
2058 continuing education requirement for good cause.

2059 Sec. 65. Subsection (b) of section 20-195u of the general statutes is
2060 repealed and the following is substituted in lieu thereof (*Effective*
2061 *October 1, 2015*):

2062 (b) Continuing education required pursuant to this section shall be
2063 related to the practice of social work and shall include not less than
2064 one contact hour of training or education each registration period on
2065 the topic of cultural competency and, on and after January 1, 2016, not
2066 less than two contact hours of training or education during the first
2067 renewal period in which continuing education is required and not less
2068 than once every six years thereafter on the topic of mental health
2069 conditions common to veterans and family members of veterans,
2070 including (1) determining whether a patient is a veteran or family
2071 member of a veteran, (2) screening for conditions such as post-
2072 traumatic stress disorder, risk of suicide, depression and grief, and (3)
2073 suicide prevention training. Such continuing education shall consist of

2074 courses, workshops and conferences offered or approved by the
2075 Association of Social Work Boards, the National Association of Social
2076 Workers or a school or department of social work accredited by the
2077 Council on Social Work Education. A licensee's ability to engage in on-
2078 line and home study continuing education shall be limited to not more
2079 than six hours per registration period. Within the registration period,
2080 an initial presentation by a licensee of an original paper, essay or
2081 formal lecture in social work to a recognized group of fellow
2082 professionals may account for five hours of continuing education
2083 hours of the aggregate continuing education requirements prescribed
2084 in this section.

2085 Sec. 66. Subsection (b) of section 20-10b of the general statutes is
2086 repealed and the following is substituted in lieu thereof (*Effective*
2087 *October 1, 2015*):

2088 (b) Except as otherwise provided in subsections (d), (e) and (f) of
2089 this section, a licensee applying for license renewal shall earn a
2090 minimum of fifty contact hours of continuing medical education
2091 within the preceding twenty-four-month period. Such continuing
2092 medical education shall (1) be in an area of the physician's practice; (2)
2093 reflect the professional needs of the licensee in order to meet the health
2094 care needs of the public; and (3) during the first renewal period in
2095 which continuing medical education is required and not less than once
2096 every six years thereafter, include at least one contact hour of training
2097 or education in each of the following topics: (A) Infectious diseases,
2098 including, but not limited to, acquired immune deficiency syndrome
2099 and human immunodeficiency virus, (B) risk management, (C) sexual
2100 assault, (D) domestic violence, (E) cultural competency, and (F)
2101 behavioral health, provided further that on and after January 1, 2016,
2102 such behavioral health continuing medical education may include, but
2103 not be limited to, at least two contact hours of training or education
2104 during the first renewal period in which continuing education is
2105 required and not less than once every six years thereafter, on the topic
2106 of mental health conditions common to veterans and family members

2107 of veterans, including (i) determining whether a patient is a veteran or
2108 family member of a veteran, (ii) screening for conditions such as post-
2109 traumatic stress disorder, risk of suicide, depression and grief, and (iii)
2110 suicide prevention training. For purposes of this section, qualifying
2111 continuing medical education activities include, but are not limited to,
2112 courses offered or approved by the American Medical Association,
2113 American Osteopathic Medical Association, Connecticut Hospital
2114 Association, Connecticut State Medical Society, county medical
2115 societies or equivalent organizations in another jurisdiction,
2116 educational offerings sponsored by a hospital or other health care
2117 institution or courses offered by a regionally accredited academic
2118 institution or a state or local health department. The commissioner, or
2119 the commissioner's designee, may grant a waiver for not more than ten
2120 contact hours of continuing medical education for a physician who: (i)
2121 Engages in activities related to the physician's service as a member of
2122 the Connecticut Medical Examining Board, established pursuant to
2123 section 20-8a; (ii) engages in activities related to the physician's service
2124 as a member of a medical hearing panel, pursuant to section 20-8a; or
2125 (iii) assists the department with its duties to boards and commissions
2126 as described in section 19a-14.

2127 Sec. 67. Section 20-94d of the general statutes is repealed and the
2128 following is substituted in lieu thereof (*Effective October 1, 2015*):

2129 (a) As used in this section:

2130 (1) "Commissioner" means the Commissioner of Public Health;

2131 (2) "Contact hour" means a minimum of fifty minutes of continuing
2132 education and activities;

2133 (3) "Department" means the Department of Public Health;

2134 (4) "Licensee" means an advanced practice registered nurse licensed
2135 pursuant to section 20-94a; and

2136 (5) "Registration period" means the one-year period for which a

2137 license has been renewed in accordance with section 19a-88 and is
2138 current and valid.

2139 (b) Except as provided in this section, for registration periods
2140 beginning on and after October 1, 2014, a licensee applying for license
2141 renewal shall earn a minimum of fifty contact hours of continuing
2142 education within the preceding twenty-four-month period. Such
2143 continuing education shall: (1) Be in an area of the advanced practice
2144 registered nurse's practice; (2) reflect the professional needs of the
2145 licensee in order to meet the health care needs of the public; (3) include
2146 at least five contact hours of training or education in
2147 pharmacotherapeutics; [and] (4) include at least one contact hour of
2148 training or education in each of the following topics: (A) Infectious
2149 diseases, including, but not limited to, acquired immune deficiency
2150 syndrome and human immunodeficiency virus, (B) risk management,
2151 (C) sexual assault, (D) domestic violence, (E) cultural competency, and
2152 (F) substance abuse; and (5) on and after January 1, 2016, include not
2153 less than two contact hours of training or education during the first
2154 renewal period in which continuing education is required and not less
2155 than once every six years thereafter on the topic of mental health
2156 conditions common to veterans and family members of veterans,
2157 including (A) determining whether a patient is a veteran or family
2158 member of a veteran, (B) screening for conditions such as post-
2159 traumatic stress disorder, risk of suicide, depression and grief, and (C)
2160 suicide prevention training. For purposes of this section, qualifying
2161 continuing education activities include, but are not limited to, courses,
2162 including on-line courses, offered or approved by the American
2163 Nurses Association, Connecticut Hospital Association, Connecticut
2164 Nurses Association, Connecticut League for Nursing, a specialty
2165 nursing society or an equivalent organization in another jurisdiction,
2166 an educational offering sponsored by a hospital or other health care
2167 institution or a course offered by a regionally accredited academic
2168 institution or a state or local health department. The commissioner
2169 may grant a waiver of not more than ten contact hours of continuing
2170 education for an advanced practice registered nurse who: (i) Engages

2171 in activities related to the advanced practice registered nurse's service
2172 as a member of the Connecticut State Board of Examiners for Nursing,
2173 established pursuant to section 20-88; or (ii) assists the department
2174 with its duties to boards and commissions as described in section 19a-
2175 14.

2176 (c) Each licensee applying for license renewal pursuant to section
2177 19a-88 shall sign a statement attesting that he or she has satisfied the
2178 continuing education requirements of subsection (b) of this section on
2179 a form prescribed by the department. Each licensee shall retain records
2180 of attendance or certificates of completion that demonstrate
2181 compliance with the continuing education requirements of subsection
2182 (b) of this section for a minimum of three years following the year in
2183 which the continuing education activities were completed and shall
2184 submit such records or certificates to the department for inspection not
2185 later than forty-five days after a request by the department for such
2186 records or certificates.

2187 (d) A licensee applying for the first time for license renewal
2188 pursuant to section 19a-88 is exempt from the continuing education
2189 requirements of this section.

2190 (e) (1) A licensee who is not engaged in active professional practice
2191 in any form during a registration period shall be exempt from the
2192 continuing education requirements of this section, provided the
2193 licensee submits to the department, prior to the expiration of the
2194 registration period, a notarized application for exemption on a form
2195 prescribed by the department and such other documentation as may
2196 be required by the department. The application for exemption
2197 pursuant to this subdivision shall contain a statement that the licensee
2198 may not engage in professional practice until the licensee has met the
2199 requirements of this section.

2200 (2) Any licensee who is exempt from the provisions of subsection (b)
2201 of this section for less than two years shall complete twenty-five
2202 contact hours of continuing education that meets the criteria set forth

2203 in subsection (b) of this section within the twelve-month period
2204 immediately preceding the licensee's return to active professional
2205 practice.

2206 (f) In individual cases involving medical disability or illness, the
2207 commissioner, or the commissioner's designee, may grant a waiver of
2208 the continuing education requirements or an extension of time within
2209 which to fulfill the continuing education requirements of this section to
2210 any licensee, provided the licensee submits to the department an
2211 application for waiver or extension of time on a form prescribed by the
2212 department, along with a certification by a licensed physician,
2213 physician assistant or advanced practice registered nurse of the
2214 disability or illness and such other documentation as may be required
2215 by the commissioner. The commissioner or his or her designee may
2216 grant a waiver or extension for a period not to exceed one registration
2217 period, except that the commissioner or his or her designee may grant
2218 additional waivers or extensions if the medical disability or illness
2219 upon which a waiver or extension is granted continues beyond the
2220 period of the waiver or extension and the licensee applies for an
2221 additional waiver or extension.

2222 (g) Any licensee whose license has become void pursuant to section
2223 19a-88 and who applies to the department for reinstatement of such
2224 license pursuant to section 19a-14 shall submit evidence documenting
2225 successful completion of twenty-five contact hours of continuing
2226 education within the one-year period immediately preceding
2227 application for reinstatement.

2228 Sec. 68. Subsection (a) of section 10-204a of the general statutes, as
2229 amended by section 1 of substitute house bill 6949 of the current
2230 session, as amended by House Amendment Schedule "A", is repealed
2231 and the following is substituted in lieu thereof (*Effective July 1, 2015*):

2232 (a) Each local or regional board of education, or similar body
2233 governing a nonpublic school or schools, shall require each child to be
2234 protected by adequate immunization against diphtheria, pertussis,

2235 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus
2236 influenzae type B and any other vaccine required by the schedule for
2237 active immunization adopted pursuant to section 19a-7f before being
2238 permitted to enroll in any program operated by a public or nonpublic
2239 school under its jurisdiction. Before being permitted to enter seventh
2240 grade, a child shall receive a second immunization against measles.
2241 Any such child who (1) presents a certificate from a physician,
2242 physician assistant, advanced practice registered nurse or local health
2243 agency stating that initial immunizations have been given to such child
2244 and additional immunizations are in process under guidelines and
2245 schedules specified by the Commissioner of Public Health; or (2)
2246 presents a certificate from a physician, physician assistant or advanced
2247 practice registered nurse stating that in the opinion of such physician,
2248 physician assistant or advanced practice registered nurse such
2249 immunization is medically contraindicated because of the physical
2250 condition of such child; or (3) presents a statement from the parents or
2251 guardian of such child that such immunization would be contrary to
2252 the religious beliefs of such child or the parents or guardian of such
2253 child, which statement shall be acknowledged, in accordance with the
2254 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of
2255 record or a family support magistrate, (B) a clerk or deputy clerk of a
2256 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of
2257 the peace, [or] (F) an attorney admitted to the bar of this state, or (G)
2258 notwithstanding any provision of chapter 6 a school nurse; or (4) in the
2259 case of measles, mumps or rubella, presents a certificate from a
2260 physician, physician assistant or advanced practice registered nurse or
2261 from the director of health in such child's present or previous town of
2262 residence, stating that the child has had a confirmed case of such
2263 disease; or (5) in the case of hemophilus influenzae type B has passed
2264 his fifth birthday; or (6) in the case of pertussis, has passed his sixth
2265 birthday, shall be exempt from the appropriate provisions of this
2266 section. If the parents or guardians of any child are unable to pay for
2267 such immunizations, the expense of such immunizations shall, on the
2268 recommendations of such board of education, be paid by the town. [In
2269 order to remain enrolled in a program operated by a public or

2270 nonpublic school] Before being permitted to enter seventh grade, the
2271 parents or guardian of any child who is exempt on religious grounds
2272 from the immunization requirements of this section, pursuant to
2273 subdivision (3) of this subsection, shall [annually] present to such
2274 school a statement that such immunization requirements are contrary
2275 to the religious beliefs of such child or the parents or guardian of such
2276 child, which statement shall be acknowledged, in accordance with the
2277 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of
2278 record or a family support magistrate, (B) a clerk or deputy clerk of a
2279 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of
2280 the peace, [or] (F) an attorney admitted to the bar of this state, or (G)
2281 notwithstanding any provision of chapter 6 a school nurse.

2282 Sec. 69. (NEW) (*Effective October 1, 2015*) Not later than January 1,
2283 2016, the Department of Housing, in collaboration with the
2284 Department of Mental Health and Addiction Services and the State
2285 Department of Education, shall make available information on trauma-
2286 informed care and related services for homeless children and youths to
2287 homeless shelter providers in the state that receive financial assistance
2288 from the Department of Housing. Such homeless shelter providers
2289 shall, to the extent feasible, (1) refer homeless children or youth to such
2290 services as necessary, and (2) make efforts to ensure that such
2291 homeless children or youths have access to such services.

2292 Sec. 70. Subsection (a) of section 19a-649 of the general statutes is
2293 repealed and the following is substituted in lieu thereof (*Effective July*
2294 *1, 2015*):

2295 (a) The office shall review annually the level of uncompensated care
2296 provided by each hospital to the indigent. Each hospital shall file
2297 annually with the office its policies regarding the provision of charity
2298 care and reduced cost services to the indigent, excluding medical
2299 assistance recipients, and its debt collection practices. A hospital shall
2300 file its audited financial statements not later than February twenty-
2301 eighth of each year, except a health system, as defined in section 19a-
2302 508c, may file one such statement that includes the audited financial

2303 statements for each hospital within the health system. Not later than
 2304 March thirty-first of each year, the hospital shall file a verification of
 2305 the hospital's net revenue for the most recently completed fiscal year in
 2306 a format prescribed by the office.

2307 Sec. 71. Section 4 of substitute house bill 6949 of the current session,
 2308 as amended by House Amendment Schedule "A", is repealed. (*Effective*
 2309 *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)

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